



**Proposal Brief for:**

**Graduate Diploma in  
Work Disability Prevention**

**Faculty of Health Sciences**

**May, 2016**

## INTRODUCTION

### a. Background

The Faculty of Health Sciences (FHSc) at the University of Ontario Institute of Technology (UOIT) in collaboration with the Canadian Memorial Chiropractic College (CMCC) proposes a new graduate diploma in Work Disability Prevention. The proposed graduate diploma focuses on the uptake and implementation of new knowledge for practicing professionals working in health-related fields. It affords the opportunity to extend their education, while remaining engaged in their core discipline. The proposed diploma will provide graduates with a competitive edge in our knowledge-based global economy. It will also provide graduates with evidence-informed leadership skills to innovate within our workplaces health care system<sup>1</sup> and addresses the demands of private and public workforce, particularly in health care.<sup>2</sup> Such expansion is consistent with the government's policy to create more graduate opportunities in health studies programs.

### b. Contribution to University's Vision, Mission, Goals and Priorities

The proposed Graduate Diploma aligns with three of the Faculty of Health Sciences (FHSc) six research domains.<sup>3</sup> It also aligns with the recently-identified strategic directions to “expand FHSc graduate program offerings” (Goal 1A) and to “enhance the foundation, productivity and visibility of the UOIT-CMCC the Centre for the Study of Disability Prevention and Rehabilitation” (Goal 1C). Further, this objective directly supports the University's priority to enhance graduate and research intensiveness,<sup>4</sup> along with three of the six “high impact themes” described in UOIT's Strategic Research Plan (2013-2018).<sup>5</sup> The proposed diploma's focus on understanding and preventing work disability and fostering “return to work” also directly aligns with UOIT's strategic priority to “prepare our graduates for the evolving 21<sup>st</sup> century workplace”, which tacitly acknowledges how high disability rates in Canada negatively affects Canadian economic productivity.

The proposed diploma will deliver courses online to allow students to “engage in active learning that is technology-enriched and practice-integrated” (UOIT Strategic Priority 1), and to enhance international recruitment; this supports UOIT's internationalization strategy. Finally, in accord with the 2014-2017 Strategic Mandate Agreement, the proposed graduate diploma augments UOIT's areas of institutional strengths in “Research and Graduate Education” by emphasizing the expanding role of Health Sciences in work-related disability.

Most directly, the proposed diploma program aligns with the objectives of the UOIT-CMCC Centre for Disability Prevention and Rehabilitation (Centre). The Centre's activities focus on the development and testing of interventions to prevent disability and facilitate the rehabilitation of

<sup>1</sup> Council of Ontario University. Position Paper on Graduate Education in Ontario. Feb 2012: No 860.

<sup>2</sup> Genest P. Ontario Universities: Strategic Partners in Provincial Prosperity. COU; Jan 2008.

<sup>3</sup> See domains 1, 2, and 4 at <http://www.healthsciences.uoit.ca/research/domains.php>.

<sup>4</sup> Also see 2012-2016 UOIT Strategic Plan Overarching Priorities #1 and # 2.

<sup>5</sup> UOIT's Strategic Research Plan Summar, 2013-18,

individuals with disabilities.<sup>6</sup> Its work aims to inform policy-makers about the best strategies to reduce the burden of disability in the population. The Centre's Director, Dr. Pierre Côté, was awarded the Canada Research Chair in Disability Prevention and Rehabilitation in 2013. Dr. Côté's activity targets disability related to musculoskeletal disorders and mental health -- the main causes of work absenteeism in Canada. In addition, the program will enhance UOIT's and CMCC's international portfolio as several international universities (e.g., University of Southern Denmark, Vrije University in Amsterdam, Chinese University of Hong Kong, Unicamp or Federal University in Bahia, Brazil) have expressed interest in joining the Centre to offer WDP training.

Further, the addition of a graduate diploma in Work Disability Prevention will expand the Faculty's current graduate offerings and creates the potential opportunity to attract students into its graduate program and elevate the research intensiveness of the faculty. The collaborative, trans-disciplinary quality of its inquiry into health issues demonstrates its innovative quality. Its focus on the knowledge and skills associated with the health sector of the labour market demonstrates its market-orientation. In short, the proposed diploma's innovative quality, its market-orientation, and the opportunities it provides for this priority in health and safety represent key elements of UOIT's mission and vision.

### c. Unique Program

The proposed Graduate Diploma in WDP is unique for an Ontario university. We believe it is differentiated from other offerings by its development, which is based on graduate competencies derived from published research evidence and practical experience. It will be the only program associated with a strong research centre and a Canada Research Chair in Disability Prevention and Rehabilitation. It will also build upon a strong relationship with CMCC, which includes an articulation agreement, the Centre, and numerous collaborative research projects.<sup>7</sup> This program will advance the shared strategies of both institutions along with expanding local and international market reach. Graduates will obtain a degree from UOIT, but with logos from both institutions displayed on the degree parchment.

The program delivery will be online. The part-time nature of the program combined with the focus of online education will aid students in their ability to continue full time employment or other professional/personal activities while enrolled in the course. The online component of the program will aid in building a community of experts linked by their online learning experiences. Students will also have the ability to establish the practicum elective within their home community.

In addition, a unique aspect of the program will be the anticipated future opportunity for interested students to use credits from coursework completed in the first year of the WDP program to potentially transition into the Faculty of Health Sciences' Master's program. It provides an opportunity to emphasize research to practice providing a unique bridge for knowledge translation. It could act as a knowledge dissemination conduit, enabling access to resources for the practice community and organizations and furthering the Centre's evolution as an international centre of excellence.

The proposed diploma specifically targets the societal networks and complexities of return to

<sup>6</sup> Disability is not condition-specific.

<sup>7</sup> See Appendix A for overview of CMCC.

work coordination. It fills a gap in the current program offerings in other institutions by focusing on unique applications of the biopsychosocial model of return to work. Rather than focusing on just the diagnosis, the program also delves into understanding the root causes of disability. It also creates the potential to develop strong relationships with the community and employers to create specific experiential learning opportunities. The learner must master the intricacies involving the worker, employer, union, insurer and various healthcare providers as they navigate the legal, regulatory and health care systems. By focusing on the application and development of knowledge, this diploma addresses the Government's vision of colleges and universities driving "... *creativity, innovation, knowledge, and community engagement through teaching and research.*"<sup>8</sup>

#### d. Student Demand

The Graduate Diploma in WDP will target highly qualified individuals in established regulated health professions, currently working in or wishing to work in the WDP-related field. Health professionals are ideally situated to assist workers and organizations prevent and resolve work disability issues. Stakeholders have identified the benefit of involving allied health professionals (e.g., chiropractors, occupational therapists, physiotherapists, kinesiologists, social workers) to bridge the gap between health and workplace systems<sup>9</sup>. Ironically, these same health professionals have expressed a lack of knowledge and training in return to work issues<sup>10,11,12</sup>.

Thus, marketing will be directed at regulated health professionals, specifically chiropractors, kinesiologists, nurses, occupational therapists, physicians and physiotherapists, and individuals with a Masters in Social Work. Marketing will also include the targeting of potential international applicants through the collaborative relationships developed through the Centre and in areas where trained WDP university scientists are found.

The projected enrolment (Table 1) is based on the experience of the Work Disability Prevention Program at CMCC and the Work Disability Prevention CIHR Strategic Training Program led by Dr. Loisel (See Section e for further information on the Training Program.)

Table 1: Projected 5 year enrollment.

Year	Part-Time		
	Local	International	Total Enrolment
2017-2018	8	-	8
2018-2019	10	-	18
2019-2020	12	3	25

<sup>8</sup> Ontario Ministry of Training, Colleges and Universities. Strengthening Ontario's Centres of Creativity, Innovation and Knowledge. A Discussion Paper, 2012: p. 7.

<sup>9</sup> Baril, R., Clarke, J., Friesen, M., Stock, S., Cole, D. Management of return-to-work programs for workers with musculoskeletal disorders: a qualitative study in three Canadian provinces. *Social Science and Medicine*. 2003, 57, 11, 2101-2114

<sup>10</sup> Schweigert, M.K., McNeil, D., Doupe, L., Treating physicians' perceptions of barriers to return to work of their patients in Southern Ontario. *Occupational Medicine*, 2004, 54, 6, 425-429

<sup>11</sup> Coole C, Birks E, Watson PJ, Drummond A. Communicating with employers: Experiences of occupational therapists treating people with musculoskeletal conditions. *Journal of Occupational Rehabilitation*. 2014 Sep;24(3):585-95.

<sup>12</sup> Cote, P., Clarke, J., Deguire, S., Frank, J., Yassi, A., Chiropractors and Return-To-Work: The Experiences of Three Canadian Focus Groups. *Journal of Manipulative and Physiological Therapeutics* Volume 24 • Number 5 • June 2001

2020-2021	15	3	33
2021-2022	15	5	38

#### e. Rationale/Societal Need

Work disability is a multifaceted problem that extends beyond disease and medical diagnosis. Evidence indicates that work disability results from complex interactions between stakeholders (employer, insurer, healthcare providers) and the worker.<sup>13</sup> Therefore, managing work disability requires multidisciplinary skills that extend beyond health care. Workplace disability creates a large burden at different system levels, impacting the worker, the company and society. Despite declines in unemployment rate, disability rates and compensation costs continue to trend up.<sup>14</sup> In 2010, the rate of work-related compensable injury was 14.7 per 1,000 employed Canadians.<sup>15</sup> When combining the direct and indirect costs, it is estimated that the total cost of occupational injuries in Canada is \$19 billion annually.<sup>16</sup>

Given the above, enabling Canadians with work disability to regain ability to work is an important priority. Research suggests that disability determinants can be a combination of physical, work environment, healthcare system and compensation system factors. This has led to developing work disability prevention programs that replace the disease treatment (biomedical) model with a work place prevention (biopsychosocial) model focusing on patient reassurance and workplace interventions.<sup>17</sup> Such programs should be customized to training highly qualified individuals with a solid foundation in the numerous intricacies related to return to work. The evidence indicates that effective and cost-effective strategies to reduce work disability include workplace interventions<sup>18</sup> and return to work (RTW) management.<sup>19</sup> Economic –based

<sup>13</sup> Young AE, Wasiak R, Roessler RT, McPherson KM, Anema JR, van Poppel MN. Return-to-work outcomes following work disability: stakeholder motivations, interests and concerns. *Journal of Occupational Rehabilitation* 2005;15(4):543-56. Loisel P, Durand MJ, Berthelette D, Vézina N, Baril R, Gagnon D, et al. Disability prevention - New paradigm for the management of occupational back pain. *Disease Management & Health Outcomes* 2001; 9(7):351-360.

<sup>14</sup> Sickness, Disability and Work BREAKING THE BARRIERS CANADA: Opportunities for Collaboration Organisation for Economic Cooperation & Development-<http://www.oecd.org/employment/emp/46093870.pdf>.

<sup>15</sup> Human Resources and Skills Development Canada <http://www4.hrsdc.gc.ca/3ndic.1t.4r@-eng.jsp?iid=20>.

<sup>16</sup> Occupational Injuries and Diseases in Canada, 1996 – 2008 Injury Rates and Cost to the Economy [http://publications.gc.ca/collections/collection\\_2011/rhdcc-hrsdc/HS21-4-2008-eng.pdf](http://publications.gc.ca/collections/collection_2011/rhdcc-hrsdc/HS21-4-2008-eng.pdf)

<sup>17</sup> Loisel, P., M.-J. Durand, D. Berthelette, N. Vézina, R. Baril, D. Gagnon, C. Larivière, C. Tremblay. Disability Prevention: New Paradigm for the Management of Occupational Back Pain. *Disease Management & Health Outcomes* 2001; 9(7): 351-360; Loisel, P., M. J. Durand, R. Baril, J. Gervais, M. Falardeau. Interorganizational collaboration in occupational rehabilitation: perceptions of an interdisciplinary rehabilitation team. *J Occup Rehabil* 2005;15(4): 581-590.

<sup>18</sup> Carroll, C., Rick, J., Pilgrim, H., Cameron, J. et Hillage, J. (2010). Workplace involvement improves return to work rates among employees with back pain on long-term sick leave: a systematic review of the effectiveness and cost-effectiveness of interventions. *Disability Rehabilitation*, 32(8), 607-621; Tompa E, Measuring the Burden of Work disability: A Review of Methods, Measurement Issues and Evidence. *Handbook of Work Disability: Prevention and Management*, DOI 10.1007/978- 1-4614-6214\_4, © Springer New York 2013.

<sup>19</sup> Gardner BT, Pransky G, Shaw WS, Nha Hong Q and Loisel P. (2010). Researcher perspectives on competencies of return-to-work coordinators. *Disability and Rehabilitation*, 32(1): 72- 78. Pransky G, Shaw WS, Loisel P, Hong QN and Desorcy B. (2009). Development and Validation of Competencies for Return to Work Coordinators. *Journal of Occupational Rehabilitation*, DOI: 10.1007/s10926-009-9208-x (published online October 13, 2009)

randomized clinical trials illustrate that appropriate disability management strategies may produce a return on investment of \$26 per \$1 invested.<sup>20</sup>

The Canadian Institutes for Health Research (CIHR) recognised the importance of knowledge diffusion in the WDP field and granted unique international advanced training program in WDP from 2002-2015. The WDP CIHR Strategic Training Program was designed “to develop transdisciplinary work disability prevention knowledge, skills and attitudes in Ph.D. students, post-doctoral fellows and young researchers whose projects were linked to the WDP field.”<sup>21</sup> This program was led by more than 30 University teachers (including Drs. Loisel and Côté ) from Canada and four other countries, attracted both Canadian and International students. In the final years of the program, the ratio of applicants to available positions has been 2.7:1. During its existence, the program trained more than 100 WDP researchers, many of them became trainers in their respective University and country.

Beyond continuing this training of trainers, there is an urgent need for training practitioners in this field who will act as Return to Work managers, helping workers and stakeholders to facilitate the return to work process in the complex arena of WDP. Few such programs exist and often are proposed at the undergraduate level. However, the complexity of issues and the credibility of these professionals drive the need for education at the graduate level.

As several Universities in other countries are interested in a similar development, the Centre will explore opportunities to collaborate with universities outside of Canada to offer international WDP training. Examples of other training programs, include, Master in Health Technology Assessment delivered jointly by universities in Montreal, Toronto, Rome and Barcelona (<http://www.ulyssesprogram.net/program.html>). Interest in our diploma program has also been expressed by: University of Southern Denmark, Vrije University in Amsterdam, Chinese University of Hong Kong, Unicamp or Federal University in Bahia (Brazil). The CIHR funding of the highly successful WDP CIHR Training Program ended in 2015; therefore an International joint venture of an advanced training program for trainers and researchers might be attached to the Centre. A model joining online education and in person training might be developed with the participation of the Universities and the Teachers trained by the WDP CIHR Training Program.

Healthcare in the current context in Ontario, Canada and worldwide will require current practitioners to expand on existing practice in order to begin addressing issues in health human resource (HHR), complexity of care and participate in system reform. In order to fully participate and lead change through innovation, workers require strong basic knowledge skills and need to acquire training in the labour market.<sup>22</sup> In turn, exposure of students to particular labour markets will increase the likelihood of their employability<sup>23</sup>. In addition, many health care workers are required by their regulatory frameworks to maintain or upgrade the professional knowledge and skills. In fact, health workers are more likely to continue to upgrade their skills even if they are not required to do so by their employer or regulatory body compared to other occupations.

Return to work coordinators (RTWC) can provide a vital role in controlling the increasing direct

<sup>20</sup> Lambeek LC, Bosmans JE, Van Royen BJ, Van Tulder MW, et al. (2010). Effect of integrated care for sick listed patients with chronic low back pain: economic evaluation alongside a randomised controlled trial. *BMJ: British Medical Journal* 341:c6414.

<sup>21</sup> <http://www.training.wdpcommunity.org/objectives.html>

<sup>22</sup> Ceolin R, Plante J. Educating Health Workers: Provincial Results. Statistics Canada 2008. Catalogue no. 81-595-M No. 068.

<sup>23</sup> Personal communication – P. Stern, CMCC January 2014. For instance, recent experience at the nearby Canadian Memorial Chiropractic College suggests that practicum experiences in WDP often extend students' work opportunities post-graduation.

and indirect work-related disability costs. Research suggests that RTWC who consider the worker and the workplace perspectives have significantly better return to work outcomes.<sup>24</sup> Thus developing an academic program based upon current best evidence together with direct workplace application will provide graduates with the necessary competencies to influence system-wide challenges.

#### f. Duplication

We believe there are no similar diploma programs in WDP. A web-based search of current Canadian Return to Work programs was conducted and the following programs were identified:

##### University Programs- Diploma level:

There are no Ontario universities offering Diploma level program in WDP. There are three Canadian universities offering Diploma level programs: Dalhousie University (Diploma in Disability Management); Simon Fraser University (Diploma in Rehabilitation and Disability Management); and University of Fredericton (Online Integrated Disability Management Professional Diploma). These programs vary in length and costs. They appear designed for professionals, providing them with an understanding of return to work decision making, disability management and injury prevention.

##### University Programs- Masters level:

Currently there are no Ontario universities offering a specific masters level graduate degree in work disability management or prevention. There is one Canadian university, University of Northern British Columbia, offering a MA, Disability Management. They offer terminal and non-terminal options. Their program provides graduates with the knowledge and skills necessary to develop successful work entry or return-to-work strategies for injured workers and/or persons with disabilities.

##### Other Programs- Certificate level:

There are seven certificate programs delivered by Canadian colleges, universities or professional organization: CMCC (Return to Work Disability Prevention - Advanced Certificate Program); Mohawk College (Disability Management Certificate); University of Toronto (CIHR Strategic Training Program – Work Disability Prevention); MacEwan University (Disability Management in the Workplace); Dalhousie University (Certificate of Disability Management); University of Guelph (Certificate in Disability Management and Attendance Support); and National Institute of Disability Management and Research (Online Return to Work Program Coordinator Program).

##### Summary:

There appears to be considerable variation in content of available programs, ranging from developing return to work coordinators to training researchers in work disability prevention to return to work experts. The current WDP certificate program at CMCC receives inquiries from across Canada regarding the ability to enroll in the program. Initially developed onsite, the

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<sup>24</sup> Shaw, W., Hong, Q.N., Pransky, G., and Loisel, P. (2008) A Literature Review Describing the Role of Return-to-Work Coordinators in Trial Programs and Interventions Designed to Prevent Workplace Disability. *J Occup Rehabil* 2008; 18(1): 2-5.

program has evolved into a hybrid model, primarily being delivered online. Progressing to full online delivery with the placements occurring in the “home” local of the student would be unique and a feasible next step. This would enable expansion of marketing in both the national and international markets.



2. DIPLOMA REQUIREMENTS

a. Program learning outcomes

**Degree (diploma)-Level Expectations**

*NOTE:* It is expected that all courses in the Graduate Diploma Program in WDP will contribute to the achievement of the degree-level expectations.

Program learning outcomes

<b>Degree Level Expectation</b>	<b>Learning Outcome</b>	<b>Segment of the program that achieves this learning outcome</b>
<p><b>1.Depth of Knowledge</b></p>	<p>On completion, the learner will be able to:</p> <p>Differentiate between the Work Disability Paradigm and the Healthcare Paradigm and understand their consequences for guiding appropriate action.</p> <p>Apply the work disability paradigm to the diagnosis and management of work disabled workers/patients.</p> <p>Recognize the way psychological, social and environmental factors may participate to the development of work disability.</p> <p>Demonstrate knowledge of the workplace, insurance and regulatory systems influencing and governing relationships among stakeholders.</p> <p>Evaluate the environmental, social and workplace factors that influence work readiness;</p>	<p>Case studies, assignments and class discussions in which knowledge related to the Work Disability environments are applied and discussed.</p> <p>Use of simulated patients.</p>
<p><b>2. Research and Scholarship</b></p>	<p>The graduate will be able to :</p> <p>Analyze the growing evidence and current research in the field;</p> <p>Analyze and apply new evidence in the development of return to work strategies.</p>	<p>Organizational/environmental report analyzing the host organizations work reintegration philosophy, structure and practices and their consistency with best practice principles.</p>

Degree Level Expectation	Learning Outcome	Segment of the program that achieves this learning outcome
<p><b>3. Application of Knowledge</b></p>	<p>The graduate will be able to :</p> <p>Assess the work disability situation to identify barriers and facilitators to work reintegration using standardized and non-standardized methods. ]</p> <p>Create effective RTW strategies that foster mutual understanding and integrate information from key stakeholders, the environment and applicable regulations.</p> <p>Communicate effectively with disabled workers, workplace and insurance parties.</p> <p>Use interview techniques to clarify worker motivation and resolve ambivalence regarding return to work decisions.</p> <p>Negotiate agreements for work reintegration programs.</p> <p>Analyze key indicators for RTW progress from the implementation, evaluation and revision (as required) of a realistic RTW program in collaboration with the worker, the workplace and other key stakeholders.</p>	<p>Written case reports reflecting application of practice principles and learning objectives attained.</p> <p>Administering interviews of simulated patients with a WD diagnosis</p> <p>Negotiation role play and scripting</p> <p>Motivational interviewing role play</p>
<p><b>4. Communication Skills</b></p>	<p>The graduate will be able to :</p> <p>Communicate information, arguments, methods and analyses effectively, orally and in writing, to a range of audiences.</p> <p>Establish effective professional relationships among workers, employers and social support networks related to disability prevention and return-to-work processes utilizing principled negotiation strategies.</p>	<p>Interview role playing</p> <p>A case study will allow learners to seize the complexity and social dimensions of this paradigm and how it may affect patients who are also workers in their personal, social and working life.</p> <p>In class discussions</p>

Degree Level Expectation	Learning Outcome	Segment of the program that achieves this learning outcome
<b>5. Awareness of Limits of Knowledge</b>	<p>The graduate will be able to:</p> <p>Define the limits of their own knowledge;</p> <p>Describe the current limits/gaps of knowledge in the discipline as a whole;</p> <p>Hypothesize on evolving alternate ideas, methods and interpretations can usefully contribute to the further development of their own ideas, methods and interpretations</p>	All segments of the program will enable achievement of this learning outcome.
<b>6. Autonomy &amp; Professional Capacity</b>	<p>The graduate will be able to :</p> <p>Demonstrate qualities and skills appropriate to effective employment and community involvement in the RTW process.</p> <p>Work with others effectively by exercising initiative, personal responsibility and accountability in both individual and group contexts.</p> <p>Make decisions in complex contexts;</p> <p>Engage in continual self- learning including any need for coursework inside and outside the discipline;</p> <p>Exhibit behaviour consistent with academic integrity and social responsibility, as seen through coursework, thesis work, and interactions with students, faculty, and the university and civic communities.</p>	Discussion on professional and ethical behaviour

#### b. Enrollment

Students will enroll at UOIT – their diploma will be granted by UOIT, but logos from UOIT and CMCC will be displayed on the degree parchment.

#### c. Appropriateness of nomenclature

The proposed nomenclature, Graduate Diploma, Work Disability Prevention is consistent with the nomenclature for a diploma offered at UOIT. The proposed Diploma is classified as a Type 3

Graduate Diploma, i.e., a stand-alone, direct-entry program, developed by a unit already offering a related masters (and sometimes doctoral) degree, and designed to meet the needs of a particular clientele or market. UOIT Type 3 Graduate Diplomas must be comprised of a minimum of 12 credit hours, and may include non-degree credit courses to a maximum of 30% of the total program credit hours.

#### d. Admission requirements

For admission to the Graduate Diploma in Work Disability Prevention, applicants must normally meet the same general requirements for admission to a Graduate Degree program at UOIT.

This includes:

- Hold a four-year honours degree or equivalent from a recognized institution in the area of graduate study or a closely related subject.
- Overall academic standing of at least a B average (GPA: 3.0 on a 4.3 scale) with a minimum B average in the last two full-time years (four semesters) of undergraduate work or equivalent.
- A minimum of two letters of recommendation from persons having direct knowledge of the applicant's academic competence.
- Proof of English proficiency with minimum requirements
  - TOEFL (internet-based) : 92-93 (minimum sub-scores: Listening: 20; Reading: 20; Speaking: 19; and Writing: 20)
  - TOEFL (paper-based) : 580
  - IELTS : 7. UOIT Graduate Studies only accepts IELTS scores in the Academic testing format.
  - MELAB : 85
  - CAEL : 70 (with no sub-score below 60)
- One official or certified copy (certified by the institution of each previous undergraduate and graduate transcript)
- A one to two page statement of academic intent.
- A photocopy of degree parchment(s).

In addition, applicants planning to pursue study in the area of WDP should have training or experience in a related health field. Students without this training may receive conditional admission and be required to take one or more related course(s). Therefore, a health professional degree such as chiropractic, medicine, occupational therapy, physical therapy, nurses, psychology, a Master's degree in Social Work, a Registered Kinesiologist, or equivalent is required.

#### Language Requirements:

All applicants are required to give evidence of their oral and written proficiency in English. See section 4.4.4. and 12.5 in the *Graduate Calendar*.

#### e. Program structure

Students in the proposed GradDipWDP Program will be required to take five courses. All students will complete a total of 15 credit hours.

Students will take five courses over the course of two years. The courses will be delivered online, except for the practicum where students will participate in an internship in work disability prevention and reintegration practice.

The GradDipWDP will include simulated negotiations, case studies, and specific and field work assignments. The required courses are:

- HLSC 5040G Studies in Work Disability Prevention
- HLSC 5410G Making a Work Disability Diagnosis
- HLSC 5412G Coordinating Return to Work
- HLSC 5413G Occupational Ergonomics and Work Disability Prevention
- HLSC 5490G Practicum in Return to Work Management

Students will take five courses. All courses will be completed in the Fall, Winter, Spring/Summer semesters.

#### f. Program content

The proposed program would occupy a unique niche within the larger set of graduate programs UOIT offers and, in this respect, will have little to no overlap with these programs. Its online delivery mode will not impinge on other programs' delivery space. The courses also will provide elective options for graduate students in other fields in the Master of Health Sciences.<sup>25</sup>

The following table provides a summary of the courses in the program. A detailed description of each course in the program is provided in Appendix B:

#### Required Courses for Diploma in Work Disability Prevention

Course Code	Course Title
HLSC 5040G	Studies in Work Disability Prevention
HLSC 5410G	Making a Work Disability Diagnosis
HLSC 5412G	Coordinating Return to Work
HLSC 5413G	Occupational Ergonomics and Work Disability Prevention
HLSC 5490G	Practicum in Return to Work Management

#### g. Calendar copy

##### 5.X Graduate Diploma Program in Work Disability Prevention

The Graduate Diploma in Work Disability Prevention is a professional level program for health care professionals delivered in collaboration with Canadian Memorial Chiropractic

<sup>25</sup> Assuming approval of this proposal, the Faculty of Health Sciences Graduate Program Committee will identify WDP courses that would aptly serve as electives for students in Kinesiology and Community Health fields of the Master of Health Sciences program. Once identified, the courses will be submitted for general approval and inclusion in the *2017-18 Graduate Calendar*.

College. The Program is primarily designed for highly qualified individuals in established regulated health professions (e.g., chiropractors, kinesiologists, nurses, occupational therapists, physiotherapists, social workers) currently working in or wishing to work in the WDP-related field. Health professionals are ideally situated to assist workers and organizations to prevent and resolve work disability issues.

Students will take five courses. All courses will have to be completed in the Fall, Winter, Spring/Summer semesters.

The courses will be delivered online, except for the practicum where students will participate in an internship in work disability prevention and reintegration practice. The courses will include simulated negotiations, case studies, and specific and field work assignments. The required courses are:

- HLSC 5040G Studies in Work Disability Prevention
- HLSC 5410G Making a Work Disability Diagnosis
- HLSC 5412G Coordinating Return to Work
- HLSC 5413G Occupational Ergonomics and Work Disability Prevention
- HLSC 5490G Practicum in Return to Work Management

### 3. RESOURCE REQUIREMENTS

#### a. Faculty members:

Faculty members by rank, home unit, and supervisory privileges.

NAME	RANK	Graduate Faculty Status	Teaching Interest
Dr. Pierre Côté	CRC – Associate Professor	Full	
Dr. Bernadette Murphy	Professor – head of Kinesiology	Full	
Dr. Michael Holmes	Assistant Professor	Full	
Dr. Shilpa Dogra	Assistant Professor	Full	
Dr. Patrick Loisel	Adjunct Professor	Associate	
Dr. Silvano Mior	Adjunct Professor	Associate	
Dr. Kim Ross	Adjunct Professor	Associate	
Dr. Fergal O’Hagan	Assistant Professor (CMCC)	Pending	
Dr. Robert Weaver	Professor	Full	

#### b. Additional academic and non-academic human resources

No new faculty will have to be hired for the Graduate Diploma Program in WDP. The intention is that most instruction will be done by people who already teach for CMCC and UOIT.

The GradDipWDP will create some additional administrative requirements to help manage and organize the program but the additional requirements can be supported by existing non-academic personnel by both institutions.

**c. Physical resource requirements**

The program will be offered in an online format. The practicum activities will be face-to-face but the remaining courses will be delivered electronically, which will require use of UOIT’s technology resources. The program will be held during the fall, winter and spring/summer, except for the practicum which may be held in the summer sessions; however, there should be adequate technological resources (Adobe Connect, for example) to meet the needs of the program. The program is expected to be relatively small so there will only be one section per course.

**d. Student support requirements (graduate programs only)**

No student support will be required.

**4. BUSINESS PLAN**

**a. Statement of funding requirements**

The Graduate Diploma Program in Work Disability Prevention will not require government funding and will cover its direct expenses with a student enrollment of 18. Tuition per course is based on other similar fee-per-credit (2015-16 rates) programs at UOIT, thus, approximately \$1,650 for Domestic and \$1,850 for International students. Full-time students will not be accepted because it will not be possible for a student to effectively take more than one required course at a time.

Below is an estimated budget for the program:

<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Enrollment</b>	<b>8</b>	<b>18</b>	<b>25</b>	<b>33</b>	<b>38</b>
<b>Revenue</b>	35,653	68,335	99,513	129,706	149,501
<b>Teaching Costs</b>	27,468	47,153	48,527	59,880	61,528
<b>Other Salary</b>	8,147	8,391	8,636	17,760	18,249
<b>Other costs</b>	9,500	9,500	9,500	10,000	10,000
<b>Revenues Net of Direct Costs:</b>	(9,462)	3,290	32,850	42,066	59,724
<b>% of Net over Revenues</b>	-26.5%	4.8%	33.0%	32.4%	39.9%
<b>Overhead</b>	20,418	40,309	58,618	77,897	91,475
<b>Net Surplus/(Deficit)</b>	(29,880)	(37,019)	(25,768)	(35,831)	(31,751)

Revenue: \$1,650 per 3 credit course for Domestic and \$1,850 for International students. Tuition set-aside rates for Domestic and International were assumed and calculated at 10.0% and 2.0%, respectively. Tuition costs set based on prior experience with CMCC WDP certificate program and also current UOIT rates. International enrolment was estimated to begin in Year 3. There will be no full-time student enrolment. The above model assumes no tuition fee increases over the 5 years; this will be reviewed and reassessed on an annual basis.

Teaching and other salary costs: Teaching costs were calculated at the current UOIT sessional premium rate of \$8,400 with benefits at 9%. Administrative support was calculated based on a

salary of \$55,000 (benefits at 18.5%) with escalating FTE beginning at 0.125 in Year 1 to 0.25 in Year 5. The assumption was made that salary costs increased on average 3% annually.

Other expenses: Expenses of \$9,500/year until year 3 and then \$10,000/year were estimated to cover costs for course supplies, general supplies, travel, photocopy, marketing and recruiting, and miscellaneous.

Overhead: The proposed rate of \$851 per 3 credit course as suggested by OIRA was used in the above model. Again, the assumption was made that overhead costs increased on average 3% annually. Overhead will be allocated between UOIT and CMCC as per terms to be determined in a memorandum of understanding.

**b. Statements of resource availability**

Only limited resources will be required to support this program. The direct costs will be mainly instructors, and this will be at appropriate rates for sessional instructors.



## **Appendix A: Canadian Memorial Chiropractic College**

Founded in 1945, the Canadian Memorial Chiropractic College (CMCC) is a private, not-for-profit, academic institution and one of two accredited chiropractic programs in Canada. CMCC awards a Doctor of Chiropractic degree, a second entry baccalaureate honours degree, to its graduates. This program is offered under the written consent of the Minister of Training, Colleges and Universities for the period from March 24, 2011 to March 24, 2021.

The Doctor of Chiropractic degree program of CMCC is accredited by the Council on Chiropractic Education Canada (CCEC) of the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (CFCREAB).

CMCC's program is comprised of a comprehensive, integrated and competency-based curriculum achieving entry to practice qualifications of a primary contact healthcare professional with expert knowledge in spinal and musculoskeletal health, emphasizing differential diagnosis, patient centred care and research. Its undergraduate program consists of four years (4,200 + hours) of comprehensive and rigorous education leading to a Doctor of Chiropractic degree. The program is taught in a series of four modules per year with a two week examination period following each module. Courses are delivered over single or multiple modules with the goal of promoting continued integration of knowledge and practice while addressing 16 critical performance outcomes.

In addition to its undergraduate program, CMCC also has a Graduate Studies Division. It was founded in the 1970s with a mission to strengthen the quality and expand the quantity of more highly skilled chiropractic clinicians, teachers and researchers. CMCC has produced over 120 graduates since 1975 who have become recognised leaders in academia, research, health administration and politics. Alumni can be found as members of national and international elite sports teams, executives, clinicians, and scientists within university and chiropractic programs around the world.

Finally, CMCC has a strategic goal to develop collaborations with post-secondary institutions that foster mutually beneficial educational and research opportunities. In particular, CMCC endeavours to develop relationships that facilitate graduate and undergraduate student mobility; research and funding collaborations; courses; faculty exchange and knowledge transfer; engagement in lectures, meetings, seminars, symposia and conferences; and other experiences that foster inter-institutional and interdisciplinary partnerships.

## Appendix B: Proposed New GradDip Courses and Outlines

### NEW COURSE TEMPLATE

<b>Faculty:</b> Health Sciences		
<b>Course title:</b> Studies in Work Disability Prevention		
<b>Course number:</b> HLSC 5040G	<b>Cross-listings:</b> n/a	<input checked="" type="checkbox"/> Core <input type="checkbox"/> Elective
<b>Credit weight:</b> 3 CR	<b>Contact hours:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial <input checked="" type="checkbox"/> Other	

#### CALENDAR DESCRIPTION

Students are introduced to the Work Disability (WD) Paradigm, the real meaning of disabling pain and the influence of stakeholders on WD. Students begin to learn about the meaning and value of work and the nature, epidemiology and costs related to WD. A case study will allow students to seize the complexity and social dimensions of this paradigm and how it may affect patients who are also workers in their personal, social and working life. This case study will introduce the current conceptual frameworks of work disability. Complexity of the pain problem and its influence on WD will be presented. An introduction to the stakeholders and systems articulating with the work disability situation will be made. Topics will include workplace structures, systems and agents, private and public disability support schemes, unions and the compensation system.

<b>Prerequisites</b>	
<b>Co-requisites</b>	
<b>Credit restrictions</b>	
<b>Credit exemptions</b>	

#### LEARNING OUTCOMES

Upon successful completion of this course, students will be able to:

1. Analyze and differentiate among the main societal systems influencing work disability processes, including the worker, workplace, health, insurance and legislative networks that define the work disability paradigm
2. Align the vision and objectives of all stake holders around the common objective of RTW
3. Examine key stakeholders' perspectives and social determinants in the RTW paradigm
4. Identify the determinants of work disability and RTW
5. Differentiate pain from disorder and disability
6. Analyze and explain the impact of WD on society
7. Identify the infrastructure and key stakeholders of the workplace, insurance and healthcare systems.
8. Analyze the nature, role and vision of various stakeholders
9. Discuss employers' rights and duties.
10. Analyze and explain insurance models and the rules and regulations of worker's compensation boards and private insurers.

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**DELIVERY MODE**

Online (synchronous and asynchronous)
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**TEACHING AND ASSESSMENT METHODS**

Attendance/Participation Assignments Case Study Assignment
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**CONSULTATION AND FINANCIAL IMPLICATIONS, WHERE APPROPRIATE**

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**APPROVAL DATES**

Program Committee approval	February 24, 2016
Curriculum Committee approval	March 24, 2016
Executive Committee approval	March 28, 2016
Faculty Council approval	May 11, 2016

## NEW COURSE TEMPLATE

Faculty: Health Sciences		
Course title: <b>Making a Work Disability Diagnosis</b>		
Course number: HLSC 5410G	Cross-listings: n/a	<input checked="" type="checkbox"/> Core <input type="checkbox"/> Elective
Credit weight: 3 CR	Contact hours: <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial <input checked="" type="checkbox"/> Other	

### CALENDAR DESCRIPTION

Students determine how to recognize the various causes of work disability and make a Work Disability Diagnosis. The flags system and the tools facilitating the completion of such a disability diagnosis with regards to the worker, the workplace and insurance and healthcare systems are explored as are the psychology of work disability and its behavioural consequences. Students will administer a WD diagnosis interview to a simulated patient to practice a worker's interview in this context. Personal, social, legal and ethical issues related to work disability and their variations following the origin or nature of the disorder and the jurisdictions are appraised.

Prerequisites	HLSC 5040G
Co-requisites	
Credit restrictions	
Credit exemptions	

### LEARNING OUTCOMES

#### Learning outcomes:

Upon successful completion of this course, students will be able to:

1. Analyze the causes of work disability.
2. Evaluate the source and severity of the work disability.
3. Examine the worker's overall health, work readiness, and job demands.
4. Differentiate between the available tools to make a WDD.
5. Analyze and assess a work disability diagnosis utilizing existing resources and available tools.
6. Differentiate between workers and stakeholders perceptions and objective reality.
7. Discuss legal and ethical issues related to the work disability diagnosis.
8. Choose and apply a tool for WD Diagnosis.

### DELIVERY MODE

Online (synchronous and asynchronous)

### TEACHING AND ASSESSMENT METHODS

Attendance/Participation  
Simulated Negotiation  
Case Study Assignment

**CONSULTATION AND FINANCIAL IMPLICATIONS, WHERE APPROPRIATE**

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**APPROVAL DATES**

Program Committee approval	February 24, 2016
Curriculum Committee approval	March 24, 2016
Executive Committee approval	March 28, 2016
Faculty Council approval	May 11, 2016

## TEMPLATE 8-A

**NEW COURSE TEMPLATE**

<b>Faculty:</b> Health Sciences		
<b>Course title:</b> Coordinating Return to Work		
<b>Course number:</b> HLSC 5412G	<b>Cross-listings:</b> n/a	<input checked="" type="checkbox"/> <b>Core</b> <input type="checkbox"/> <b>Elective</b>
<b>Credit weight:</b> 3 CR	<b>Contact hours:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial <input checked="" type="checkbox"/> Other	

**CALENDAR DESCRIPTION**

Students identify and synthesize the influences of the different systems involved in work disability on workers' thoughts and behaviours. Knowledge, skills and abilities necessary for return to work management are developed. Workplace interventions, communication, strategic planning and negotiation techniques are developed to improve case management skills.

<b>Prerequisites</b>	HLSC 5410G
<b>Co-requisites</b>	
<b>Credit restrictions</b>	
<b>Credit exemptions</b>	

**LEARNING OUTCOMES****Learning outcomes:**

Upon successful completion of this course, students will be able to:

1. Synthesize information from multiple WDP perspectives.
2. Describe the tools available to assist in return to work and explain their use (how, why, when, with whom).
3. Develop an effective RTW plan using a DIER process (develop, implement, evaluate and revise).
4. Demonstrate effective communication and negotiation skills.
5. Examine how to incorporate a WD practice into a professional career.
6. Determine case resolution

**DELIVERY MODE**

Online (synchronous and asynchronous)

**TEACHING AND ASSESSMENT METHODS**

Attendance/Participation  
Simulated Negotiation  
Case Study Assignment

**CONSULTATION AND FINANCIAL IMPLICATIONS, WHERE APPROPRIATE**

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**APPROVAL DATES**

Program Committee approval	February 24, 2016
Curriculum Committee approval	March 24, 2016
Executive Committee approval	March 28, 2016
Faculty Council approval	May 11, 2016

## NEW COURSE TEMPLATE

<b>Faculty:</b> Health Sciences		
<b>Course title:</b> Occupational Ergonomics and Work Disability		
<b>Course number:</b> HLSC 5413G	<b>Cross-listings:</b> n/a	<input checked="" type="checkbox"/> <b>Core</b> <input type="checkbox"/> <b>Elective</b>
<b>Credit weight:</b> 3 CR	<b>Contact hours:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial <input checked="" type="checkbox"/> Other	

### CALENDAR DESCRIPTION

This course is designed to expand students' knowledge in the discipline of workplace ergonomics by exploring the underlying mechanisms of disability from an occupational ergonomics perspective. This transdisciplinary approach to ergonomics will evaluate the biomechanical, physiological, psychological, social and epidemiological approaches to evaluating health and disability risk in the workplace. Practical experiences will provide students with exposure to different workplace measurement, assessment and evaluation tools. Topics include the epidemiology and mechanisms of work-related injuries, workplace assessment for disability risk, pre-employment screening and legislated guidelines.

<b>Prerequisites</b>	
<b>Co-requisites</b>	
<b>Credit restrictions</b>	
<b>Credit exemptions</b>	

### LEARNING OUTCOMES

Upon successful completion of this course, students will be able to:

1. Describe a transdisciplinary framework for examining work disability through an ergonomics lens.
2. Explain basic principles of measurement and evaluation for ergonomics risk and leeway.
3. Critically examine how biomechanical mechanisms of disability (force, posture, repetition) relate to workplace injuries (i.e. Low back, upper extremity).
4. Examine, the impact of physiological factors (heat, work rate, rest breaks, fatigue) on work disability.
5. Examine how cognitive factors and mental stress influence work disability.
6. Synthesize the impact of psychosocial factors on workplace disability.
7. Synthesize the epidemiological evidence related to work disability.
8. Demonstrate an understanding of the financial implications (both direct and indirect) for poor ergonomics and return to work programs. This includes both health care related and organizational related costs and cost-benefit analysis.
9. Analyze how workplace design and design modification affects injury risk, disability and workplace performance optimization (or "workplace productivity").
10. Describe the tools available to assist in evaluating the margin of maneuverability for return to work and explain their use (how, why, when, with whom).

### DELIVERY MODE



Online (synchronous and asynchronous)
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**TEACHING AND ASSESSMENT METHODS**

Attendance/Participation Workplace evaluation presentation/discussion (x 2) Final review paper
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**CONSULTATION AND FINANCIAL IMPLICATIONS, WHERE APPROPRIATE**

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**APPROVAL DATES**

Program Committee approval	February 24, 2016
Curriculum Committee approval	March 24, 2016
Executive Committee approval	March 28, 2016
Faculty Council approval	May 11, 2016

## TEMPLATE 8-A

**NEW COURSE TEMPLATE**

<b>Faculty:</b> Health Sciences		
<b>Course title:</b> Practicum in Return to Work Management		
<b>Course number:</b> HLSC 5046G	<b>Cross-listings:</b> n/a	<input checked="" type="checkbox"/> <b>Core</b> <input type="checkbox"/> <b>Elective</b>
<b>Credit weight:</b> 3 CR	<b>Contact hours:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Tutorial <input checked="" type="checkbox"/> <b>Other</b>	

**CALENDAR DESCRIPTION**

Students identify and synthesize the influences of the different systems involved in work disability on workers' thoughts and behaviours. Knowledge, skills and abilities necessary for return to work management are developed. Workplace interventions, communication, strategic planning and negotiation techniques are developed to improve case management skills.

<b>Prerequisites</b>	HLSC 5412G
<b>Co-requisites</b>	
<b>Credit restrictions</b>	
<b>Credit exemptions</b>	

**LEARNING OUTCOMES****Learning outcomes:**

Upon successful completion of this course, students will be able to:

1. Evaluate the work disability situation;
2. Develop a return to work plan/stay at work;
3. Implement the return to work plan and coordinate return to work activities;
4. Monitor the RTW process of work disabled workers under supervision;
5. Evaluate work disability prevention initiatives;
6. Communicate effectively with disabled worker and other stakeholders.

**DELIVERY MODE**

Students will participate in an internship in work disability prevention and reintegration practice. During the internship they will work under a mentor (or team of mentors in an interdisciplinary setting) and under the guidance of the practicum coordinator(s). The placement will involve 246 hours over a 16 week timeframe.

**TEACHING AND ASSESSMENT METHODS****Teaching methods:**

- Experiential learning - Manage cases of work disabled workers under supervision in a RTW management practice; develop and evaluate work disability prevention programs.
- Mentorship - Supervision and guidance by a work disability practitioner(s) recognized by the

- training program.
- Readings and research - supplementing experiential and mentor-based teaching.
  - Reflection and consolidation - Completion of written assignments and discussion reflecting on the experience and knowledge and skills gained and areas for growth.
- Assessment:** by practicum coordinator upon defined criteria
- Formative*
- Mentor feedback
  - Practicum journal
  - Peer discussion groups - monthly via Skype and/or web-based
  - Individual meetings with practicum coordinator - monthly via Skype or other media
- Summative*
- Case reports reflecting application of practice principles and learning objectives attained; and
  - Organizational/environmental report analyzing the host organizations work reintegration philosophy, structure and practices and their consistency with best practice principles.
  - Practicum journal
  - Mentor evaluation
  - Practicum presentation and reflection
  - Case study or fieldwork assignment

**CONSULTATION AND FINANCIAL IMPLICATIONS, WHERE APPROPRIATE**

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**APPROVAL DATES**

Program Committee approval	February 24, 2016
Curriculum Committee approval	March 24, 2016
Executive Committee approval	March 28, 2016
Faculty Council approval	May 11, 2016