



**UNIVERSITY OF
CALGARY**

**Bachelor of Community Rehabilitation
Cumming School of Medicine
University of Calgary**

**Curriculum Review
Public Report**

August 2023



Program Context

Community Rehabilitation and Disability Studies is an interdisciplinary field of academic inquiry aimed at the examination of disability as a social, cultural, economic and political phenomenon. The Bachelor of Community Rehabilitation (BCR) introduces students to this broad field of study through either a four-year undergraduate program or a two-year post-diploma undergraduate program for individuals holding a recognized diploma from many post-secondary institutions across Canada. The BCR program delivers curricula in domains of leadership development, community capacity building, innovation and diverse partnerships aimed at promoting social change and building corresponding knowledge and theory in critical disability studies.

Established in 1979 in the then Faculty of Education, the BCR program integrated into the Faculty of Medicine (now Cumming School of Medicine) in the Department of Community Health Sciences in 2007. The history as a small, innovative and often entrepreneurial interdisciplinary program in the field of community rehabilitation and disability studies positions the program in distinct ways. Working on behalf of those who experience marginalization, discrimination and disenfranchisement and those who share their lives, the program is attuned to balances of power, particularly as these relate to help-seeking and access to socially-valued roles and supports. The work is anchored in the explicit study and application of personal and professional values. The ethics tend to be values and possibility-driven with evaluation of success residing in principles of dignity and respect, choice and control, inclusion and contribution, for people with varying abilities. Accordingly, through our theory-driven research and teaching, the program strives to break down hierarchies, share power, and disrupt systems that reinforce dependence and hinder opportunities for self-determination.

Fields of practice and corresponding scholarship have changed dramatically in the past several decades from focusing on large institutions to favouring community-based services, peer support, natural supports, user-directed supports and self-managed care. The very understanding of disability has moved from viewing the body as the primary location of the disablement to an understanding that the main cause of disablement resides in the “ableist” social environment within which the person is immersed. There is an ongoing debate over whether an ability difference is impairment or a variation (see for example discourses around deaf culture or the neuro-diversity movement). The program is deeply involved in social innovation aimed at helping people lead valued lives of their choosing and we steadfastly promote advocacy, social justice, critical inquiry and analysis. One of the many areas of study is the processes of change with a goal of preparing to support and lead change amidst social, economic and political turbulence.

Program Structure

The BCR program is a unique degree offered by the Cumming School of Medicine. The mission of the BCR program is to generate research, education, policy and practice partnerships to improve the lives of people with diverse abilities. Committed to a philosophy of possibility, the BCR program focuses on leadership development, community capacity building, research and innovation aimed at improving the well-being of people with diverse abilities, promoting social change and building corresponding knowledge and theory.

The course requirements for the four-year and two-year BCR programs are detailed in Appendix A. The four-year program primarily admits students entering university with a high school diploma, with a smaller number of transfer or change-of-program students admitted to the four-year path. The two-year BCR program is offered to individuals holding an approved diploma from one of a large number of Canadian post-secondary programs; students in this path receive 60-units of block transfer credit towards their degree and can meet BCR degree requirements with two years of full-time study.

Experiential Learning and Building Bridges in the Community: A distinguishing feature of the Bachelor of Community Rehabilitation program is its significant emphasis on learning *in situ*. During their program, students take a number of practicum courses, which commonly places students in work settings with community partners. At present, whether there are more limited opportunities to gain research skills was, however, a guiding question of this review. BCR students are eligible to take independent study research electives and are eligible for summer studentship funding available at the University of Calgary.

Minors: The BCR program offers a minor in Community Rehabilitation and Disability Studies to students in other programs at the University of Calgary.

Alignment with Priorities of the University of Calgary's Strategic Plan:

The BCR program aligns well with the University of Calgary's *Ahead of Tomorrow* strategic plan, in particular its articulated foundational commitments to equity, diversity, inclusion and accessibility. These are cornerstones of the BCR program, its teachings and the communities with which it works. Of the plan's four core strategies, *locating the community at the centre of all we do*, aligns extremely well with the program's emphasis and philosophy. Inclusion, accessibility and community are not new ideas, but have been central foci of the BCR program since its beginnings in the mid-1970s. We anticipate leading the campus community by example as the strategic plan and the associated academic and research plans (yet to be produced) roll out.

Curriculum Review Process

This report reflects a curriculum review that began in September 2022. This review was the collective effort of faculty members who contribute to the BCR program, led by Dr. Ebba Kurz, Associate Dean (Undergraduate Health and Science Education) and Acting Director of the Bachelor of Community Rehabilitation program¹. Monthly meetings were held beginning in September 2022, each of which ended with a list of tasks distributed among participants. These meetings led to the creation and refinement of the program-level learning outcomes and guiding questions. These were followed by the preparation of a curriculum map and surveys for current students and recent BCR graduates. The process culminated with a day-long review in June 2023 during which the results of the curriculum mapping and program surveys were discussed. The curriculum review report was written by Dr. Ebba Kurz in August 2023, with subsequent input from the review team.

The BCR program has articulated seven program-level learning outcomes that fall broadly into the following headings:

1. Understand Foundational Knowledge and Perspectives
2. Disrupt Knowledge Hierarchies
3. Connect Theory to Practice
4. Collaborate, Partner with Communities and Drive Social Change
5. Recognize and Embrace Communication in Multiple Forms
6. Acquire and Mobilize Research Skills
7. Demonstrate Integrity, Accountability and Respect

Five questions were developed to guide the curriculum review:

1. What are the strengths of the BCR program?
2. Where are there gaps and redundancies in supporting or achieving the program-level learning outcomes?
3. What are the gaps in knowledge or academic skills commonly observed in students in the 2-year program?
4. To what extent are research skills introduced and practiced in academic coursework?
5. To what extent do the practicum courses (especially CORE 594 and CORE 595) require students to demonstrate a connection of theory to practice?

Analysis of our curriculum maps, discussion at a faculty retreat, and consideration of the student perspective led to several findings:

1. The BCR program offers too many courses, leading to overlap of content and challenges with staffing/faculty teaching load. Reducing the number of courses increases program flexibility, allows for new course development, allows for an increased emphasis on research (see #3), and facilitates scheduling when a faculty member takes a research and scholarship leave.

¹ Dr. Kurz's term as Associate Dean ended July 31, 2023

2. The academic preparation of students entering the 2-year program varies widely, with many needing additional grounding in disability theory, communication and academic writing fundamentals.
3. Only a single course was identified as supporting the program-level learning outcome 'acquire/mobilize research skills' at the advanced level.
4. Current course pre-requisites do not adequately dictate course progression in the program, which leaves instructors having to manage students of varying prerequisite knowledge and skills.

Reflecting on our curriculum review also brought to light several opportunities, which form the scaffold of our five-year action plan. Among these are:

1. Reduce the number of option courses and/or offer them in alternating years.
2. Expand CORE 435 (which emphasizes research skills) into a full-year course. Make CORE 435 a pre-requisite for several upper year courses, allowing them to increase research emphasis.
3. Create a new course for 2-yr students to be taken in their first term of study.
4. Review current block transfer agreements. Identify those that are no longer offered.
5. Audit the performance of 2-yr students from the last 7-10 years and map the program from which they came. Can we link lack of preparedness with specific diploma programs?
6. Develop a three-year rolling teaching plan, with an emphasis on maintaining consistency in instructor assignments from year to year. This offers faculty an opportunity to revise/refine teaching in a particular course.
7. Increase research emphasis of CORE 594 and CORE 595 by embedding a longitudinal research component.

The curriculum review process has demonstrated that the Cumming School of Medicine has a strong BCR program. The program has clearly articulated program-level learning outcomes and curricula generally map well to them. This process, however, has brought to light new areas upon which to focus in the coming years. Efforts in these areas will be carefully monitored and course revisions will be developed with the curriculum map in mind.

Action Plan

Short-term: One year or less

Medium-term: Two to three years

Long-term: Four to five years

Recommendation: <i>Curriculum</i>	Action Items	Timeline for Implementation	Lead Responsibility
	Shift CORE 435 to a 6-unit course (to be required by all BCR students)	short term	BCR Director and Associate Dean (Undergraduate Health and Science Education) with input from BCR teaching faculty
	Add CORE 321 as a required course for 2-year students	short term	BCR Director and Associate Dean (Undergraduate Health and Science Education) with input from BCR teaching faculty
	Create new transition course for 2-year BCR students	short term	BCR Director and Associate Dean (Undergraduate Health and Science Education) with input from BCR teaching faculty
	Examine course prerequisite structure to ladder student learning and facilitate course and assessment design	short-medium term	BCR Director and Associate Dean (Undergraduate Health and Science Education) with input from BCR teaching faculty
	Revise program requirements to give students additional choice (choose 1 of 2, or 2 of 3)	short term	BCR Director and Associate Dean (Undergraduate Health and Science Education) with input from BCR teaching faculty
	De-list CORE 583	Short term	BCR Director and Associate Dean (Undergraduate Health and Science Education)
	Review implemented changes through student and instructor surveys	medium term	BCR Director and Associate Dean (Undergraduate Health and Science Education)

Recommendation: <i>Administrative</i>	Action Items	Timeline for Implementation	Lead Responsibility
	Review current block transfer agreements; de-	Short-medium	BCR Director and Associate Dean (Undergraduate Health and Science Education)

	list programs that are no longer offered/stale-dated		
	Review historic performance (past 7-10 years) of 2-year students; is student performance linked to their past program? (ie do students from X typically struggle more than students from Y?)	Medium term	BCR Director and Associate Dean (Undergraduate Health and Science Education)

Recommendation: <i>Supporting BCR faculty</i>	Action Items	Timeline for Implementation	Lead Responsibility
	Develop a three-year rolling teaching plan to better coordinate timetabling, RSL leaves and student program progression (offering the right courses at the right time)	ongoing	Associate Dean (Undergraduate Health and Science Education) and Department Head, Community Health Sciences

Communication Plan

We intend to take a multi-pronged approach to communicate the findings of this curriculum review with our stakeholders. The findings and action plan will be shared with core BCR faculty members (those teaching/coordinating CORE courses), although these individuals contributed extensively to this curriculum review. We intend to share the high-level findings of this review with students through a BCR town hall. Progress on our action plan will be reviewed regularly by the Associate Dean (Undergraduate Health and Science Education) and discussed with the CRDS faculty members. Finally, a presentation summarizing the curriculum review process and findings will be made to the CSM Strategic Education Committee.

Conclusion

The curriculum review process has demonstrated that the Cumming School of Medicine has an exceptionally strong Bachelor of Community Rehabilitation program. The program has clearly articulated program-level learning outcomes and, through this review, has identified opportunities to enhance the theoretical grounding and research focus of the program. Furthermore, based on the action plan presented here, the program will undertake ongoing quality assurance reviews, including a systematic review of current diploma transfer partners with a focus on student preparation for University of Calgary studies.