DEVELOPMENT AND DELIVERY OF A DISTANCE EDUCATION 
DISABILITY MANAGEMENT COURSE

by

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Introduction

This paper reports on the process followed in the development of a Disability Management Course through the Continuing Education Department at St. Lawrence College, Brockville, Ontario. A proposal documenting the need for such a program was completed in January 2005, and after receiving approval to proceed, an initial meeting with the Continuing Education Coordinator and the Occupational Health Nursing Program Director was arranged. This meeting occurred on February 9, 2005, and its purpose was twofold; first, it clarified the needs and expectations from the College’s perspective, and secondly, it provided me with the opportunity to obtain information that was necessary to begin constructing the course curriculum. The next section summarizes the discussions and outcomes of this meeting.

Meeting with St. Lawrence College

It was mutually agreed that the first offering of this course would occur in the fall semester of 2005. While this timeline would allow me to deliver the course and fulfill the practicum requirement of my own studies, it would also meet the College’s goal of offering an additional Disability Management Course in the 2005 calendar year. The College conveyed a timeline for course completion as June 2005, to allow for marketing in the Continuing Education Part-Time Studies Calendar typically distributed in July 2005. With several key resources at the College being less available as the summer approached, my personal goal was to complete course development by April 2005.

Originally it was my intent to design the course with relevance to a wide spectrum of professionals working in Disability Management including Human Resources, Occupational Therapy, Physiotherapy, Rehabilitation, and Occupational Health, to name a few. Although the College had broadly marketed the existing Disability Management Course Introduction to
Disability Claims Management (OCHS 9), in hopes of attracting those working and/or studying in both the Business and Health domains, in the end, it was Occupational Health Nurses who enrolled. Despite this experience, the College maintained an open mind on the idea of designing this course for a broader based audience. As discussed and supported later, the end result was in fact a course developed exclusively for those working and/or studying in the field of Occupational Health Nursing.

With regard to the reference text, the Occupational Health Nursing Program Director requested the course text be Disability Management Theory, Strategy, and Industry Practice (Dyck, 2002), the primary reason being that it is used and referenced by the Canadian Nurses Association in preparation for the Occupational Health Nursing certification exam. Based on my familiarity with this text, and use of it in my own coursework, I felt it would be well suited for this course. It provides not only an excellent framework and current status of disability management in Canada, but offers practical examples of theory application in the workplace and strategies in program implementation. In addition, I felt it would be relevant to a variety of disciplines working in the field of Disability Management.

With a strong professional desire to emphasize the role of the Disability Management Professional in advocating disability related employee rights and facilitating accommodation initiatives, I also suggested The Human Resource Guide to The Duty to Accommodate (Humphrey, 2002), as a secondary text for this course. The College agreed that this text would be appropriate and appreciated its Canadian focus and relevance to distance education students nationwide.

With regard to my desire to include journal articles as required course readings, the College was supportive. Although they held copyright privileges for the Ontario
Occupational Health Nurses Journal and the American Association of Occupational Health Nurses Journal, they communicated a willingness to obtain copyright privileges on other journals should this be necessary.

One of the questions I raised at this meeting was whether this Disability Management Course could be incorporated into the College’s existing Occupational Health Nursing Diploma Program. In doing so, I felt the program would better reflect the needs of employers and the skill and knowledge requirements of today’s Occupational Health Nurses. With 54% of Ontario Occupational Health Nurses spending over 50% of their time performing disability management functions (Institute for Work & Health as cited in Scott, 2002), and with an anticipated future need for trained disability management service providers within the next 2-5 years (Harder & Voaklander, 2003), it was apparent that there existed a deficit in the program curriculum. The Occupational Health Nursing Program Director agreed that this course could potentially address this gap and noted that its inclusion would bring the overall program hours closer to that required for College Diploma Programs.

Two options for the course contact hours were offered to me, these being either a 45-hour or a 60-hour course. Without having had the opportunity to develop a sense of the overall scope of the course, including what the expected learning outcomes would look like, I felt it was too premature to make this decision. I was however anticipating that a 60-hour course, at 5 hours per week, would allow for a more comprehensive coverage of the material.

Two options for the course delivery format were presented to me. One was the paper-based correspondence format traditionally used by many distance education courses and programs at the College. This format, which provided students with a course manual and all required reading material, allowed students to pursue independent learning at their own pace
over the course of the semester. The second format proposed was WebCT, a courseware system available at the College for technology-mediated distance education. Although the College had access to an in-house staff member with expertise in WebCT design, and an information technology specialist for software related technical problems, I got the sense at that time that a paper-based format was preferable. This, I believe, was due to several factors. First of all, it was the format used for the existing disability management course and all courses in the Occupational Health Nursing Program. The desire to maintain a consistent approach may have been a driving factor. Additionally, a paper-based format would most likely require less effort on the part of the College as far as preparation, implementation, and maintenance. According to survey results that had been received from students enrolled in the Occupational Health Nursing Program, on-line learning via the world-wide web was not the preferred method of study. This may have led to concerns on the part of the College that enrollment in an on-line course would not be favorable. Having personally been exposed to both formats, and feeling strongly about promoting interaction and active learning, I was definitely leaning toward the use of WebCT as the delivery format of choice.

Course Preparation and Research

In order to determine the scope of the curriculum and the learning outcomes I began by reviewing the Introduction to Disability Claims Management (OCHS 9) Course Manual (St. Lawrence College, 2001). It was important that I be able to clearly distinguish my course from the existing one. With the focus of this introductory course primarily on the claims management aspect of Disability Management, there was plenty of room to explore other facets of Disability Management. As I read through the course syllabus and required readings, I identified areas that this course did not address. Based on my review of this
course, the Occupational Health Nursing Standards (OOHNA, 1995), NIDMAR’s Standards in Disability Management (NIDMAR, 1999), and my personal experience and education in the area of Disability Management, I was able to gain a perspective on what I wanted this course to look like and what concepts I wished for it to address. My intention to take a broad organizational approach to Disability Management, and present Disability Management as a total health management strategy, rather than a reactive approach to illness and injury, was well received by the College. Key themes that I presented for inclusion into the curriculum included: design, marketing, and evaluation of Disability Management Programs, conflict resolution, communication, and problem solving in unionized settings, application of case management tools and strategies, prevention of illness, injury, and disability, organizational effectiveness and labour relations, and accommodation of disability. Essentially my goal was to develop a course that demonstrated how an integrated and comprehensive Disability Management Program was the best solution for improved productivity and reduction of disability-related organizational and human losses. The College was receptive to this approach and left the development of specific course content in my hands.

While the College’s approach on the development of this course allowed for significant autonomy, creativity, and flexibility on my part, I must admit that initially, it was somewhat overwhelming. Although I was confident in the subject matter itself and had taught courses at the college level in the past, I had little experience from a curriculum development perspective. This resulted in a personal need for me to become more knowledgeable in such areas as adult education, on-line learning via the world-wide web, and outcome based education. In order to make well-informed curriculum decisions and be able to support these decisions, I began examining the literature to gain an improved
understanding of the theories and principles of adult education, the processes used in
developing course curricula, and the advantages and disadvantages of various delivery
formats. Although this required significant effort and time commitment on my part, I believe
it was extremely helpful in ensuring I considered relevant factors and followed an organized
process in designing the curriculum. As course development is discussed throughout this
paper, the supportive information that influenced course direction will be presented.

Target Audience

My first priority was to determine the intended audience of the course. As mentioned
earlier, I originally had anticipated that the course would target various disciplines working
in the Disability Management Field. As I began to explore this option, several factors came
into play. The results of the aforementioned study pertaining to the amount of time
Occupational Health Nurses in Ontario spend on disability management, was significant for
me. Despite the time and effort devoted to disability management by practicing Occupational
Health Nurses, there continues to be a gap in Occupational Health Nursing education.
Disability Management training is not part of the basic education in nursing school, nor is it a
part of the Post RN Occupational Health Nursing Diploma Program at St. Lawrence College.

In thinking about the intended audience, I considered my personal comfort level with
creating Disability Management education for a multidisciplinary student population.
Through my experience as an Occupational Health Nurse, I felt I could offer more
meaningful insight and feedback to a Nursing student body. Based on my knowledge and
practice of Disability Management from an occupational health perspective, and my
familiarity with the Occupational Health Nurse's role and responsibilities in Disability
Management, I felt I would be more effective in developing a curriculum and instructing a
course designed for nurses practicing in the field of Occupational Health. The College’s previous experience with being unable to attract students outside of the Occupational Health discipline for their *Introduction to Disability Claims Management (OCHS 9)* course, along with the their view that Occupational Health Nurses pursued Disability Management education to become increasingly marketable, reinforced the practicality of focusing on the Occupational Health Nursing domain. Based on the apparent need for education and the increased probability that Occupational Health Nurses would enroll in the course, and having determined my own skill, knowledge, and comfort level in developing and teaching a Disability Management course, I decided to design the course exclusively for Occupational Health Nurses.

**Course Learning Objectives**

With curriculum decisions regarding content, teaching methods and delivery, and student evaluation all dependent on the desired course outcomes (Harden, Crosby & Davis, 1999), the practical next step was to develop the objectives for the course. These objectives would not only provide a framework for building the curriculum, but would facilitate the planning of appropriate strategies to evaluate student learning (Harden et al, 1999).

In establishing the course objectives I considered a variety of material. I began by reviewing the Scope of Practice for Occupational Health Nurses set out by both the Canadian Occupational Health Nurses Association (COHNA, 2000) and the Ontario Occupational Health Nurses Association (OONHA, 1995). The focus of the Canadian Association’s list of disability management responsibilities was case management, described as the need to collaborate with various stakeholders and implement measures including workplace accommodation initiatives to facilitate early and safe return to work (COHNA, 2000).
Although many of the responsibilities pertaining to disability management in the OOHNA (1995) document were similar, additional expectations included the development and use of measurement tools to demonstrate the cost benefit of workplace programs and the need to obtain management support for workplace programs. With a goal of ensuring Occupational Health Nurses adhered to their scope of practice, and in an effort to better prepare Occupational Health Nurses for the disability management content on the CNA certification exam, I strived to incorporate these functions into the course objectives.

With the primary focus of these nursing standards on the medical aspects of disability, it was critical to consider NIDMAR’s Occupational Standards in Disability Management as well (NIDMAR, 1999). The Essential Skills and Competencies in the NIDMAR standards were more encompassing, with a heightened focus on workplace environmental factors that impact disability. With a desire to approach disability management from an organizational standpoint as an overall health management concept, the NIDMAR standards, by addressing such areas as labour relations, early intervention and return to work programs, accommodation practices, and other organizational policies and procedures that impact disability management, were deemed to be highly relevant and useful. Although it would not be feasible for this one course to address all of the core skill and competency areas outlined by NIDMAR, my goal was to incorporate key skill requirements into the learning outcomes where possible. In doing so, the course would provide students with a broader range of disability management knowledge and skill, preparing them, to some degree, for professional certification as Return to Work Coordinators and/or Disability Management Professionals at some point in the future.
In order to ensure the course objectives accurately reflected the needs of today’s Disability Management Practitioners, research in the area was explored. Findings reinforced the need for the course to address organizational competencies including labour relations, ergonomics, human resource management, conflict resolution, and legal requirements related to workplace disability, which as Rosenthal and Olsheski (1999) point out, have been deficient in rehabilitation counselors. Although these findings specifically pertain to disability management services as provided by rehabilitation counselors, based on the lack of education for Occupational Health Nurses, and traditional focus on the medical aspects of disability, it can be assumed that similar deficiencies are likely to exist. A study by Chan et al. (2000) examining the job and knowledge dimensions of Certified Disability Management Professionals, Certified Rehabilitation Counselors, Certified Case Managers, and Occupational Health Nurse members of the AAOHN, provided valuable insight into the knowledge and skill base requirements for today’s Disability Management Practitioners. With regard to job functions, disability case management and early return-to-work interventions ranked highest with case management techniques and psychological intervention skills identified as the most important knowledge domains (Chan et al., 2000). When examining the relationship between job function and knowledge, the job function of disability case management required knowledge in all domain areas including case management techniques, psychosocial interventions, managed care, and human resources/business (Chan et al., 2000). Interestingly, it was Occupational Health Nurses who rated the human resources/business knowledge domain higher than any other practitioner group (Chan et al., 2000). This research accomplished several things. First, it reinforced the strong case management component to Disability Management. Secondly, it
highlighted the broad knowledge base that is required in case management functions.

Finally, it identified the need for Occupational Health Nurses to have knowledge in the area of human resources/business including, for example, accommodation, employee benefit plans, employee assistance programs, and occupational health and safety. This research provided a valuable perspective that assisted me in the development of course learning outcomes and provided me with insight into appropriate areas of emphasis for the curriculum.

Having completed my review of the Occupational Health Nurses Scope of Practice (OOHNA, 1995), the NIDMAR Occupational Standards in Disability Management (NIDMAR, 1999), and research analyzing the knowledge and skills requirement of Disability Management Practitioners, I developed the expected learning outcomes for the course. While I began with a rough draft of 13 learning objectives, the process of working through the curriculum development stage resulted in a refined list of 10 course objectives that more succinctly and accurately reflect the content. (see Appendix A).

Course Content

Once a rough draft of 13 learning outcomes had been developed, I read the intended course textbook Disability Management Theory, Strategy, and Industry Practice (Dyck, 2002), to ensure it covered the appropriate information in adequate detail to allow for students to meet the defined outcomes. My assessment of this textbook confirmed that it did in fact cover a significant portion of the required topic areas with the exception of the legal requirements and application of Human Rights Legislation and accommodation. For this reason a second textbook, The Human Resource Guide to The Duty to Accommodate (Humphrey, 2002), was added. Although the students would only be required to read a few
sections of this second text, I felt that it provided an easy to read overview of disability accommodation obligations in Canada under Human Rights legislation, and as such, served as an excellent resource for future reference.

With objectives and reference texts having been identified, my next task was to determine what content would be appropriate to include in order for students to meet the identified learning outcomes. As I read through the course texts I took note of disability management practices and concepts that were related to the learning objectives and formulated a tentative list of topic areas. While I endeavored to provide students with a comprehensive and relevant knowledge base, I also focused on information that reinforced the concept of “integrated” Disability Management. Currier, Chan, Berven, Habeck and Taylor's (2001) research assessing the functions and knowledge domains for Disability Management Practitioners at two levels of functioning, one at an administrative/managerial level and the other at more of a human service oriented level, assisted me in identifying appropriate and relevant content for inclusion. Of the functions and knowledge identified for both levels of practitioners, several common themes emerged including the need for knowledge and skill in the following areas: components of disability management, disability-related legislation, communication and conflict resolution skills, labour-management collaboration, psychosocial aspects of disability, job analyses and accommodation, clinical practice guidelines, early intervention and return to work, measurement of program outcomes, marketing and promoting disability management, and assessing workplace factors related to disability management (Currier et al., 2001). All of these areas were subsequently incorporated into the course curriculum (see Appendix B) that spanned out over a 15 week period.
In addition to selecting appropriate weekly readings from the course texts, I searched for additional readings via nursing journals. The reasons for this were twofold. First, I thought it was important to provide students with a more diverse perspective on Disability Management, and secondly, I felt it was important to familiarize students with the occupational health journals that serve their profession. I also felt that the journal articles could offer some excellent practical examples of how disability management concepts are applied in “real life” situations.

While evidence supports the use of the world-wide web as an appropriate format for delivery of distance education, as Kanuka (2001) notes, certain aspects may be more useful in print-based formats. For this reason, it was decided that the journal articles selected as required readings would be provided as a print-based reading package available through the College (see Appendix C). This approach would eliminate any potential difficulties in accessing the article(s) on-line, and would avoid the common behaviour of printing off learning materials for reading in hard copy form (Blass & Davis, 2003). Through a greater level of “permanence,” the journal articles were expected to provide students with the opportunity to refer and reflect on the material over the course of the semester.

Based on the comprehensive nature of the course, the level of complexity, the reading material and required workload, and my intent to encourage interaction and participation, I decided that a pre-requisite would be appropriate. The pre-requisite would either be prior completion of Introduction to Disability Claims Management (OCHS 9), or previous experience as an Occupational Health Nurse. It was anticipated that having experience and/or knowledge of basic Disability Management principles would improve the quality of student interactions and lead to greater success in applying disability management theory and
practice through the use of reflection and critical thinking. Without prior education and/or experience I was concerned that students may find the course overwhelming.

**Instructional Design**

With course objectives and content in place, the next step in the process was deciding on the instructional design of this distance education course. That is, whether it would be a paper-based correspondence format, or an on-line format. Although the easiest approach from a course development and teaching perspective would most likely have been a paper-based platform similar at that time to the existing introductory Disability Management Course, I did not believe this was necessarily the best approach to promote learning. My concern with a paper-based platform was primarily related to its passive nature with little or no student teacher and student-student interaction and subsequently, minimal opportunity to learn from others. Having taken the Occupational Health Nursing diploma program via a distance education paper-based platform myself, and more recently, having taken disability management courses via the world-wide web, I found the learning environment to be far superior in the latter. It affords the opportunity to interact with other participants, including the instructor, and in doing so, allows the learner to consider and reflect on the perspectives and experiences of others. Findings from Dillenbourg and Schneider (as cited in Black, Misson, & Bracegirdle, 2003), and Brown (as cited in Black, Misson, & Bracegirdle, 2003), have revealed that collaborative learning in a virtual learning environment actually provides a more meaningful and superior learning experience. It also provides the added benefit of being increasingly relevant to the real world and the experiences one might encounter (Nipper as cited in Black et al., 2003). Research by Black et al. (2003) found the interaction
and sharing of experiences to be beneficial in consolidating both knowledge and understanding.

With professional development aimed at improving practice through updated information, critical analysis, and application of knowledge and judgment skills (Cervero; Schon; as cited in Nocente & Kanuka, 2002), we are increasingly seeing a shift away from the traditional "information update" type of learning model, toward a technology mediated "critical learning model" (Cervero as cited in Nocente & Kanuka, 2002). Furthermore, it can be argued that critical learning models are more important for professions requiring critical thinking and judgment skills (Nocente & Kanuka, 2002). Based on the responsibilities and expectations of today's Disability Management Practitioners, I concluded that the best approach to promote a critical learning model would be one designed to promote student interaction and communication. Clearly, this could not be achieved through a curriculum delivered via a paper-based medium.

In examining the theories and principles of adult learning, it became evident that adult learning is not only significantly different from childhood learning, but is based on several unique concepts. According to Knowles (as cited in Kiely, Sandmann & Truluck, 2004), the self-directedness and independence of adults, combined with their broad knowledge and experience base and problem oriented learning style, results in the need for instructional design different from traditional approaches. In review of the Four-Lens Model of Adult Learning (Kiely et al., 2004) and the key dimensions under the Learner, Process, Educator, and Context lenses, it became clear that a world-wide web-based design would best incorporate the key dimensions of the adult learning process. For example, it would take into account the role of experience and participation under the Learner lens, it would promote
interaction, reflection, dialogue, and experimental learning through the Process lens, and through the Context lens and the discussion forum, it would allow students to engage in “real-life” learning. The model’s assumption that educators teach through their past learning experiences (Kiely et al., 2004), reinforced the benefit of directing the course toward Occupational Health Nurses since this allowed me to offer more in terms of my own learning experiences and practical knowledge.

With an increased shift and preference toward world-wide web-based learning, there has been considerable research on the benefits, drawbacks, and strategies for maximizing the effectiveness of this learning medium. The world-wide web provides a cost effective educational delivery system and removes barriers associated with time, place, and situation that often result in reduced accessibility and participation (Bates as cited in Nocente & Kanuka, 2002). With the capability to integrate the principles of active learning into world-wide web-based formats, both interactivity and flexibility are improved. Studies on the quality of technology-based distance education have found learning via the world-wide web to be effective in meeting learning outcomes and student expectations. Research comparing technology-mediated distance education to classroom-based education has found outcomes and satisfaction levels to be similar (Phillips & Merisotis as cited in Nocente & Kanuka, 2002). Several other studies comparing the two formats found grades to either be the same or higher, and satisfaction levels to be higher, with technology-mediated distance education (Hammond; Martin & Rainey; Souder; as cited in Nocente & Kanuka, 2002). Although a computer-mediated design could possibly create challenges for students, namely the need to possess a computer and have some level of familiarity with its use, at this stage, I was convinced that it was the most appropriate distance education delivery format for this course.
Computer-Mediated Communication Format

Having decided on a world-wide web-based instructional delivery format, the next step was to determine what design would most effectively and efficiently promote learning. With a goal to facilitate critical thinking and provide opportunities to apply knowledge and experience, and draw on that of others, the “Discussion Forum” was chosen as the central learning medium. Benefits of dialoguing with peers include the opportunity for deeper reflection, reduction in social bias (Lapadat, 2004), and increased comfort with asking questions, clarifying information, and taking risks which one otherwise may not feel confident of in a traditional face-to-face learning environment (Men·yfield, as cited in Lapadat, 2003). Lapadat (2004) found that on-line discussions not only exceeded minimum requirements in terms of participation, but were of superior quality compared to those encountered in face-to-face teaching.

The fact that discussions occur through the medium of writing presents additional benefits. For example, the increased time it takes to compose written versus oral responses, along with the “permanence” of these responses, can serve to stimulate increased active reflection (Lapadat, 2004). By providing the opportunity for students to review, reflect, compose, and revise, asynchronous text-based interactions foster a higher order of thinking with the potential for improved information and situation analysis, synthesis, interpretation, and evaluation (Lapadat, 2004). My own experience with asynchronous and synchronous discussions validates these findings. Not only were the quality of discussion posts more detailed and thought provoking in an asynchronous format, but the flexibility to compose a response with adequate time for reflection, and research if need be, fostered a greater level of self-directedness in my own learning. Drawbacks of synchronous discussions including
feeling rushed, having inadequate time to reflect and support one’s position, and being tied down to discussion times that wouldn’t necessarily meet all participant needs, steered me away from the use of synchronous interactions.

With the Discussion Forum as the principle means of student and instructor interaction on weekly material, and motivation as one of the key psychological factors involved in learning (Regan, 2003), it was important to examine whether discussions would sufficiently motivate learners. Feedback from participants involved in asynchronous computer-mediated communication found that in addition to providing improved access to group knowledge and support, it lead to increased motivation (Harasim as cited in Black et al., 2003). These results were echoed by a later study on students involved in an on-line health promotion module who reported that the sense of interdependency and responsibility created by discussion expectations motivated their participation (Black et al., 2003). The results of research conducted by Regan (2003) revealed that 85% of students indicated that a “lively class discussion” was a motivating factor in their learning. When reflecting on my own experience with discussion forums, the fact that my peers were privy to my posts and would be reflecting on and responding to them, created not only a sense of personal responsibility to maintain a certain level of participation, but increased my sense of accountability for providing accurate, thorough, and stimulating responses. The discussion forum has unquestionably been a significant motivational tool in my own learning.

Ensuring students had a clear understanding of discussion expectations, and the purpose and use of the Discussion Forum, was critical to its success as a learning tool. Should students view their learning strictly as an outcome, and fail to consider the value of the discussion process in helping them reach the desired outcome, they will not be motivated
to participate (Blass & Davis, 2003). Failure to include learning deadlines into the discussion expectations increases the possibility that students will procrastinate and delay the learning experience (Kerker as cited in Blass & Davis, 2003). For this reason, start and stop dates for weekly discussions would be provided with the discussion forum being closed at the end of each week. Allotting marks for participation in the discussion forum was another motivating factor that the course incorporated since on-line discussions have been found to be most effective when linked to student assessment (Mason & Bacsich as cited in Blass & Davis, 2003). Important to note is the increased effectiveness of discussion forums when driven by the instructor (Blass & Davis, 2003).

Context of Discussion Forum:

When thinking about how the discussion forum would operate and how best to stimulate thought provoking responses, I referred to the principles of adult learning. In order for students to “test out” their learning through active participation and have the opportunity to link theory to practice (Puliyel, Puliyel, & Puliyel, 1999), I decided that weekly questions based on the week’s assigned readings would be the focus of student discussions (see Appendix D). As opposed to simply summarizing and restating disability management principles and practices directly from the assigned reading material, the intent was for students to reflect on, analyze, and apply their learnings, within the context of different situations. Rather than generating questions with black and white, right or wrong responses, my aim was to present practical situations and real life disability-related problems that occupational health nurses may encounter in the workplace. Such an approach, by fostering critical thinking and judgment skills, would be relevant and of greater value to these occupational health professionals. By identifying and supporting their perspectives and
illustrating with practical examples, students would not only demonstrate their understanding of the material, but would provide a variety of different perspectives for their classmates to consider and learn from. Questions would emphasize the role and responsibilities specific to the Occupational Health Nurse, whenever possible. In doing so, questions would be relevant, allowing students to draw on their prior experience(s) within disability management.

According to Leong, Baldwin and Adelman (as cited in Cook & Dupras, 2004), the presentation of case-based scenarios fosters increased self-assessment, and ultimately learning, by requiring the student to differentiate between current knowledge level and new information being presented. With the most effective learning occurring when students are faced with solving real life problems (Cook & Dupras, 2004), I endeavored to present case-based situations whenever possible. Research conducted by Newman, Johnson, Cochrane and Webb (as cited in Nocente & Kanuka, 2002) confirmed that case studies were the most preferred method of learning in computer-mediated communication.

Despite having pre-determined questions for each week, it was anticipated that discussions would be broader than these pre-determined questions. Based on the findings of Lapadat (2004), it was assumed that other subtopics were likely to emerge, and that previous discussions and/or themes were likely to be sustained over several weeks. In other words, discussions were likely to expand beyond the weekly questions and build on previous learnings. While these questions were intended to serve as a framework to guide the discussions, they were not intended to be the sole topics of discussion. What transpired from student discussions would depend on student and instructor experience and knowledge, the cohesiveness of the student group, and how the students related to a structured learning environment.
Challenges Associated with On-Line Learning

One of the challenges to be cognizant of with distance education is the risk of “transactional distance” which Kanuka (2001) describes as a psychological and communication gap resulting from physical separation. In order to minimize transactional distance it is essential that there be adequate dialogue and structure (Kanuka, 2001). In other words, it was important as the instructor to participate and moderate the discussions to ensure quality dialogue, and critical that the course information clearly specify student expectations with regard to where students should be in their learning and on what timeline.

In an aim to provide adequate structure, topic areas along with required readings and discussion questions, were identified for each week. Feedback obtained from University students involved distance learning initiatives via the world-wide web has shown that clear directions and guidance, along with unitized, well organized, and structured learning materials, facilitates student learning (Kanuka, 2001). The fact that 100% of surveyed students noted the importance of a good lecture in promoting self-directed learning (Regan, 2003), reinforces the need to ensure weekly topics and discussions are well organized and interesting. Although weekly content, readings, and questions would be pre-determined and therefore “structured,” the intent was not to constrain students but to provide a framework to stimulate thinking and participation. It was anticipated that student interests, strengths, and experiences, along with directions set from an instructor standpoint, would expand discussions into related disability management areas. By allowing for such flexibility, there was the option to explore content not specifically identified in the course curriculum, should students so desire.
The requirement for students to develop a “student profile” was expected to serve as an important tool in reducing transactional distance by fostering a “sense of community” (Lapadat, 2004). It would be instrumental in the development of a social network and group identity, upon which trust would be based (Wang, Sierra & Folger, 2003). With the success of the course largely dependent on student interaction and discussion, it was important for students to be aware of the background and experience of their peers at both a professional and personal level. In doing so, it was anticipated that a mutually respectful, supportive, and safe environment, tolerant to a diversity of opinions and perspectives, would be created.

The provision of regular student feedback would function to stimulate and reinforce learning, highlight areas of competence, and would be important in further reducing transactional misunderstandings and promoting learning. Kanuka’s (2001) research summarizing student perceptions of world-wide web-based programs found that even in the case of well designed computer generated feedback (i.e. on-line quiz results), such feedback did not, and should not, replace instructor feedback. To recognize the importance of instructor feedback, and in attempt to model the mechanisms of feedback available to students in a traditional classroom setting, positive and constructive reinforcement was to be delivered to individuals and the group as a whole via the Discussion Forum and/or Private Mail. Additional questions posed on a private and group basis would allow for further exploration of disability management-related issues, provide opportunities to expand critical thinking skills, and improve social cohesion thereby minimizing the perceived transactional distance. In an effort to further ensure adequate feedback, the 15-week semester was subdivided into three 5-week sessions. After each session, participation marks would be provided to each student. By providing regular and timely feedback in this way, students not...
meeting discussion and participation expectations would be aware and have the opportunity to improve over the remainder of the course.

Experiencing technological frustrations related to world-wide web-based learning is a valid concern and one commonly cited by students participating in such programs (Kanuka, 2001). This can include initial difficulties related to learning how to use the world-wide web and difficulties encountered when trying to use it, both of which create barriers that impede learning. Although research has revealed that technological frustrations tend to dissipate with time and experience (Kanuka, 2001), certain factors can expedite this process.

Providing students with the opportunity to explore WebCT via a pre-course demonstration was identified as a possible avenue for those students who were unfamiliar with or intimidated by this on-line learning format. In addition, week 1 was set aside to allow students to become more familiar with the WebCT platform. This was intended to provide students with an opportunity to explore headings, links, and navigation bars, and become familiar with the Discussion Forum by posting an initial welcome message and summary of personal learning goals. The need for WebCT technical support was to be met through the provision of an information technology specialist available at St. Lawrence College during business hours, and technical support through Embanet Technical Support Desk available around the clock. With the success of learning being dependent to some degree on student computer skills (Nocente & Kanuka, 2002), and being cognizant of the possibility that a number of Occupational Health Nursing students may be intimidated by the on-line learning format, initial training to assist students in maneuvering within the WebCT environment would be incorporated. The provision of WebCT “tips” may be sufficient for some, while others may need orientation on a one-to-one basis.
Student Evaluation

With learning objectives specifying the values, knowledge, abilities, and skills that students should be capable of by the end of a course (University of Washington, 2002), I endeavored to design the format of student evaluation around the stated course learning objectives. Identifying an evaluation plan that was fair, and accurately reflected learning outcomes, was the most difficult part of this process. With the strong focus on interaction via class discussion, I felt that allotting a significant portion of the student mark to participation was appropriate. This would not only encourage participation, but would reinforce the significance of the student discussions as a learning tool. In considering the weekly time that the discussion forum would require for posting responses and responding to others, and in light of my personal experience with discussion forums and familiarity with the time commitment they required, I decided that participation would account for 40% of the student's final mark. With assessment deemed to be more effective when provided on a regular basis (University of Washington, 2002), I decided that participation marks would be provided on three occasions throughout the course; at 5 weeks, at 10 weeks, and at course completion.

With regard to what “student products” would be appropriate to demonstrate student competency, I explored several possibilities including research papers, case studies, self-assessments, tests, multiple choice question quizzes, group projects, slide presentations, and/or a final exam. Although there were many options, I felt strongly about providing assignment opportunities that would allow students to integrate and apply the knowledge they acquired from course readings and student discussions. In addition, I considered what I felt to be the most critical aspects of this course. In other words, what knowledge and skill
did I really want these occupational health nurses to walk away with? What first came to mind was my desire for students to be capable of establishing and evaluating workplace disability management initiatives. Equally important was the need for students to effectively manage workplace disabilities through the application of various disability management “tools” that would be highlighted throughout the course. I felt that assignments requiring the application and integration of key disability management theory and “best practices” would best reflect student attainment of course objectives. With a secondary goal of encouraging academic writing skills, I decided that a written assignment documenting the process one would take in establishing a workplace Disability Management Program would be appropriate. The student would be required to describe the process, include the rationale for their actions, identify pertinent policies, explain how the program would be implemented including communication and marketing plans, and identify strategies for evaluating the program. This assignment would encompass 30% of the student’s final mark. Although content on Program Evaluation was originally planned for week 14 toward the end of the course, it was moved to week 4 so that the majority of content related to this assignment would be covered during the first half of the course. In this way, the assignment would be due midway through the semester.

With a goal of building and assessing student capability in managing disability claims, the second and final assignment comprising 30% of the final, involved the development of a Disability Case Management Action Plan. This assignment, based on a case scenario, required students to identify and summarize the major disability-related issues from both the employee and organizational standpoint, identify the goals, explain with rationale the plans and interventions aimed at resolving the identified issues, and evaluate the
success of the plan. This evaluation strategy would effectively assess the student's ability to apply their knowledge, learnings, and decision-making skills, defend and support their actions through the inclusion of rationale, and integrate content covered over the course of the semester. In an effort to encourage creativity and flexibility and promote the use of a case management template that could be easily applied to everyday practice, the format of the Disability Case Management Plan design was intentionally left unspecified. This assignment would be due at the end of the course.

I am confident that the student evaluation format (see Appendix E), in taking into consideration the learning objectives, course priorities, time commitments, and interactive nature of the course, will effectively and fairly measure student progress.

Course Development in WebCT

The next major piece of work to complete was the development of the course web page. With poorly structured, inefficient, and unattractive web pages limiting learning (Cook & Dupras, 2004), it was critical to ensure that the nature of the design encouraged efficient and effective learning. For this reason, I relied on the college's WebCT resource and his bursary student to assist me in the design of my web page.

I attended my initial design meeting, along with other College staff who were interested in developing on-line courses, on April 21, 2005. The purpose of the meeting was to familiarize the group with WebCT, its capabilities, and possible templates/formats for course delivery through this medium. Subsequent to this initial meeting, I was required to complete an on-line 3 module WebCT course in order to secure a course number and obtain access to the College’s WebCT site. The focus of our second design meeting, held on May 11, 2005, was learning how to maneuver through WebCT in the “Design Mode.” I learned
how to set up and change course menu items required for my course, how to add calendar
items, enter student grades, etc. Due to the time commitment that would be necessary for me
to become proficient in the use of “Front Page,” the software required for conversion of
material to the html format required by WebCT, it was agreed that I would provide my
course material in its desired layout to the college and they would convert and upload the
files accordingly.

For the next several months we worked together to ensure the course would be ready
for the Fall 2005 intake of students. With access from my home computer, I was able to
monitor progress and simply email my requests for additions/changes to the college. The
only item that was not ready for the start of the course was the “Student Introductions” area.
It was decided that once the students posted their self-introductions, the college would set up
a Student Introduction icon. Despite my request this did not happen. The introductions were
however accessible to all students under Week #1 Discussion for the duration of the course.

Preparing the course description for advertising in College course calendar, and preparing the
student reading package for copying and packaging, were other tasks I completed over the
summer months.

The Teaching Experience

This experience was extremely rewarding both from a personal and professional
perspective and I believe that the time and effort invested upfront, during the initial planning
stages, played a key role in this success. Learning about curriculum design, on-line course
delivery, principles of adult learning, and outcome based education, provided me with the
theoretical background and research-proven strategies to effectively develop and deliver a
distance education course.
As anticipated, the first several weeks of the course required a greater time commitment on my part due to the fact that students had no prior experience with WebCT. In fact only one of the eight enrolled students had ever taken an online course. The use of the Discussion Forum as the central medium for learning was also foreign to the students, so considerable time was spent communicating discussion expectations and explaining how to organize and reply to posts during the first couple of weeks. There was some initial resistance from one of the students as to why the weekly discussions had start and end dates and why weekly discussion questions were not presented in advance. The student’s perception was that this format was not conducive to students who had other responsibilities (work, family, etc), allowing for limited time to respond. I dialogued with this student to explain the reasons behind the time limits on the discussions; namely the intent that this would 1) avoid continually having to go back to catch up on new posts, 2) assist in keeping the discussions focused and on target so that all necessary material was covered, and 3) remove the feeling that students were “tied to” their computers seven days a week. With regard to this student’s query on why questions are not released in advance, I explained that the goal of this course was to apply learnings from the reading material and not to draft perfectly prepared answers directly from the readings. In spite of this initial pressure, I felt very strongly about the importance of stimulating critical thinking and reflection, rather than simple regurgitation, and for this reason I maintained my position on this matter. Despite the structure of class discussions, I did convey to the group that there would in fact be some flexibility in the event of holidays, sickness, and/or personal issues. I simply requested that students inform me in advance should they be unable to post on a given week. I believe this was effective in removing some of the pressure that some students may initially have felt.
Interestingly enough, there were only two occasions where students were unable to post within the stated time guidelines. I believe this attests to the feasibility of the discussion time frames and expectations.

With the provision of instructor guidance and feedback, the depth, insight, and relevance of student discussions progressively developed. Rather than simply responding to questions, students began relating the material to their own disability management experiences. To observe students helping one another problem-solve personal disability-related workplace issues was gratifying. For me, this substantiates the effectiveness of the Discussion Forum as a key learning medium. To stimulate further discussion, encourage the application of concepts within different contexts, and to facilitate thinking “outside of the box,” I occasionally posed additional questions, at times to the whole group, other times to individual students. I felt this, along with my own participation in discussions, would reduce the transactional distance that is often associated with on-line learning (Kanuka, 2001). My participation provided the opportunity to highlight other important considerations, clarify legal requirements, and share my own experiences with disability-related situations that were relevant to the weekly topic. Students were encouraged to relate the material to their own practice to maximize its relevance and usefulness.

In an attempt to gain perspective on existing disability-related matters, students relied not only on course material, but increasingly on one another as resources. This, along with the fact that students openly disagreed with one another while still respecting one another’s points of view, demonstrates the level of trust and “sense of community” that had evolved. In comments received form one student after course completion, she indicated that she felt that other students “who had lots of experience seemed to be teaching the course.” To me,
this comment actually reflects the cohesiveness of the group and their capability to utilize one another’s knowledge and past experiences to foster their own learning. This interdependent learning structure, together with an instructional design that positioned me as a course “facilitator” rather than an “expert,” was clearly counter to the experiences students had previously had with distance education. These students, the majority of whom were working as occupational health nurses at the time, had many years of experience to draw upon. Had we not capitalized on this wealth of knowledge, I firmly believe this course would not have been as relevant, useful, or interesting for students. At the same time however, I can see how this approach may not have been desirable for those students choosing to pursue independent learning at their own pace. Regardless, I was quite pleased with student participation. As originally planned, participation marks were provided to students at weeks 5, 10, and at course completion with the lowest overall participation mark being 80%. The interdependency of the discussion forum, along with the fact that participation comprised a significant component of the student’s mark, motivated strong participation. This is consistent with the literature (Black et al., 2003).

Although it is not uncommon to experience technical difficulties with on-line learning (Kanuka, 2001), there were surprisingly few such difficulties throughout the semester. After registering for the course, students received a handout (Appendix F) explaining how to gain access to WebCT and the course itself. The only technical concern I was made aware of was related to “losing” a couple of discussions posts. Having had personal experience with this myself in other WebCT courses, I encouraged students to draft more lengthy responses (ie. initial responses to the weekly questions) in a word document, and then copy and paste into the forum. There were no further concerns with this issue.
In my review of the appropriateness of the two assignments, it appears that both effectively assessed learning outcomes and provided students with the opportunity to apply their learnings. The Disability Management Program Assignment required students to integrate and apply the concepts learned in the first half of the course through the development of a Disability Management Program for an organization struggling with significant disability-related absenteeism. The requirement for rationale resulted in the need to provide support for one’s action from the literature. Since many students indicated they were not overly familiar with APA format, I prepared and posted an APA information sheet to assist them. Although one student indicated on her course evaluation that she felt this assignment “was too much like Introduction to Disability Claims Management (OCHS 9), I had assessed the requirements of the OCHS 9 assignment during the planning stages and felt its focus was in fact sufficiently different. While the OCHS 9 assignment centered on claims management and the nine-step process involved in the design of human resource policies and disability benefits plans, the focus of this assignment, by taking a broad-based organizational and integrated approach to Disability Management as a whole, was in fact considerably different.

The final assignment, a Disability Management Case Management Plan, provided students with the opportunity to apply the Disability Management strategies and best practices that had been covered in the second half of the course. Rather than focusing strictly on the medical aspects of rehabilitation, the students assessed and incorporated workplace interventions they believed would be important to the employee’s return to work (ie. ergonomic studies and changes, employee education initiatives, etc). As intended, the format was intentionally made optional to allow students to choose a format that they would find
personally useful in their own occupational health setting, again, striving to be as relevant as possible. Many students used a nursing care plan format, likely due to their familiarity with it and its potential re-applicability to case management responsibilities within their own organizations.

The “Mail” component of WebCT proved to be a useful tool in allowing students to seek clarification with me and provided a medium to privately review personal disability management issues. If students sought clarification on assignments privately, but I felt all students would benefit from my response, I would post my reply for all students to have access. I felt this was the fairest approach so that all students were working from the same information. On the course evaluation however, this sharing of additional information and provision of further guidance on assignments in response to a specific student request, was interpreted by one student as an inadequate explanation of course learning outcomes, evaluation methods, and expectations at the beginning of the course. All such information was in fact available on the website from day 1.

Other tools within WebCT that promoted learning and organization were the “Websites” link and “Updates” area. The “Websites” link provided students with a forum to share relevant and pertinent information they had come across on the Internet and proved to be an effective strategy for disseminating up-to-date disability management-specific information to the entire class. The “Updates” area assisted in maintaining organization. Guidance, group feedback, clarification of assignments, reminders about assignment due dates and notification that grades had been posted, were items posted in this area. This was helpful in differentiating between discussion information and that related to course-logistics.
As the semester neared to an end, I began working with the college to solidify the format for the final evaluation. Feedback from students would be extremely important during the first several course offerings and would be important in determining whether changes in the curriculum itself and/or the design of the course were warranted. Although the college indicated they already had an evaluation in place for their on-line learning courses, I felt strongly about the inclusion of other items such as: whether the on-line format enhanced or hindered learning, whether technological problems were common and if so, the effects of such problems on learning, whether reading materials were relevant, understandable, and useful, whether expectations were appropriate for a 60 hour course, whether feedback was timely and useful, whether personal learning goals were met, and whether the course met overall needs and expectations and prepared the student for working in the area of Disability Management. I provided the list of questions I wished to see incorporated to the college (Appendix G) and the final version of the evaluation (Appendix H) was sent out to students upon course completion. Unfortunately only 3 of 8 evaluations were returned back to the College. With such a limited response, I do not believe the data necessarily provides a true picture of students’ perceptions with regard to course content and instructional design and delivery. I did however receive informal feedback from all but one student during the final week and this information proved useful in validating the overall effectiveness of this learning experience (Appendix I). It was rewarding to find that the course was both relevant and useful to those nurses currently involved with Disability Management.

With regard to course changes and improvements, I have a few recommendations. First, I believe that informing students of the expected time commitment and participation
requirements of this course at the time of registration would be worthwhile. As previously mentioned, many students who have pursued distance education courses have been accustomed to independent learning and a self-paced format. Clearly, the more structured design of this course does not as easily allow for this. While students may read ahead and work on assignments, weekly participation via the discussion forum is time specific.

With regard to the reading package, there were a few pages that got missed during copying and therefore remaining packages should be checked and missing pages added. It is amazing how a seemingly small detail such as this can be distracting to the group. As the field of Disability Management evolves, it will be important to ensure journal articles, and course textbooks for that matter, remain relevant and current. Making this assessment should be a part of the ongoing review and maintenance of the course.

Finally, and as recommended by one of the students, I would like to develop learning objectives for each week. As it currently stands, only weekly course content is identified. The addition of weekly objectives may be helpful in identifying what material is priority, and in doing so, may be more effective in fostering overall learning and grasp of key concepts.

Summary

The development of Disability Management Theory and Practice for Occupational Health Nurses has been a valuable learning experience. While it has allowed me to draw upon my own experience and knowledge of Disability Management, it has also provided me with the opportunity to work and network with educational resources, and has improved my knowledge of curriculum design, which I knew little about. The fact that these students were Occupational Health Nurses, and therefore my peers, resulted in a furthering of my own learning as well. It was interesting to hear about disability management-related interventions
and strategies that other organizations had implemented with success. At the same time, it was somewhat disappointing to find that Disability Management, in many ways, remains in its infancy in many employment settings. This being said, I strived to reinforce the role of the Occupational Health Nurse both as the employee advocate and champion of Disability Management initiatives within the workplace. I have appreciated the opportunity to work with St. Lawrence College in the development and delivery of this Disability Management Course and look forward to the possibility of teaching it again in the future.
References


St. Lawrence College (2001). *Introduction to Disability Claims Management (OCHS 9 Course Manual)*.


Appendix A
Course Learning Objectives

At the completion of this course the student will be able to:

1. Describe the benefits and key elements of a Disability Management Program.

2. Develop an understanding of how labour relations, organizational climate, and Attendance Management impact on Disability Management.

3. Understand the advantages of incorporating early intervention, accident prevention, case management, and workplace wellness, into Disability Management.

4. Understand the roles and responsibilities of key parties involved in Disability Management.

5. Apply communication and problem-solving skills to eliminate return to work barriers and resolve disability management issues that may involve the employee, union, management, and/or healthcare practitioners.

6. Apply claims management and case management tools and strategies, and utilize appropriate resources, to optimize employee functioning and facilitate timely return to work and job accommodation for physical and psychological disabilities.

7. Understand and apply legislation and ethical standards relevant to Disability Management including Human Rights Duty-to-Accommodate, Worker’s Compensation, Confidentiality, etc.

8. Identify marketing strategies aimed at promoting Disability Management programs within an organization.

9. Develop outcome measures and apply evaluation strategies to measure the success of return to work processes and Disability Management practices.

10. Demonstrate an understanding of the Occupational Health Nurse’s role in developing and managing Disability Management Programs, and resolving challenging disability-related situations.
### Appendix B

#### Course Content

<table>
<thead>
<tr>
<th>Week 1</th>
<th><strong>Introduction</strong></th>
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| **Week 2** | **Overview of Disability Management**  
Rationale for Disability Management  
Operational Elements of a Disability Management Program  
Program delivery models  
Barriers to Implementing Disability Management  
Role of the Occupational Health Nurse in Disability Management |
| **Week 3** | **Establishing a Disability Management Program**  
Components of a Disability Management Program  
Corporate Culture  
Policies & Procedures  
Disability Benefit Plans- STD, LTD, WCB  
Integration with other resources  
Organizational Infrastructure for effective Disability Management  
Building the Case for a Disability Management Program  
Marketing and Communications Strategies |
| **Week 4** | **Evaluating Disability Management Interventions & Programs**  
Disability Management Performance/Outcome Measures  
Purpose of Program Evaluation  
Evaluation Planning  
Strategies & Design of Evaluation  
Data Analysis Techniques- Cost Benefit Analysis, Return on Investment (ROI), Gap Analysis  
Best Practices & Reporting |
| **Week 5** | **Integrated Disability Management**  
Importance of Workplace Wellness in Disability Management  
Integrating Wellness, EAP, and Occupational Health & Safety  
Injury, Illness, and the Organizational Climate  
Conceptual Model for a Comprehensive Disability Management Program  
Key components of an Integrated Disability Management Program |
| **Week 6** | **Stakeholder Roles & Responsibilities and Ethical Considerations**  
Disability Management Stakeholders- Roles, Responsibilities, and Qualifications  
Confidentiality & Documentation  
Ethical theories, principles, and decision-making models  
Defining and resolving ethical dilemmas |
| Week 7 | **The Unionized Workplace**  
|        | Communicating and Working with Unions  
|        | Fostering Improved Labour-Management Support for Disability Management  
|        | Labour-Management Cooperation and Collaboration in Disability Management  
|        | Avoiding Common Pitfalls in Working with Unions  
|        | Union role in Accommodation |
| Week 8 | **R TW- Part I**  
|        | Factors Delaying/Promoting RTW  
|        | Key Stakeholder Roles in RTW  
|        | Objectives and Principles of Graduated RTW  
|        | Role of the Physician in RTW |
| Week 9 | **R TW- Part II**  
|        | Components of a RTW Program  
|        | Steps in Developing a RTW Program  
|        | Use of the Job Demands Analyses (JDA’s)/Physical Demands Analyses (PDA’s)  
|        | WCB legislation re: RTW  
|        | Measuring RTW Outcomes |
| Week 10 | **Claims Management**  
|        | Goals of Claims Management  
|        | Determining Eligibility, Processing and Adjudicating Claims  
|        | Triggers for Claim Referral  
|        | Application of Claims Management Tools  
|        | Developing claims Management action plans |
| Week 11 | **Case Management**  
|        | Goals of Case Management  
|        | Role of the Case Manager  
|        | The Case Management Process & Occupational Health Nurse’s Role  
|        | Evaluating Case Management Outcomes |
| Week 12 | **Requirements of Duty to Accommodate Legislation**  
|        | Defining Duty to Accommodate (DTA)  
|        | Principles of Accommodation  
|        | Scope of Undue Hardship  
|        | Responsibilities & Obligations in Accommodation |
| Week 13 | **Application of Accommodation in the Workplace**  
|        | Process for Job Accommodation  
|        | Essential duties & Reasonable Accommodation  
|        | DTA Obligations under Human Rights Legislation  
|        | Use of Universal Design and Assistive Devices  
|        | Job Accommodation Resources Available |
| Week 14 | **Attendance Management & Support**  
Principles of Workplace Attendance Management & Support Programs  
Stakeholder Roles in Attendance Management  
Culpable vs Innocent Absenteeism  
Accommodating Disability-Related Absenteeism |
| --- | --- |
| Week 15 | **Present & Future Challenges in Disability Management**  
Mental Health Challenges  
The Role of EAP in Disability Management  
Repetitive Strain Injuries & Ergonomics  
Wrap-up |
Appendix C

Reading Package


Appendix D
Discussion Questions

**Discussion Questions Week #2:**

Outline the rationale for Disability Management and why it is becoming increasingly important.

Discuss the role of the Occupational Health Nurse in Disability Management.

Define the terms “Disability Management” and “Case Management” and explain the differences between the two.

Identify the parties involved in Disability Management, the benefits to each party, and the barriers to effective Disability Management.

**Discussion Questions Week #3:**

What are the core components of a Disability Management Program? What is the relationship between Disability Management and these core components?

Identify the barriers one might encounter in establishing Disability Management Programs and policies. How can barriers be overcome and how might you as the Occupational Health Nurse intervene to eliminate such barriers?

What information and/or data can be used to foster improved organizational support for Disability Management initiatives? How can this data be used in the development and measurement of program goals and objectives?

Discuss the marketing interventions that would be beneficial in obtaining organizational support for a Disability Management Program.

**Discussion Questions Week #4:**

Measuring Disability Management outcomes and evaluating Disability Management Programs are crucial to program success. Why?

Identify performance measures and program evaluation strategies including data analyses that would be appropriate in Disability Management. *(hint: Be sure to touch on CBA & ROI)*

What is a “Gap Analysis” and how can it be used to improve a Disability Management Program?

It is critical that program evaluation be built into a Disability Management Program during program planning stages and equally important that the results of program evaluation be shared with key stakeholders. Why?
**Discussion Questions Week #5:**

Discuss the impact of workplace wellness on Disability Management outcomes.

All too often Disability Management, Occupational Health & Safety, EAP’s, and Wellness Programs function as independent “silos.” How can an organization integrate these services and what are the anticipated benefits of such an approach?

What is the connection between organizational climate and workplace disability? What specific factors negatively impact on health and how can organizational stress be prevented and/or minimized?

Discuss the role of the Occupational Health Nurse in a Disability Management Program in terms of primary, secondary, and tertiary prevention.

**Discussion Questions Week #6:**

Identify the key players in Disability Management and their respective roles and responsibilities. In your opinion, what role(s) would an Occupational Health Nurse be qualified to perform and why?

As nurses we are cognizant of our ethical obligation to maintain the confidentiality of employee health information. In the field of Occupational Health/Disability Management, we are often faced with unique challenges in attempting to balance the organization’s “need to know” and the employee’s right to confidentiality. Identify strategies that an Occupational Health Nurse can use to strike a balance between employer needs/rights and employee needs/rights. What are the limits on information sharing?

Recently there has been a heightened focus on the protection of personal information in the health care sector and in other service areas where personal client information is collected and retained. Chose a piece of legislation in your province aimed at protecting client information and discuss its application and impact within a Disability Management context.

Based on the case scenario below, identify the “ethical dilemma?” What are the Occupational Health Nurse’s ethical obligations? What communication and disability management interventions would be appropriate?

*Paul Peterson’s supervisor informs you of his intent to put Paul into the disciplinary process as a result of increased late arrivals for his shift and a failure to follow company protocol for booking time off work in advance. On several occasions Paul has left messages on his supervisor’s voicemail informing him that he would not be in to work and would be taking a “vacation” day to cover his absence. No explanation is provided. Paul’s supervisor also reports a decline in Paul’s productivity over the past 2-3 months. Paul’s attendance and performance at work have always been good...*
in the past. As the Occupational Health Nurse you are aware that Paul and his wife separated 2 months ago and that he is seeing a counselor through the company’s Employee Assistance Program. Last you spoke to Paul he was taking Effexor 150 mg q AM and Ativan 1 mg prn as prescribed by his treating physician.

Discussion Questions Week #7:
Identify and explain common reasons for strained labour-management relations.

Identify and discuss the strategies that can foster improved labour-management support for Disability Management initiatives.

How do seniority and the collective agreement affect an employer’s obligation to accommodation disability? (ie. do they supercede Duty to Accommodate obligations)

Outline the role and responsibilities of the union and management in disability accommodation.

Discussion Questions Week #8:
Facilitating timely Return to Work (RTW) is the goal of Case Management. What personal and organizational factors delay RTW? What personal and organizational factors promote RTW?

What is “Managed Care” and how can it facilitate RTW?

Is “Graduated Return to Work” (GRTW) the best tool for timely RTW, and if so, why? What are the benefits of GRTW to the employee and the organization?

Inadequate involvement of the employee’s physician in RTW planning presents an obstacle for timely RTW. What role should the physician play in RTW? What strategies can the Occupational Health Nurse use to improve cooperation with the treating physician(s) and positively impact RTW outcomes?

Discussion Question Week #9:
What are the key components of an effective RTW program?

Describe the Occupational Health Nurses role in establishing and evaluating RTW/Transitional RTW programs?

Discuss the importance of a job analysis in RTW and explain how can it be used?

After reviewing your provincial workers compensation board website, do you believe the WCB’s process for managing occupational injuries and illnesses is aligned to the concept of
early RTW? What changes/improvements would you recommend the Board incorporate into their policies/programs to improve RTW outcomes for work related injuries and illnesses?

**Discussion Questions Week #10:**

Explain the various income replacement options that may be available to employees for occupational and non-occupational illnesses or injuries. What factors would be considered in determining eligibility under each income replacement option?

Identify the factors which may lead to more lengthy disability claims and common indicators for claim referral.

Independent Medicals (IME’s), Functional Abilities Examinations (FAE’s), and Disability Duration Guidelines (ie. Presley-Reid) are tools available to assist disability claims managers in determining eligibility for Disability benefits. How can these tools be used to in the determination of “fitness to Work?”

From a claims management perspective, what “red flags” do you see in the case scenario below? What interventions would be appropriate in your claims management action plan?

- **Primary Diagnosis:** Depression
- **Secondary Diagnosis:** Workplace Stress
- **Symptoms:** Unable to concentrate, poor sleep
- **Medication:** None
- **Treatment Provider:** Family Physician; sees monthly
- **Referrals:** None
- **Counseling:** Biweekly through EAP
- **Referral:** Off 8 weeks so far
- **Prognosis for RTW:** “Indefinite” as per Physician
- **DB Duration Guideline:** 56 days as per Presley-Reed

**Discussion Questions Week #11:**

Define “Case Management.” Explain the role of Case Management in preventing and reducing disability and workplace absence.

In order to gain an understanding of the number of factors impacting on a disability, the Case Manager must conduct a thorough assessment. What type of information should the assessment include?

Identify the primary, secondary, and tertiary prevention strategies that can assist Occupational Health Nurses in case managing workplace injuries and illnesses.
What type of information/outcomes could the Occupational Health Nurse use or measure to evaluate the effectiveness of case management interventions?

Discussion Questions Week #12:

Describe “Duty to Accommodate” obligations under Human Rights legislation in terms of the principles of accommodation, the essential duty requirement, and the scope of job opportunities that the employers should consider.

What employer factors would meet the “undue hardship” criteria and preclude the employer from having to implement accommodation measures. What factors or situations cannot be used in an employer’s “undue hardship” defense?

In point form, outline the responsibilities of the workplace parties involved in accommodation- the accommodee (the employee with the accommodation need), the employer, the union (bargaining agent), and the workplace community.

Discussion Questions Week #13:

Explain the concept of “Universal Design.” Who are the customers of Universal Design and how does it impact on accommodation?

Choose a medical condition that you may encounter as an Occupational Health Nurse that may result in a degree of disability. a) Describe the potential impact of this disability on workplace functioning and b) Provide possible accommodation solutions that would allow the employee to maintain his or her employment.

After reviewing Human Rights case law and/or arbitration rulings, select a case that has come under scrutiny due to alleged discrimination based on a disability. Summarize the case including the employee and employer positions and present the court/tribunal decision. Do you agree or disagree with the decision and why?

After reading the case scenario below, identify your responsibilities as the Occupational Health Nurse. What communication would be appropriate? What tools would you use in attempt to resolve this situation? What accommodation options should the company explore prior to claiming “undue hardship?”

John Flohn works in a manual hand packing operation in a large distribution center but has been off work for 3 weeks related to low back pain. John has experienced exacerbations of low back pain 3-4 times per year for approximately 5 years now. CT scan reveals disc bulging at L3-L4 and L4-L5. Surgical intervention is not an option according to John’s specialist. Current treatment includes non-steroidal anti-inflammatory medication daily and a muscle relaxant prn. John performs his daily exercises as prescribed and attends physiotherapy during periods of exacerbation. John return from an appointment with his physician and provides you with a note
clearing him for RTW to “light duties” for the next 2-3 weeks. Management is tired of dealing with John’s unpredictable absences related to these “flare-ups” and informs you that unless John can perform all required duties, they have no work for him. They are unwilling to temporarily transfer the heavier duties to other workers on John’s team since everyone has enough to do without having to do someone else’s work as well.

Discussion Questions Week #14:

Differentiate between “culpable absenteeism” and “innocent absenteeism.” What approaches are appropriate in the management of culpable absenteeism? What approaches are appropriate in the management of innocent absenteeism? What risk does the employer run by dealing with both absences in a similar manner?

After reading the Desormeaux v. Ottawa-Carleton Regional Transit Commission case in the Mar 03 edition of Focus, explain the basis of the tribunal’s decision and whether you agree with it. Could the employer have taken a different approach to dealing with the employee’s absenteeism that may have avoided a Human rights claim?

An employer’s obligation to accommodate disability related to absenteeism will be exhausted when what conditions have been met?

As an occupational Health Nurse, what do you see as your role in workplace Attendance Management and Support Programs?

Discussion Questions Week #15:

Open Forum & Wrap-up
## Appendix E
### Student Evaluation

<table>
<thead>
<tr>
<th>Participation in Discussion Forum</th>
<th>40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Management Program Assignment</td>
<td>30%</td>
</tr>
<tr>
<td>Disability Case Management Action Plan</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Participation:**

This course will take a practical and interactive approach to learning through weekly on-line discussions between students and instructor. The instructor will present discussion questions based on the weekly reading material and students will post at least 2 original responses and respond to at least 2 others. The quality of the posts, including the ability to critically reflect and apply learnings, will be equally important as the quantity. Instructor feedback on participation marks will be provided at 5 weeks, 10 weeks, and at completion of the course.

**Disability Management Program Assignment:**

In your design of a Disability Management Program, describe the process you follow and include: the rationale for the steps you take, the policies you put in place, the stakeholders you involve, communication and marketing plans, and strategies for evaluating the program. **Length:** maximum of 8 pages, double-spaced, APA format.

**Disability Case Management Action Plan:**

The student will develop a Disability Management Plan based on a case study. The plan should summarize the presenting problems from an employee and organizational standpoint (assessment), identify the desired outcomes (goals), explain, with rationale, the plans to resolve the identified problems (interventions), and how the plan will be measured (evaluation). **Format:** optional.
Appendix F

St. Lawrence College
CONTINUING EDUCATION DEPARTMENT

HOW TO SELF-REGISTER IN AN ONLINE COURSE

Dear ___________________

Welcome to Disability Management Theory and Practice for Occupational Health Nurses, online. I look forward to sharing the online learning experience with you. You should have already registered for the course. Textbook information is available once you have downloaded your course and is available under the Course Outline section. Now it is time for you to self-register and to access WebCT so you can begin the course.

All students need a WebCT ID and password to log in to the WebCT server to access courses. Your WebCT ID is...................and your password is................... Please follow the instructions below to add a course to your myWebCT page.

1. Launch (open your browser).
2. Enter the URL http://elearn.sl.on.ca
   Expected result: The WebCT Entry Page appears.
3. Click Log in to myWebCT
   Expected result: The Login to WebCT screen appears.
4. Enter the WebCT ID and password provided above.
   Your ID is usually your first initial of your first name immediately followed by your last name and date of birth ie. Tjones27. Your password is your 7-digit student ID number.
5. Click Log in.
   Expected result: The myWebCT screen appears.
   myWebCT provides you with centralized access to all of your WebCT CE courses. Depending on administrator settings, myWebCT can also contain links to Announcements from St. Lawrence College, bookmarked URLs, and a Global Calendar. For more information on using myWebCT click Help on the myWebCT screen.
6. Click on the Add Course tab.
   Expected result: The Select Course to Add screen appears.
7. Click on the radial button beside View by Term.
8. Click on the down arrowhead beside Default to obtain a list of available terms.
10. Click on the **Update** button.

   **Expected result:** A list of available courses should now appear in the lower portion of the screen. Locate the course title **Disability Management Theory and Practice for Occupational Health Nurses.** You may need to use the scroll bar on the right of your screen to bring the course title into view.

11. Click on the **large pencil icon** (located at the far right of the screen) to self-register.

   **Expected result:** The Course Added screen appears.

12. Click on the **Return to myWebCT.**

   **Expected result:** The myWebCT screen appears with the course name now listed. To access this course, click on the course title.

   Your instructor for this course is Joanna Noonan. **Any course content questions should be forwarded to the instructor, Joanna.n@sympatico.ca, any administrative questions should be forwarded to me at (613) 345-0660 Ext. 3503 or fpeters@sl.on.ca**

Faye Peters
Distance Education
Appendix G
Course Evaluation Questions- DRAFT

- Course content- appropriate level, time allotment?
- Instructor Feedback- timely marking of assignments, postings of grades?
- Method of Evaluation- 2 assignments & participation- effective in facilitating learning?
- Discussion Forum- was this tool effective in promoting learning? Did you find the experiences of others’ helpful to your own OHN practice.
- WebCT- new user? If yes, any problems?
- Is this your first “interactive” web based distance education course?
- Would you recommend this course to other OHN’s looking for education in DM?
- Course layout- well organized?
- Course expectations- clear?
- Instructor- level of knowledge on subject matter? timely response to your questions?
- Text- appropriate & comprehensive?
- Journal Articles/other readings - appropriate and helpful?
- Appropriate balance of theory and practice? Would you feel capable of implementing some of the practices discussed in this course?
- Did this course provide you with increased confidence in addressing DM in your workplace?
- Did the course meet the identified course objectives listed in the syllabus?
- Suggestions for improvement? Areas you would like to have seen covered that were not?
COURSE CODE: OCHS 10 – Disability Management – Theory and Practice  
TEACHER: Joanna Noonan  
DATE: January 19, 2006

Is this your first on-line distance education course?  

<table>
<thead>
<tr>
<th>Section A – Instructional delivery</th>
<th>Strongly Agree</th>
<th>Moderately Agree</th>
<th>Moderately Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The course presents ideas and explanations in a clear manner.</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The course clearly states expectations.</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The package arrived in a timely manner and in good condition</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B – Instructional Design

| 1. Instructional materials are consistent with stated learning outcomes. | 2 | 1 | | |
| 2. The course uses tests and assignments that are related to the course learning outcomes. | 2 | 1 | | |
| 3. Journal Articles and Text are appropriate. | 1 | 2 | | |

Section C – Course Management

| 1. The teacher is readily available for assistance. | 1 | 2 | | |
| 2. The teacher provides useful feedback in a timely manner. | 1 | 2 | | |
3. The teacher actively seeks and utilizes feedback from the students  

4. Course learning outcomes, evaluation methods and expectations were explained at the beginning of the course.  

5. The teacher provides extra assistance when required.  

6. The teacher encourages more in-depth study and assists in obtaining additional resources and learning opportunities.

### Section D – Content Knowledge

1. The course uses current materials and examples.  

2. The course directs students to appropriate resources.  

3. Course content  
   a) appropriate level  
   b) appropriate time allotment  

4. Discussion Group  
   a) Effective in promoting learning  

5. Appropriate balance of theory and practice.  
   a) Would you be capable of implementing the practices discussed in this course?  
   b) Did this course provide you with the increased confidence in addressing DM in your workplace?  

   a) Effective in facilitating learning  

7. Would you recommend this course to other OHN’s?  
   2 Yes  
   1 No
WebCT Student Feedback
(Copied & pasted from Week 15 Discussion Forum)

I have learned this semester is that DM is multi-faceted. There are many areas to be ID and evaluated in any illness or injury. The OHN has to be an excellent observer in the WP and be thorough in diagnosing and implementing referrals when needed. The risk of a complete work-up thru assessment can cost the organization financial loss. Working with other departments in conjunction with OH has been demonstrated over the weeks as being very important. In order to be successful, compliance with all depts, managers, insurers and the EE is mandatory. An OHN with the ability to manage and organize efficiently will be able to combine these areas to be united in achieving the goals of returning the EE back to a healthy and safe work environment. I realize I have much to learn since I am just starting out. I look forward to my new job which begins PT in Jan. I will be working with a RN who has started her own DM company a few years ago. She staffs 7 people, Occ therapist, Voc therapist and now 2 RN’s. Her referrals come from lawyers and insurance companies. I will be working as a CM. I know I will be able to use my knowledge that I have gained through this course. Thank you to Joanna for providing this great course and to you girls, for your great conversations, which I have learned so much from.

Joanna - it’s been a great learning experience, and wasn’t even painful. Thank you for all your efforts.

I have learned a lot with this course too. Unlike many courses that are not real world oriented, this one was reality based both in course content and the discussion forum was an awesome thing. I had never done this type of course before, but now I’m onto it. I love it. I really appreciate the back and forth we’ve shared, and also the “gentle” guidance and nudges from Joanna. Thanks to all of you, I wish everyone well, whether a new venture, the same old thing with a new twist now) or something yet to be discovered.

at I just wanted to say thanks to Joanna and to everyone for making this course such a good and interesting learning experience. This course has opened my eyes to how vast Disability Management really is, and how important it is to look at the big picture. This course has also introduced me to some very interesting websites on regulations, laws and ideas for workplace accommodations. I hope to develop ways to become more proactive in my job, and try to problem solve ways around return to work barriers.

Another important learning was regarding the Duty to Accommodate and the Union’s role. While things may sound really good in theory, the reality of putting it into practice is much less clear and concise. Most OHNs are regarded as resource persons without real decision making authority, but I think this course has given us all some tools that we can provide to our Companies regarding Best Practices in the Disability Management arena. Thank you, fellow students for your willingness to share your insights.
experiences and thoughts. Thank you, Joanna for your guidance and expertise.

Subject: My thoughts
Message no. 747
Author: (pine01)
Date: Thursday, December 15, 2005 22:03
I have found the course a great experience and one that was relevant to my day to day practice. I found there were many
nes at work this fall when I would find myself in the midst of situations that illustrated exactly what had been read or discussed
the course that week. It was quite amazing! Needless to say, the material we covered and the discussions that took place
owed to be applicable. I appreciate as well the resources that I now have available in terms of the textbooks, websites and articles.
ow that I will be referring to them many times over the next months. Joanna you are right that it has been busy and sometimes
ficult to put the time into discussions that I might have liked. However, I enjoyed everyone's input and thank you all for sharing
ur stories and work experiences.

Subject: Feedback
Message no. 750
Author: (mcgagey09)
Date: Sunday, December 18, 2005 08:24
all: It's been really a great learning experience sharing ideas and situations with each of you. I found the format (once I got
und the initial learning curve) to be a wonderful learning tool. The entire course has been one of the most valuable I've taken,
m the content to the forum. Thanks to all of you for sharing and discussing.

Subject: Last Hurrah
Author: (Farnellwoodman11)
Date: Wednesday, December 14, 2005 17:15
he last 3 months have flown by and here we are at the end of the program. I know I've learned alot and would like to think my
ils are a little more polished in relation to DM. Each week as new E/E's come to us with illness or injury I can see where
ew knowledge has helped. I think the last assignment was a good review of the nursing process and reminds me of
he basic principles of nursing...........some things never change.

Subject: Final Thoughts
Author: (macdonald05)
Date: Thursday, December 15, 2005 11:02
someone just beginning (hopefully) in the field, I'll say I've learned enough that I won't feel completely in over my head if
et the opportunity to work in case management. I know nothing can take the place of actual, in-the-field experience, but I
et a feel for it from those of you who do actually work in the field. That's what I liked best about this course- the real life
lications discussed by the group-book learning makes more sense when it's all put into context. What I've learned will
me in handy in one way or another for me- whether I get back on my feet and actually work in DM, or if I simply use what
e learned to resolve my own personal situation, or write about it, I'm glad I took the course.