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Faculty Perspectives on a Pre-Implementation Master's Curriculum in Pediatric Occupational Therapy in Saudi Arabia: A qualitative study

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Abstract

Background

Children with developmental disabilities in Saudi Arabia (SA) are increasingly in need of specialised rehabilitation, yet the occupational therapists trained to serve them remain in short supply. Despite a steady expansion of undergraduate occupational therapy programmes since 2010, no postgraduate programme in pediatric occupational therapy exists anywhere in SA. To address this gap, a Master's programme in Pediatric Occupational Therapy (MPOT) was developed using the Kern Six-Step curriculum development framework. Before its first cohort could begin, a systematic faculty evaluation was conducted to assess the curriculum's strengths, surface potential gaps, and gather expert recommendations.

Methods

A qualitative descriptive study was conducted in SA. Twelve faculty members and medical educators with backgrounds spanning occupational therapy, rehabilitation sciences, psychiatry, neurology, and medical education, drawn from SA and internationally were recruited through purposive sampling. Each participant reviewed the full curriculum document and submitted a written narrative evaluation responding to six open-ended questions. Data were analysed using Braun and Clarke's six-phase thematic analysis framework. Ethical approval was granted by King Abduallah International Medical Research Center.

Results

Eight themes emerged from the analysis: alignment with national healthcare priorities and workforce needs; content breadth and pediatric specialisation; curriculum coherence, structure, and academic rigour; teaching and learning effectiveness; quality assurance and standards alignment; research orientation and scholarly development; identified gaps and areas for improvement; and forward-looking recommendations. Participants strongly endorsed the curriculum's national relevance, depth of pediatric specialisation, and alignment with World Federation of Occupational Therapy standards. Recurring concerns centred on limited clinical practicum structure, assessment transparency, workload feasibility for working clinicians, and insufficient coverage of interprofessional education and emerging digital health competencies.

Conclusion

This pre-implementation evaluation affirms the MPOT curriculum's promise as a meaningful response to a critical workforce gap in SA. Beyond its local relevance, the study offers a replicable model for

prospective curriculum evaluation in allied health postgraduate education one that other institutions across the region and beyond may find instructive.

Introduction

Disability touches more than one in six people worldwide, and its burden falls increasingly not through early death but through years lived with impairment and functional limitation.[1] Children bear a particularly significant share of this burden. Developmental, neurological, and neurodevelopmental conditions among them cerebral palsy, autism spectrum disorder, intellectual disability, and attention-deficit/hyperactivity disorder demand early, sustained, and highly specialised rehabilitation if children are to participate meaningfully in everyday life.[2]

In Saudi Arabia, the picture is both striking and still coming into focus. The 2022 national census recorded approximately 1.35 million people living with disability 5.1% of the population, up from 3.3% in 2016 a rise attributed in part to improved data collection and growing awareness.[3] With children aged 0–14 making up nearly a quarter of the Kingdom's population, the pediatric dimension of this challenge is substantial. Cerebral palsy affects an estimated 1.6 per 1,000 children,[4] autism spectrum disorder remains likely underdiagnosed,[5] and a 2025 national survey of school-age children found that nearly one in five had some form of developmental challenge.[6] Behind each of these figures is a child and a family navigating a system that is still building its capacity to respond.

Occupational therapy sits at the heart of pediatric rehabilitation. It enables children to engage in the activities that define childhood dressing, playing, learning, connecting with peers and has demonstrated effectiveness across a wide range of conditions, from cerebral palsy and autism spectrum disorder to developmental coordination disorder and sensory processing difficulties.[7][8] Yet for all the growth in undergraduate occupational therapy education in Saudi Arabia since 2010, no postgraduate programme in pediatric occupational therapy exists anywhere in the Kingdom.[9] The workforce remains largely generalist, with advanced pediatric specialisation either absent or pursued abroad. A global comparison of postgraduate occupational therapy provision is provided in Supplementary File 1, which illustrates the extent of this regional gap.

It was against this backdrop that a Master's programme in Pediatric Occupational Therapy (MPOT) was developed, using the Kern Six-Step curriculum development framework and aligned with both World Federation of Occupational Therapy standards and Saudi national healthcare priorities, including Vision 2030. Most curriculum evaluations occur after the fact once students are enrolled and design flaws have already shaped their experience. This study took a different approach. Before the programme received its first cohort, a structured pre-implementation evaluation was conducted, placing expert faculty at the centre of the process. What follows reports what they found.

Methods

Study Design

This study employed a qualitative descriptive design to explore expert faculty perspectives on the newly developed MPOT curriculum prior to its implementation. Qualitative inquiry was chosen because the evaluation required depth not frequencies or scores, but the kind of nuanced professional judgement that only narrative data can capture.[10] Where quantitative tools would have constrained expert feedback to predefined response categories, written narrative evaluation allowed participants to engage with the curriculum holistically, drawing on their own clinical and academic experience.

Curriculum Overview

The MPOT is a 36-credit-hour, two-year postgraduate programme comprising ten courses and a thesis, structured across four academic levels (Table 2, Panel A). It was developed using the Kern Six-Step framework moving from problem identification and needs assessment through to goals, educational strategies, implementation planning, and evaluation design.[11] Course content spans advanced pediatric anatomy and physiology, neurodevelopmental disorders, musculoskeletal and mental health conditions, sensory integration, assistive technology and artificial intelligence, research methodology, and healthcare systems management. Teaching and assessment methods were deliberately diversified to include interactive lectures, problem-based learning, simulation, case-based collaborative learning, and objective structured clinical examinations, ensuring alignment with both programme learning outcomes (PLOs) and international occupational therapy education standards. Full curriculum details including course learning outcomes, teaching and assessment methods, and the PLO/CLO mapping matrix are available in Supplementary File 2.

Setting and Participants

The study was conducted in Saudi Arabia. Participants were recruited through purposive sampling a deliberate choice to ensure that evaluation data reflected genuine expert knowledge rather than convenience.[12] Eligible participants were faculty members or medical educators with at least three years of experience in teaching, developing, or reviewing curricula in rehabilitation, medicine, or allied health fields, and fluency in English. Those who had left teaching for more than one year were excluded. Of fifteen individuals invited, twelve agreed to participate (Table 2, Panel B). The panel brought together professionals from occupational therapy, cognitive rehabilitation, psychiatry, neurology, physiotherapy, rehabilitation sciences, and hospital medicine, representing institutions across Saudi Arabia, the United Arab Emirates, Pakistan, Lebanon, Canada, and India. Participants ranged in age from 30 to 58 years, with professional experience spanning 4 to 36 years.

Data Collection

Each participant received the full MPOT curriculum document alongside a structured evaluation guide containing six open-ended questions. These questions were developed from the study objectives and existing literature and guidelines on curriculum evaluation.[13, 14, 15] The questions were reviewed by the research team for relevance and clarity and, piloted with two participants before data collection. The full guide is provided in Supplementary File 2.

These questions addressed the programme's rationale and relevance, vision and mission, curriculum structure and content, alignment with professional standards, pedagogical approaches, and perceived strengths and limitations. To allow for careful, unhurried engagement with a complex document, participants submitted written narrative responses rather than taking part in interviews a methodological choice made on the recommendation of pilot study participants, who noted that the curriculum warranted time for deep reading and reflection.[16, 17] Data were collected between 16th June to 16th July 2026, with participants given one month to complete their evaluations.

Data Analysis

Written responses were analysed using Braun and Clarke's six-phase thematic analysis framework.[18] Data were first organised in a structured spreadsheet with participant identifiers, question numbers, and line references to enable systematic traceability throughout the analysis. The researcher then moved through familiarisation, initial coding, axial coding, theme development, theme review, and final theme definition. To strengthen trustworthiness, credibility was supported through iterative tool development and expert piloting; dependability through a transparent audit trail and reflective memos; confirmability through the use of participants' own words; and transferability through detailed reporting of the study context and participant characteristics.[19]

Ethical Considerations

Ethical approval

was granted by the Inistuational Review Board Committee at King Abduallah International Medical Research Center, Jeddah (Study No.00000352226, NRJ26/043/4). All participants provided written informed consent, were free to withdraw at any time, and received no financial compensation. Participant data were anonymised and stored securely, accessible only to the research team. The study was conducted in accordance with the Declaration of Helsinki.

Results

Participant Characteristics

Twelve professionals completed the evaluation. The panel was deliberately multidisciplinary bringing together occupational therapists, cognitive rehabilitation specialists, psychiatrists, neurologists, physiotherapists, and hospital medicine physicians. Most participants were mid-career to senior

professionals, with experience ranging from 4 to 36 years. Though predominantly Saudi-based, the panel also included participants affiliated with institutions in the United Arab Emirates, Pakistan, Lebanon, Canada, and India, lending the evaluation both local grounding and international perspective (Table 2, Panel B).

Thematic Findings

Eight themes emerged from the analysis. Together they tell a coherent story: a curriculum that experts found genuinely promising and nationally relevant, with specific, addressable areas requiring attention before implementation. Table 1 provides an overview of all themes, their constituent sub-themes, and illustrative participant quotes. The sections below describe each theme in turn.

Theme 1: Alignment with National Healthcare Priorities and Workforce Needs

There was striking consensus across the panel that this programme addresses a real and pressing gap. Participants consistently identified the absence of specialised pediatric occupational therapists in Saudi Arabia as a critical workforce problem one that the MPOT is well positioned to solve. The curriculum's vision and mission were described as clearly articulated and directly responsive to national healthcare priorities. As one participant put it:

The program will address the existing shortage of pediatric occupational therapists in Saudi Arabia. By emphasising the development of advanced clinical skills and professional competencies, it seeks to strengthen the national workforce and improve access to specialised pediatric rehabilitation services.

Participants stressed that pediatric occupational therapy remains underdeveloped in the Kingdom, particularly at postgraduate level, and that the curriculum fills this gap by equipping graduates with skills aligned to pediatric rehabilitation, early intervention, and child-centred healthcare services.

Theme 2: Content Breadth, Depth, and Pediatric Specialisation

Participants were equally positive about the substance of what the curriculum teaches. The depth of pediatric-specific content spanning neurodevelopmental disorders, sensory integration, mental health, intensive care, and assistive technology was viewed as appropriate for master's level study and as a genuine strength of the programme. The integration of family-centred, patient-centred, and evidence-based practice principles was particularly valued:

The curriculum incorporates essential core areas of pediatric occupational therapy, alongside auxiliary subjects that are appropriate for a graduate-level qualification. The program's justification is coherent and well aligned with projected workforce and system-level needs.

Theme 3: Curriculum Coherence, Structure, and Academic Rigour

The logical progression of the curriculum from foundational knowledge in Level 1 through to advanced clinical and research content by Level 4 was consistently praised. Reviewers highlighted the clarity of alignment between PLOs and course learning outcomes (CLOs) as a particular strength, noting that this coherence underpins both educational quality and accreditation readiness:

The PLOs and CLOs collectively cover all essential elements required for advanced clinical practice, including theoretical foundations, applied clinical skills, professional attitudes, and evidence-based decision-making.

Theme 4: Teaching and Learning Effectiveness for Advanced Practice

The curriculum's pedagogical diversity was well received. Participants endorsed the use of problem-based learning, simulation, case-based collaborative learning, interactive seminars, and clinical rounds as strategies well suited to adult postgraduate learners and the development of advanced clinical reasoning. One reviewer noted that the teaching strategies

promote active learning, foster critical thinking, and facilitate the integration of theoretical knowledge into clinical practice.

Theme 5: Quality Assurance and Standards Alignment

Participants expressed confidence in the programme's alignment with both national regulatory requirements and international professional standards, particularly those of the World Federation of Occupational Therapy. The mapping of learning outcomes, structured credit hour distribution, and competency-based design were cited as evidence of accreditation readiness:

The program demonstrates strong alignment with national and international professional standards for occupational therapy education.

Theme 6: Research Orientation and Scholarly Development

The embedding of research methodology, evidence-based practice, and a graduation thesis within the curriculum was viewed as one of its most important features. Participants felt that this orientation would produce graduates capable not only of delivering excellent clinical care but of contributing to the profession's knowledge base. One participant described the research component as laying the groundwork for graduates to pursue doctoral study or academic careers, noting that the curriculum

promotes research and innovation.

Theme 7: Identified Gaps and Areas for Improvement

Despite the broadly positive evaluation, participants identified several areas requiring attention, organised across six sub-themes.

Clinical exposure and practicum structure emerged as the most frequently cited concern. While the curriculum addresses clinical competence in principle, reviewers felt that the volume and structure of supervised practical experience was insufficiently defined:

While the curriculum currently includes hospital visits in one course, it is suggested to increase practicum hours in specialised courses at levels 1 or 2. This would further strengthen students' advanced clinical skills and readiness for professional practice.

Assessment transparency was a related concern. Participants noted that while a range of assessment methods was included, grading criteria, credit weightings, and the evaluation of practical components lacked clarity. The underuse of objective structured clinical examinations for practical credit courses was specifically flagged:

Objective Structured Clinical Examinations should be considered as an assessment component, particularly because both courses include a practical credit. Currently, the practical component is not sufficiently assessed.

Workload feasibility prompted honest reflection from several reviewers, particularly regarding working clinicians undertaking the programme part-time:

The curriculum includes essential topics in pediatric occupational therapy, rehabilitation, research methods, ethics, and interprofessional practice, which makes it comprehensive. However, it is a high workload and intense for working clinicians.

Learning outcome definition and alignment was noted by a subset of participants who felt that some PLOs required sharper articulation and more explicit mapping to individual CLOs. Emerging and cross-cutting practice areas, including digital health tools, community-based rehabilitation, and culturally responsive practice were felt to need stronger and more explicit coverage. Interprofessional education, ethics, and equity were described as underdeveloped, with calls for more structured collaborative learning with physiotherapy, psychology, speech and language therapy, and nursing.

Theme 8: Forward-Looking Recommendations for Programme Enhancement

Participants offered concrete, constructive suggestions across six areas: strengthening clinical training and practicum structure; refining instructional clarity and pedagogical mapping; introducing research courses earlier in the programme; expanding interprofessional, ethical, and global content; reforming assessment design to better reflect competency attainment; and benchmarking against comparable regional and international master's programmes:

Add a supervised clinical practice or internship module to enhance practical competency and meet WFOT recommendations.

Introduce research courses earlier; split the research course into two parts.

Benchmark this programme against comparable master’s programmes in nearby Arab countries, such as Jordan and Palestine.

Table 1
Themes, sub-themes, and illustrative participant quotes from the MPOT curriculum evaluation

Theme	Sub-theme	Illustrative Quote
1. Alignment with National Priorities and Workforce Needs	—	*"The program will address the existing shortage of pediatric OT professionals in Saudi Arabia."*
2. Content Breadth and Pediatric Specialisation	—	*"Broad coverage of specialised pediatric OT content grounded in evidence-based practice."*
3. Curriculum Coherence and Academic Rigour	—	*"Clear alignment between PLOs and CLOs; vision, mission, and goals are clear and cohesive."*
4. Teaching and Learning Effectiveness	—	*"Teaching strategies develop advanced clinical reasoning and promote active learning."*
5. Quality Assurance and Standards Alignment	—	*"Program aligns with WFOT standards; graduates meet national and international OT standards."*
6. Research Orientation and Scholarly Development	—	*"Balanced integration of theory, practice, and research; program promotes innovation."*
7. Identified Gaps and Areas for Improvement	7.1 Insufficient clinical practicum structure	*"Curriculum includes limited clinical exposure at advanced level."*
	7.2 Assessment transparency	*"Lack of detail on assessment weighting and grading criteria across courses."*
	7.3 Workload feasibility	*"High workload may challenge working clinicians."*
	7.4 Learning outcome alignment	*"PLOs are not explicitly defined or linked to CLOs in all courses."*
	7.5 Emerging practice areas	*"Limited emphasis on digital health and assistive technologies."*
	7.6 Interprofessional education and ethics	*"Absence of structured interprofessional and ethics modules."*
8. Forward-Looking Recommendations	8.1 Clinical training enhancement	*"Add supervised practice module to meet WFOT guidance."*
	8.2 Instructional clarity	*"Explicitly map teaching methods to CLOs and PLOs per session."*
	8.3 Research sequencing	*"Introduce research courses earlier; split into two parts."*
	8.4 Interprofessional and global perspectives	*"Interprofessional case study modules with PT, SLP, psychology, and*

Theme	Sub-theme	Illustrative Quote
		psychiatry."
	8.5 Assessment reform	*"Include OSCEs for systematic evaluation of practical skills."*
	8.6 Programme governance and benchmarking	*"Benchmark against regional MSc programmes in Arab countries."*

CLOs = course learning outcomes; MSc = Master of Science; OSCEs = objective structured clinical examinations; OT = occupational therapy; PLOs = programme learning outcomes; PT = physiotherapy; SLP = speech and language therapy; WFOT = World Federation of Occupational Therapy

Table 2
MPOT curriculum structure and expert panel characteristics *Panel A: MPOT Curriculum Structure*

Level	Courses	Credit Hours	Contact Hours	Duration
Level 1	Advanced Anatomy and Physiology; Pediatric Neurodevelopmental Disorders in OT; Musculoskeletal Conditions in Pediatric OT	9	195	Semester 1
Level 2	Children and Adolescent Mental Health in OT; Play Therapy in Pediatric OT; Sensory Integration in Pediatric OT; Environmental Assessment in Pediatric OT	9	210	Semester 2
Level 3	OT Interventions in NICU/PICU; Artificial Intelligence and Assistive Technology; Research Methodology	10	210	Semester 3
Level 4	Healthcare Systems, Clinical Practice and Management in Pediatric OT; Thesis	8	285	Semester 4
Total	10 courses + thesis	36	900	2 years

NICU = neonatal intensive care unit; OT = occupational therapy; PICU = pediatric intensive care unit

Panel B: Expert Panel Characteristics (n = 12)

Characteristic	Detail
Professional backgrounds represented	Occupational Therapy, Cognitive Rehabilitation, Psychiatry (adult and child), Neurology, Physiotherapy, Rehabilitation Sciences (Intellectual Disability), Hospital Medicine, Medical Educator
Age range	30–58 years (majority 38–56 years; mean mid-40s)
Professional experience	4–36 years (majority 10–20 years; some > 20 years)
Expertise level	Predominantly mid-career to senior
Country/regional affiliations	Saudi Arabia (predominant), United Arab Emirates, Pakistan, Lebanon, Canada, India
Total participants	n = 12

Discussion

This study set out to evaluate a newly developed Master's curriculum in Pediatric Occupational Therapy before its first cohort enrolled a prospective approach that remains relatively uncommon in allied health education, particularly in the Arab region. The findings are encouraging. Across eight themes, a multidisciplinary panel of twelve experts affirmed the curriculum's national relevance, academic rigour, and professional coherence, while offering specific, constructive recommendations that the programme can act on before implementation. The tone of the evaluation was not one of external criticism but of genuine stakeholder investment participants wanted to see this programme succeed.

A Curriculum That Responds to a Real Need

The most consistent finding was that the MPOT directly addresses a documented and urgent workforce gap. This aligns with growing calls in health professions education for programmes to be socially accountable designed not in the abstract but in deliberate response to the communities they will serve.[20, 21] In Saudi Arabia, where childhood disability prevalence is rising and pediatric occupational therapy services consistently fall short of demand,[9] a specialised postgraduate programme is not a luxury but a strategic necessity. Participants recognised this, and their endorsement of the curriculum's alignment with Vision 2030 and World Federation of Occupational Therapy standards positions it well for both national accreditation and international comparability.[22]

Strengths the Literature Supports

The curriculum's emphasis on evidence-based, family-centred, and pediatric-specialised content reflects what the global literature identifies as hallmarks of effective postgraduate occupational therapy education.[23] The pedagogical diversity combining problem-based learning, simulation, case-based collaborative learning, and clinical rounds aligns with contemporary adult learning theory and competency-based education models, which consistently show that active, experiential approaches produce stronger clinical reasoning and professional identity formation than traditional didactic delivery

alone.[24, 25] The integration of a graduation thesis and research methodology coursework further distinguishes the programme, preparing graduates not only for clinical practice but for scholarship and leadership outcomes increasingly expected of master's level health professionals. [26]

Gaps That Are Fixable

The concerns raised by participants limited clinical practicum structure, assessment transparency, workload feasibility, and insufficient interprofessional education are neither unexpected nor insurmountable. They reflect challenges well documented in the broader postgraduate allied health education literature. [27, 28] Importantly, several of these gaps reflect the inherent tension between academic comprehensiveness and practical sustainability, particularly for working clinicians pursuing part-time postgraduate study. The recommendation to frame advanced practical components as case-based learning, simulation, and structured clinical reasoning activities rather than undergraduate-style laboratory hours is a pragmatic and evidence-informed solution that deserves serious consideration.[29] Similarly, the call for earlier introduction of research coursework, more explicit interprofessional modules, and clearer assessment criteria are all actionable adjustments that can be incorporated before the programme launches, precisely because this evaluation happened prospectively.

A Model Worth Replicating

Beyond its immediate local value, this study makes a methodological contribution. Pre-implementation curriculum evaluation of this kind systematic, expert-led, and qualitative is underutilised in health professions education globally and is almost absent from the published literature in the Arab region.[30, 31] By documenting this process transparently, the study offers a replicable framework for other institutions developing postgraduate allied health programmes, whether in Saudi Arabia or elsewhere.

Limitations

This study has several limitations worth acknowledging honestly. The expert panel, while purposively selected and multidisciplinary, was relatively small at twelve participants, which may limit the range of perspectives represented. The evaluation was based on document review rather than observed implementation, meaning that conclusions speak to curriculum design rather than actual delivery or student outcomes. Some participants' feedback reflected general rather than contextually specific critique, suggesting variable familiarity with Saudi regulatory frameworks. Finally, as with all qualitative thematic analysis, the researcher's interpretive perspective inevitably shapes the analytical process, despite systematic efforts to maintain rigour throughout.

Conclusion

Saudi Arabia needs more and better prepared pediatric occupational therapists. This curriculum is a serious, well-constructed response to that need. The pre-implementation evaluation reported here confirms its promise while identifying specific, actionable areas for refinement. More broadly, it

demonstrates that asking hard questions before the first cohort arrives is not only possible but enormously valuable. Institutions across the region developing postgraduate allied health programmes would do well to build this kind of prospective evaluation into their own curriculum development cycles.

Declarations

Ethical approval and consent to participate:

Ethical approval was obtained from the Inistuational Review Board Committee at King Abduallah International Medical Research Center- Jeddah- Saudi Arabia. Study number is 00000352226 and the IRB number is NRJ26/043/4. Informed written consent was also taken from all participants before their participation in the study.

Consent for publication:

Not Applicable

Availability of data and materials:

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests:

The authors declare that they have no competing interests.

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Authors' contribution:

All authors have made substantial contributions to this work. M.A and H. A contributed to the conception and design of the work; M.A and H. A contributed to the acquisition, analysis, or interpretation of data for the work; M.A and H. A drafted the work and M.A and H. A revised it critically for important intellectual content. All authors have given final approval of the version to be published and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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References

1. World Health Organization. Disability and health [Internet], Geneva WHO. 2023 [cited 2026 Jan 30]. Available from: https://www.who.int/news-room/fact-sheets/detail/disability-and-health
2. Ferrari AJ, Santomauro DF, Aali A, et al. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. Lancet. 2024;403(10440):2133–61.
3. General Authority for Statistics. Disability Statistics Publication 2023 [Internet]. Riyadh: GaStat. 2023 [cited 2026 Jan 30]. Available from: https://www.stats.gov.sa
4. Al-Jabri BA, Al-Amri AS, Jawhari AA, Sait RM, Talb RY. Prevalence, types, and outcomes of cerebral palsy at a tertiary center in Jeddah, Saudi Arabia. Cureus. 2022. 10.7759/cureus.27716.
5. Sabbagh HJ, Al-Jabri BA, Alsulami MA, Hashem LA, Aljubour AA, Alamoudi RA. Prevalence and characteristics of autistic children attending autism centres in 2 major cities in Saudi Arabia: a cross-sectional study. Saudi Med J. 2021;42(4):419–27.
6. Tamboosi ME, Tamboosi SE, Bajaber AM, Himdi AA, Alqaraf BA, Baakdah EN, et al. Prevalence of developmental disability among school-age children in Saudi Arabia: a cross-sectional study. Int J Pediatr Adolesc Med. 2025;12(2):91–104.
7. Novak I, Honan I. Effectiveness of paediatric occupational therapy for children with disabilities: a systematic review. Aust Occup Ther J. 2019;66(3):258–73.
8. Oh S, Jang J-S, Jeon A-R, Kim G, Kwon M, Cho B, et al. Effectiveness of sensory integration therapy in children, focusing on Korean children: a systematic review and meta-analysis. World J Clin Cases. 2024;12(7):1260–71.
9. Al-Heizan MO, Alhammad SA, Aldaihan MM, Alwadeai KS. Occupational therapy education in Saudi Arabia: barriers and solutions from a cross-sectional survey study. Cureus. 2023;15. 10.7759/cureus.36139.
10. Peterson PL, Baker EL, McGaw B, editors. International encyclopedia of education. 3rd ed. Oxford: Elsevier; 2010.
11. Thomas P, Kern DE, Hughes MT, Chen BY. Curriculum development for medical education: a six-step approach. Baltimore: JHU; 2016.
12. Etikan I, Musa SA, Alkassim RS. Comparison of convenience sampling and purposive sampling. Am J Theor Appl Stat. 2016;5(1):1–4.
13. Kallio H, et al. Developing a framework for a qualitative semi-structured interview guide. J Adv Nurs. 2016;72(12):2954–65.
14. Tong A, Sainsbury P, Craig J. COREQ: Consolidated criteria for reporting qualitative research. Int J Qual Health Care. 2007;19(6):349–57.
15. National Center for Academic Accreditation and Evaluation. (2025). National Center for Academic Accreditation and Evaluation. https://ncaaa.org.sa/en
16. Bowen GA. Document analysis as a qualitative research method. Qual Res J. 2009;9(2):27–40.

17. McLeod S. Narrative analysis in qualitative research [Internet]. 2024. 10.13140/RG.2.2.30491.07200
18. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101.
19. Lincoln YS, Guba EG. But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. New Dir Program Eval. 1986;1986(30):73–84.
20. Abdalla ME, Taha MH, Onchonga D, Preston R, Barber C, Green-Thompson L, et al. Instilling social accountability into the health professions education curriculum with international case studies: AMEE Guide 175. Med Teach. 2025;47(7):1083–96.
21. Ross B, Cameron E. Socially accountable medical education: our story might not be yours. High Educ Stud. 2021;11(1):114.
22. Jung B, Shimmell L, Stewart D, Gatti L, Venasse K, Plaisant L, et al. Competency-based education: a survey study of international occupational therapy educational programmes. WFOT Bull. 2015;71(1):53–8.
23. Case-Smith J, O'Brien JC. Occupational therapy for children and adolescents. Philadelphia: Elsevier Health Sciences; 2014.
24. Anielska A. Higher education and non-traditional students: strategies of higher education institutions in the field of adult education on the example of postgraduate studies. Warsaw: Fundacja Rozwoju Systemu Edukacji; 2022.
25. Hailikari T, Virtanen V, Vesalainen M, Postareff L. Student perspectives on how different elements of constructive alignment support active learning. Act Learn High Educ. 2022;23(3):217–31.
26. Chun I, Taff SD, Mehta A, Chang C-H. Identifying essential competency areas for occupational therapy education: a scoping review. J Occup Ther Educ. 2020;4(4). 10.26681/jote.2020.040402.
27. Hodges AL, Konicki AJ, Talley MH, Bordelon CJ, Holland AC, Galin FS. Competency-based education in transitioning nurse practitioner students from education into practice. J Am Assoc Nurse Pract. 2019;31(11):675–82.
28. Lucas Molitor W, Naber A. Designing interprofessional education curriculum to maximize collaborative competency. J Occup Ther Educ. 2020;4(1). 10.26681/jote.2020.040106.
29. Dupre J, Naik VN. The role of simulation in high-stakes assessment. BJA Educ. 2021;21(4):148–53.
30. Bulan PM, Rojas J, Suerte JR, Pestaño N, Lagria MM, Dimitiman C et al. Evaluating entry-level occupational therapy education and practice: a qualitative SWOT study in the Philippines. J Occup Ther Educ. 2025;9(1).
31. Gray JM, Meng LY, Chan A, Chang C, Liu Y, Qian L, et al. Applying concepts of curriculum design and cultural adaptation: collaborating on a dual-degree occupational therapy program in mainland China. Occup Ther Int. 2024;2024:1088666.

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