

To: Florence Clark, PhD, OTR/L, FAOTA
President, AOTA

From: Thomas Fisher, PhD, OTR, FAOTA
Chair, Ad Hoc Committee –Future of Occupational Therapy Education

Date: February 11, 2013

Re: Final Report and Recommendations from the Ad Hoc Committee

Background:

You appointed an Ad Hoc Committee two years ago to address issues facing occupational therapy education. The Ad Hoc Committee was made up of five deans representing private and public institutions, myself and Neil Harvison, PhD, OTR, FAOTA–Director of Accreditation and Academic Affairs at AOTA. Dr. Harvison was the staff liaison for the Ad Hoc. (I want you to know Dr. Harvison’s ability to capture the outcomes of our discussions, communication with the Ad Hoc and the task groups was exemplary). In total, because of the task groups, there were 30 volunteers who participated in this very important initiative you facilitated. The Ad Hoc Committee members included:

Janice Burke, PhD, OTR, FAOTA–Dean, Thomas Jefferson University, Philadelphia, PA

Penny Moyers Cleveland, EdD, OTR, FAOTA–Dean, St. Catherine University, Minneapolis, MN

Charlotte Exner, PhD, OT/L, FAOTA–Dean, Towson University, Towson, MD

Thomas Fisher, PhD, OTR, FAOTA–Chair, Department of OT, Indiana University, Indianapolis, IN

Cynthia Hughes Harris, PhD, OTR, FAOTA–Provost and Vice-President of Academic Affairs,
Florida A & M, Tallahassee, FL

Charlotte Royeen, PhD, OTR/L, FAOTA–Immediate Past Dean, St. Louis University, St. Louis, MO

Neil Harvison, PhD, OTR, FAOTA–Director of Accreditation and Academic Affairs, AOTA

I was asked to chair the committee. At the time, I was on the AOTA Board of Directors. There were six areas which had been identified needing a discussion because of their influence on occupational therapy education, practice and/or research. The focus of the Ad Hoc was to project what education should be because professional education in occupational therapy is the foundation and contributor to the maturing of the profession, research enterprise and overall recognition by society of the profession.

The six areas identified (external funding/career scientist development, teaching/learning scholarship, fieldwork, faculty shortage, blueprint document and maturing of the profession) had task groups appointed. These task groups had expertise in the area they were appointed. Several task groups had professionals from other disciplines participating in the discussions. This allowed for the discussion to go

beyond just the experts in occupational therapy. Each task group (also called work groups at times) was given the questions they were to address within the broad title of their group.

The External Funding Task Group's recommendations were submitted to you in September. The Board of Directors received the report during their October 2012 Board Meeting. All recommendations were accepted. It is our understanding the Executive Director of AOTA and Executive Director of AOTF are engaged in a meaningful conversation to prioritize the recommendations and develop a timeline for the implementation to advance the initiatives.

The Ad Hoc Committee has been meeting at least quarterly to discuss the progress of each of the task groups, providing feedback to their initiatives and reflecting on the environmental trends (economic, legislative, educational, political, etc.). The five remaining task groups provided us their recommendations during December and this month. We deliberated and had lengthy discussions in order to present a set of recommendations to you.

1. Scholarship and Research in Education Task Group:

The task group was charged to address the following questions:

1. How do we develop the profession's capacity for scholarship and research in OT/OTA education?
2. What should be the venues to support scholarship in teaching/learning research in occupational therapy education?

The full report of the task group is attached (Attachment #1). The following recommendations are being endorsed by the Ad Hoc Committee:

Recommendation 1: Establish a research agenda for occupational therapy education. The research agenda should be applicable to education within the domain of occupational therapy as well as across health professions (interprofessional education). Investigation of education processes and outcomes centered on critical questions central to preparing and ensuring that graduates are able to assume collaborative roles, ready to provide competent, efficient care.

Recommendation 2: Develop a mechanism(s) to provide occupational therapy faculty members with the requisite skills and knowledge to conduct education research.

Recommendation 3: Sponsor research to identify signature pedagogy for occupational therapy education.

Recommendation 4: Sponsor research to evaluate innovative models of education including workplace learning to identify what is/ is not effective in preparing students for future practice.

Recommendation 5: Sponsor research to promote cross-health professions investigations on education processes and outcomes centered on critical questions related to preparing and ensuring graduates ready to provide competent, efficient care in a collaborative interprofessional model.

Recommendation 6: Establish opportunities for dissemination of research and scholarship focused on occupational therapy education.

2. Blueprint Adoption Task Group:

The task group was charged to address the following questions:

1. How has the Blueprint been used to inform OT and OTA education?
2. When educational programs have used the document, what were their outcomes?
3. Is the document compatible with ACOTE Standards?
4. Is the content in the document being considered and adopted by programs?
5. Should COE bring formal action to the RA for adoption?

The full report of the task group is attached (Attachment #2). The following recommendations are being endorsed by the Ad Hoc Committee:

Recommendation 7: Develop strategies and resources to increase acceptance of the Blueprint in curriculum and other aspects of the OT programs. This should include a resource guide with concrete examples of applications that align Blueprint content with ACOTE Standards, Model Curriculum, OTPF, and/or AOTA Level II FW Performance Evaluation.

Recommendation 8: Once the resources are established for the OTD, develop strategies and resources to increase acceptance of the Blueprint in curriculum and other aspects of the OTA programs. This should include a resource guide with concrete examples of applications that align Blueprint content with ACOTE Standards, Model Curriculum, OTPF, and/or AOTA Level II FW Performance Evaluation.

3. Faculty Shortages Task Group:

The task group was charged to address the following questions:

1. How do we identify and develop a model to put OT / OTA students on a career track for future roles in academia?
2. What are the best practices and what can be learned from other professions?

The full report of the task group is attached (Attachment #3). The following recommendations are being endorsed by the Ad Hoc Committee:

Recommendation 9: Create at a minimum 5 doctoral fellowships a year.

Recommendation 10: Graduate program directors to commit to identifying at least 3 students each year in their entry-level professional program that have potential as future educators and encourage them to consider this in their career trajectory.

Recommendation 11: COE to develop a plan and strategies on how to recruit, develop, mentor and retain OT educators. It must be clear that this is a lifestyle change that requires planning. Initiatives

must address the issue of retention. COE should include current initiatives in the plan to include: (1) The annual pre-conference institute on “Transitioning from Practice to Education”; and (2) the program under development at the request of the Centennial Vision Committee to develop faculty for roles as leaders in academia.

4. Fieldwork Task Group:

The task group was charged to address the following questions:

1. Is “fieldwork” the correct terminology? What terminology would be understandable to the wider community?
2. What should be the fieldwork educational models?
3. How do we advocate for funding to support models?
4. How do we integrate interprofessional education; primary care role and other emerging within the FW models?

The full report of the task group is attached (Attachment #4). The following recommendations are being endorsed by the Ad Hoc Committee:

Recommendation 12: Sponsor an inter-professional coalition to address the impact of the following issues on clinical education and the ability of academic programs to meet the workforce demands: (1) lack of understanding by healthcare facilities of the value, costs and opportunities of clinical education including true impact on productivity and reimbursement; (2) the emerging practice of charging academic programs for student placements; and (3) potential impact of changes on the cost of fieldwork education to students and academic programs.

Recommendation 13: Sponsor a study of the FW placements being utilized across the country. How dependent are we on healthcare reimbursed settings to meet FW Level II? What is the percentage of FW sites in health care; school system practices; non-traditional settings and community based settings?

Recommendation 14: COE to develop structured guidelines for expected student learning outcomes for Fieldwork Level I and II.

Recommendation 15: Retain the current terminology for fieldwork.

5. Maturing of the Profession Task Group:

The task group was charged to address the following questions:

1. What makes us unique?
2. What is our signature educational strategy?
3. Does the profession have “autonomy” in decision-making in practice?
4. How does the profession accept “power” and make decisions to move forward?
5. How do we do this?

The full report of the task group is attached (Attachment #5). The Ad Hoc Committee did NOT endorse the task group recommendation to move the entry-level degree for the OTA to the bachelor's level. The following recommendations are being endorsed by the Ad Hoc Committee:

Recommendation 16: AOTA adopt a mandate that entry-level-degree for practice as an occupational therapist be a doctorate by 2017 with a requirement for all academic programs transition to the doctorate by 2020.

Recommendation 17: Refer the following recommendations to the AOTA/AOTF Research Advisory Panel for consideration:

- ***Harvest the potentials of the discipline of occupational science*** for occupational therapy through: research on occupation in relation to health and practice; increased critical conversations regarding the interrelationships of basic and applied research on occupation through the widening of the scope of publication venues; and research on and enhancements to occupation-centered education.
- ***The profession should prepare for 2050, through research and education that is responsive to projected changes to occupations, lifestyles, cultures, health conditions, economics, ecology, and systems of health care, education, and research.***
- ***Make the understanding of how change typically works and is effectively facilitated a core knowledge and competency of occupational therapists through: research and theory development*** in regard to occupational change, and improvements within educational programs to students' understanding and competencies in facilitating change in clients' occupational patterns.

Recommendation 18: The following issues should be forwarded to the BOD for consideration:

- ***Professional autonomy is, and should be, an ongoing goal.*** As technical occupational therapy knowledge and skills and socioeconomic factors change, the need to re-examine the potential threats to professional autonomy arise and must be addressed to avoid de-professionalization.
- ***Vigilance is required at the local, state, national and international levels.*** Develop a monitoring system as occupational therapy is not immune to any of the technical practice) and socioeconomic factors that threaten professional autonomy.
- ***Monitor major sources of threats*** such as changes in state and federal legislation (e.g., licensure laws and rules, trends in educational funding, state and federal regulations related to health insurance reimbursement); actions of other professions to change their scope of practice (e.g., medicine, physical therapy, speech language pathology, psychology, recreation, music, athletics, kinesiology, orthotics and prosthetics, and others); changes in organizational management of hospitals, clinics, and other organizations; changes in accreditation processes, credentialing mechanisms, and educational trends; changes and innovation in technology; changes in societal views regarding health and wellness; and social changes regarding the role and function of professions in society.
- ***Continue to evolve the profession in order to ethically take power versus waiting to accept power;*** this can be facilitated through AOTA increasing leadership development projects, enhancing curriculum content and developing mentorship strategies so that occupational therapy practitioners increasingly accept the positive influence and benefits of power.

- **Increase political and jurisdictional power** by mentoring occupational therapy practitioners into running for local, state, and federal elected positions.
- **Increase occupational therapy's presence in business**, including Fortune 500 companies.

Recommendation 19: The BOD should consider including the following recommendations that address acceptance of power impacting maturation of the profession in the Board's ongoing strategic planning initiatives.

- **Continue to evolve the profession in order to ethically take power versus waiting to accept power;** this can be facilitated through AOTA increasing leadership development projects, enhancing curriculum content and developing mentorship strategies so that occupational therapy practitioners increasingly accept the positive influence and benefits of power.
- **Define and determine the type, scope, and focus for power in occupational therapy** that is consistent with the philosophical and values bases of the profession.
- **Increase grass roots opportunities and avenues for diversity in race/ethnicity, culture, and gender for leadership laddering** that are not limited to the few. Apply these models to educational, practice, organizational, and global settings.
- **Re-evaluate innovative models from other professions** and semi professions in healthcare, and other industries to see how successful hyperchange has occurred.
- **Address internal professional confusions** and identify roles for the greater good of occupational therapy and occupational science, without drawing rigid boundaries. Internal unbalance creates an external chaos that makes a profession more vulnerable to infringement.
- **Identify gaining power as a foothold** to the academic and service delivery market place in the strategic plan.
- **Seek non- traditional arenas to forge new opportunities** for occupational therapy.
- **Increase breadth and depth of doctorate education** and funding to include research scientific tracks, practice evidence tracks, and expand post doctorate opportunities and internal professional funding for occupational therapists and occupational scientists.
- **Develop strategies to use power effectively** to benefit clients of all socioeconomic, cultural, and diverse backgrounds.