

*1973 Eleanor Clarke Slagle Lecture*

## Academic Occupational Therapy: *A Career Specialty*

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I would like to express my appreciation to you as colleagues for the accolade of being selected as the sixteenth recipient of the Eleanor Clarke Slagle Lecture Award of our Association. In particular, I would like to thank the therapists who nominated me and also the many therapists with whom I have been associated during my professional life in the area of occupational therapy education.

Having free choice in the selection of a topic for the lecture and one year to work on the assignment does create some dilemmas, as I am sure any student would understand. Throughout this past year I remained convinced that I should talk with you today about the area of occupational therapy which is of prime concern to me and the one that I know best—that of occupational therapy education.

The booklet “Chicago . . . Occupational Therapy Beginnings,” by Beatrice Wade and Barbara Loomis, came to my attention recently, and I am pleased that they provided me with some ideas that make my presentation on this topic especially appropriate for a conference being held in Chicago. To quote, “a significant portion of occupational therapy education history occurred here, in Chicago, with the pioneer efforts of Eleanor Clarke Slagle.” Further, “the . . . Lectureship was established in 1955 by AOTA to honor the contributions of Mrs. Slagle to occupational therapy education, to the profession and to the professional organization.”<sup>1</sup>

Some of my Slagle predecessors have expressed their concerns about education. Ruth Brunyate Wiemer talked about clinical education; Mary Reilly presented “A Theoretical Basis for Planned Change in Professional Education”; Gail Fidler spoke about the teaching-learning process involved in education for professions; while Wilma West has written on graduate education, and in the 1960s, under her leadership, our Association carried out an ambitious curriculum study project.<sup>2, 3, 4, 5, 6</sup> I plan to talk about occupational therapy education from a somewhat different point of view. I would like to have you consider academic occupational therapy as a career specialty in our field, grounded in the basic bodies of

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knowledge required of clinical specialties, but requiring additional knowledge for competent performance in the academic setting.

Perhaps before I launch into the topic of academic occupational therapy it might be well to present my concept of what is meant by the term *specialization*.

The practice of occupational therapy is the heart of our field—the delivery of our particular kind of health care services to patients or clients is the reason for the existence of occupational therapy. In the practice setting, the different types of patients we work with demand that we become specialized in the knowledge required to provide effective service—psychiatric, physical disabilities, developmental—thus, we become clinical specialists. But there is another concept of specialization that needs to be clearly acknowledged. This is that the knowledge gained in clinical specialty areas is implemented in different types of career roles. These career roles—all of them essential to occupational therapy—include expert practitioner, program supervisor, researcher, and educator. And the last three require a second set of specialized competencies in addition to clinical expertise. Thus, to return to my topic of academic occupational therapy, I propose that the educational component is both a necessary and essential part of our total field of endeavor and that competent performance as a university faculty member requires both clinical knowledge and additional knowledge and skills specific to this career role. The recent upheavals throughout higher education and the many and diverse changes which are occurring at this time demand that we give consideration to our educational activities. Since I feel qualified to talk from my own experience, some of my presentation will be autobiographical. However, I believe that the concerns I shall express are not unique to me, but are shared by all of us in this area of our field.

### **Establishment of a Program**

Fifteen years ago I accepted a position at the University of Florida with the responsibility to initiate an undergraduate curriculum and simultaneously, to establish an occupational therapy service program in the yet-to-be-opened teaching hospital. There were pluses and minuses in the situation, as is true of most situations. On the minus side there was no student awareness of the field; thus, prospective students were nonexistent. Persons in the Health Center and university professed almost no knowledge as to what role occupational therapy played in health care services. At the time there were only about 25 occupational therapists working in Florida, most of them located in the central and southern parts of the state, and there was thus little opportunity to provide reference points for understanding of our field. There were no clinical training centers within an 800-mile radius of the university, and most of the therapists in the southeastern region had never been involved in training students. In essence, I found myself moving into a community in which it would be necessary to carve out and establish the role of occupational therapy in health care delivery, thereby justifying the validity of establishing the educational program.

In some ways no knowledge turned out to be a plus, since I was not confronted with a traditional mind-set about occupational therapy, but largely with lack of information. To be on board in a new venture was also on the plus side—a newly established Health Center

complex, designed to house all medical and health related disciplines, in a state that had not previously trained its own health professionals. The administrative structure was such that we were housed, along with six other academic programs, in a separate College of Health Related Professions. A further plus was the inclusion of the teaching hospital as an integral part of the Health Center. In order for the academic and service programs to be in concert with each other, the chairman of each academic department was appointed as the director of the corollary service in the hospital. Another plus was the fact that the Health Center was located on the main campus of the University of Florida, a large university composed of 15 colleges with a multiplicity of departments and course offerings.

Thus, 15 years ago I saw the setting as having much to offer occupational therapy education. Further, I was most fortunate in being able to recruit five occupational therapists—Genevieve Jonas Widmoyer, Miriam Thralls, Grace Straw, Reba Anderson, Karen Rasmussen Rusnak—who were willing to join in a pioneering adventure of starting a curriculum and a clinical service program simultaneously.

The essentials for an accredited curriculum tend to foster the idea that our programs should preferably be based in universities with medical schools attached. Such universities usually also have many doctoral level programs, as illustrated by the fact that the University of Florida offers 255 possible majors for a doctoral degree. While there are certain advantages to such a setting, over the years I have learned that in the present stage of development of occupational therapy education, these settings are not without concurrent penalty for us. University administrations tend to reward post-baccalaureate professional programs, such as medicine and law, and those departments which offer Ph.D. programs. In fact, the cost accounting for teaching at the different levels varies, and not in our favor. Furthermore, our programs are inclined to be considered very small operations. For example, while our enrollment figures seem reasonable to us, in terms of numbers we are working with only three-tenths of one percent of the total number of students in our university. Thus the visibility of our program is difficult to achieve; and visibility is the determinant in the long run of staffing and funding for the program. Programs in colleges and universities where the primary emphasis is on undergraduate students are frequently in a far better position than we to be recognized and rewarded for their endeavors.

Also, I have recently learned that the advantages which led to the decision that all university academic operations be on the same campus resulted in the University of Florida being today one of the three most complex university administrative structures in the nation.

While the heart of the activity of a university occurs at the academic departmental level, there are usually many layers and levels of administrative activities which affect departmental operation, ranging on our campus from academic affairs, to finance and accounting, sponsored research, contracts and grants, and the registrar's office. On the other side, a university has numerous supportive services and resources which can be very helpful in our activities. These include the computer center, teaching resources laboratories, testing and counseling bureaus, student health services, and the financial aid office. A multiuniversity also has a multiplicity of elective course offerings available to our students. At the same time the numerous faculties in such a university provide a major challenge to us when we seek to make course

and curriculum changes. In the same way, graduate programs, such as ours, which must work through the graduate school of a university can have a more difficult time than is true in colleges and universities that do not set this requirement.

At the time I accepted the position as chairman I was quite naive about the complexities of university administration, but I must admit that today I enjoy the challenge of making us both visible and academically respectable as an educational program. However, the job is not easy, and each year the pressure seems to increase rather than diminish. Further, with changes in the demands for membership in the university community, changes in the university administrative thinking in terms of accountability, time-shortened curricula, and the like, changes in the life demands made on students, as well as increased knowledge of the learning process and of methods of education, the task of providing quality education for occupational therapy students has become increasingly complex in these years.

In order to clarify for you my views about academic occupational therapy, I shall talk further about faculty, about students, and about our common point of reference, the curriculum.

## Faculty Responsibilities

First, some thoughts about occupational therapy faculty, our specialized job demands, and the resultant need for specialized credentials to meet these responsibilities. On our campus, faculty activity is cost accounted into eight categories. I intend to talk about three of these—teaching, service, and research.

Let me talk first about our teaching responsibilities. “That *some* kind of preparation for college teaching is helpful there can be little doubt. But what kind?”<sup>7</sup> The Commission on Undergraduate Education in the Biological Sciences has issued a series of helpful monographs. One, concerned with the preparation of college teachers, categorized the activities and competencies of teachers under six headings. The dimensions are “content mastery,” which includes the generally held idea “that one must know something in order to teach it, and that the teacher’s information should be up to date”; “the ability to organize a domain of knowledge, to design and plan a course, to establish instructional objectives”; effective presentation skills—the “management of learning”; “personal interaction with students,” which includes four paramount characteristics, accessibility, authenticity, possession of useful knowledge, such as how to register for next term, and the ability to relate to students; “ability to rigorously evaluate one’s own teaching effectiveness”; and “professionalism” . . . those qualities which differentiate a scholar from an instructor.<sup>7</sup>

While in my view the above six dimensions should apply for both academic and clinical teachers, the locus of our work—the university, the classroom and the laboratory—makes different demands upon our teaching skills. We even have a different jargon, as was pointed up recently by a new faculty member, an experienced clinical teacher, who remarked after attending her first departmental faculty meeting that she hardly understood a thing we were talking about. Just as we, early in our occupational therapy education, received some orientation to medical technology, so, too, faculty members need an orientation to academic terminology.

In occupational therapy education, our faculty activity reports frequently look all right in terms of classroom teaching—student credit hours generated or time devoted to classroom contact. However, our faculty efforts at clinical teaching, a concept well accepted in medical and dental schools, have not yet really been recognized by university administrators. Occupational therapy education programs have been part of colleges and universities since World War II, but our clinical practice requirement seems to be a long way from being accepted as a university responsibility. The one program that led the way in implementing a plan for solving this was the University of Illinois under the leadership of Beatrice Wade. Yet, when deans and administrators seek to find how many faculty are necessary for an academic program, they continue to look to the average number, four or five, needed just for classroom teaching, and to ignore the educational staff of about 17 persons at Illinois.

Next, let me talk about faculty responsibilities for service. This component of a faculty member's role includes the university expectation that we serve on a variety of university committees and not just focus on departmental or college committees. In addition, we are expected to be active in service to the community outside the university confines, be it local, state, regional, or national community. At times I have heard people grumble in AOTA that educators seem to be overrepresented in state and national organizations. This is not merely for self-seeking aggrandizement as some might perceive; it is viewed by the university as one of our inherent responsibilities as faculty members. So too, we are expected to be active in a wide variety of local community service organizations and to serve as consultants to various groups and facilities. In other words, we are expected to communicate our portion of the university's storehouse of knowledge.

Next, let me discuss the research responsibilities of faculty. We tend to think the time spent for research is limited to undertaking a formal research project and following it through to conclusion. This is an erroneous assumption. As Van der Kloot says, "Time allocated for research almost invariably also includes time spent in the library, at seminars, talking with colleagues, and at scientific meetings. If I were to stop research tomorrow, all the activities mentioned must still be done, or else I would soon lose touch with my field and all effectiveness as a teacher."<sup>8</sup> So, faculty must devote research time to simply keeping up with their areas of knowledge.

According to Van der Kloot, "The view that the university is solely responsible for teaching, merely as an extension of the high school, is one of the most potentially disastrous ideas circulating in our society. The university has traditionally been responsible for teaching, for research, and for the preservation of knowledge. The tradition evolved because each activity feeds on the others. Any attempt to evaluate how well the job is being done by measuring only one parameter is bound to be incredibly misleading."<sup>8</sup>

To clarify faculty activity further there is a final comment that is worth making. The university is rightly considered a storehouse of knowledge, but the storehouse is not the libraries as some might think. The storehouse in each university is the heads of a few hundred professors who constantly keep up-to-date on their areas of specialized interests and who share this knowledge with colleagues and consumers. The university "can be understood only when the role of professor in processing, ordering, and storing information is taken into

account and when we realize that the pressure for increasing faculty size comes from the exploding supply of information."<sup>8</sup>

When we consider that the field of occupational therapy reaches out in so many directions and that we present ourselves, in totality, as a field dealing with a myriad of problems, of people ranging in age from infants to elderly, it is apparent that our curricula are grossly understaffed to accomplish the true dimensions of responsibility of university faculty members. In essence, in terms of accountability for faculty time, some of us have been too naive in our knowledge of a university, how it functions, and what it considers important in terms of faculty effort. We, I believe, have therefore been unnecessarily penalizing ourselves and, in fact, the field of occupational therapy, by not paying sufficient attention to university concerns not only for teaching, but also for service, research, and the preservation and expansion of knowledge.

### **Faculty Credentials**

An understanding of the multiple responsibilities of a faculty member in a university leads to identification of the credentials required for faculty status. Since ours is an applied field with the aim of education to prepare practitioners, we ourselves generally require the candidates have a period of work experience as practitioners. When seeking faculty members, we, in addition, usually look for persons with competence in specialized areas of practice, such as pediatric or psychiatric occupational therapy.

Whether we support the idea or not, universities no longer consider that competence in the doing, as demonstrated by performance as practitioners, is sufficient for faculty status. We are expected to be more than clinicians and teachers, we are expected to be scholars, and to contribute to knowledge. Thus, universities generally require that faculty candidates have earned the highest degree available in their particular discipline. For us presently that is a master's degree. The fact that most of us with graduate degrees have them in other fields points to the realization that in terms of knowledge areas we do not yet provide the necessary spectrum of options for our own field. Faculty members, in addition, need specialized skills for college teaching and to know how to design strategies for implementing research activities compatible with their interests. They also, as scholars, need to write for publication since the only way, other than by casual conversation, that they can be judged as to their development of specialized knowledge is by having the opportunity to read the results of their explorations. Thus, today we must pay realistic attention to university demands for specialized credentials for faculty.

### **Students**

Now for some comments about today's students. I shall discuss the explosion in numbers of students seeking admission to programs, some of the developmental issues that today's students face as individuals, their potential for becoming helping professionals, and the interaction inherent in communications between students and faculty.

Fifteen years ago we were looking for students, and in 1959 found three willing persons and started our academic program. For several years we had essentially open enrollment, accepting all students who met the admission requirements of the university. It shortly became apparent that many students were interested in majoring in occupational therapy, but 10 years ago it was somewhat like a voice crying in the wilderness to suggest that at a national level we should focus not on student recruitment but on expanding consumer awareness of the services occupational therapy offers.

Today, academic programs are flooded with applicants. Why are so many of today's students selecting occupational therapy as a major? I wish I had a ready answer. Some of it is undoubtedly due to society's shift from a technological imagination to a social imagination; some due to the recent so-called glut of persons prepared in other fields who cannot find jobs. In any event, we as faculty and clinicians are communicating some positive and rewarding behaviors and attitudes which cause students to wish to join our ranks. Having talked with several thousands of prospective students over the years what I find especially encouraging is their lively concern for the ills of man and of society and their wish to bring about some improvement in the human condition.

In terms of providing a quality education, those programs which are able to limit enrollment, on the basis of available resources, are fortunate. For the past few years we have had three to four academically qualified applicants for each place in the class, a situation which results in our being confronted with a process of selecting which students to admit. Some attempts have been made to find criteria for selection in addition to placement scores and grade point averages. Unfortunately, we as yet do not have other measures which have been proven valid, reliable, and defensible, and the knowledge that seemingly all other helping professions are having the same difficulty is small comfort. The fact is today we must justify the exclusion of many qualified students from the program. How to handle pressure from parents, politicians, administrators, and other health professionals has therefore become an important element of an occupational therapy educator's role.

Next I shall comment about what today's students are like. I shall limit my remarks to those of typical undergraduate age—late teens and early twenties. I do this not only because it is the age group with which I am most familiar, but also because nationally most of our students are enrolled in undergraduate programs.

Today's college students are dealing with many shifts in values and standards in our society. Need we remind ourselves that this includes occupational therapy students. In our day we were guided by the indoctrination of an established set of values, moral, social and religious, that were geared to the premise that, although changes might occur, they would not be substantial, radical, or continuing. We expected the world we faced upon graduation to represent a milieu perpetuating the best of the past, and the stable endurance of the present. How wrong we were. College students of the 70s are facing the crucial need of a hierarchy of new values to guide them through the turmoil and crises of continuing changes.<sup>9</sup> On campuses many of the rules and regulations for student conduct have been eliminated, and a wide range of situations requiring personal decisions now confront today's undergraduates. Even as recently as five or six years ago such choices were largely deferred because of university

strictures or were even nonexistent. Situations range from how to live in co-ed dormitories, to communal living arrangements, the drug scene, the “pill,” and abortion. We as faculty need to be aware that our students are dealing with such concerns in their personal lives. Fortunately, most of today’s occupational therapy students have lively and healthy character structures and seem able to handle decision-making in terms of their personal lives in an effective and mature fashion.

In considering the potential for professional development of today’s undergraduate students, we find them to be a very bright and questioning group of young people. While they are ready to learn the necessary skills and techniques, they, along with their fellow students in the university, are ready to question the relevancy of what we teach in terms of both present and future performance demands. In essence, they wish to know not only “how to do,” but “why” it is done that way. Fortunately, they are also generally effective in interpersonal relationships, and for us not only a challenge, but fun to work with.

In our roles as faculty some of the learning that took us so long to achieve we can shorten for them by communicating our present knowledge, pointing out uncharted areas demanding solutions, and directing them toward other areas of knowledge which may provide some of the answers they seek. We depend on them to keep the field alive and lively and by their performance as practitioners, to realize some of our dreams, hopes, and visions for the field. They depend on our experience, the knowledge we have gained, to guide them into becoming competent and confident occupational therapists. So far as I am concerned, that is what the role of educator is all about.

All effective educators fully expect some students to outdistance them in their performance and accomplishments. As educators we derive satisfaction from this. While grades are an important measure of competence, especially for undergraduate students, they need and merit positive reinforcement in still other ways which will indicate to them that they are on the right track toward achieving excellence. Frequently, I am afraid, we tend to focus on the student with problems and neglect to consider that the competent and capable student deserves equal, if not more, attention. Student-faculty interaction is, fortunately, a two-way street, and we as faculty do receive some measure of positive reinforcement from students and graduates. Some we get from teacher evaluations at the end of each quarter. Some from reports on the calibre of performance of our graduates at clinical affiliation centers. We derive satisfaction from a view of the accomplishments of graduates and also from incidental remarks, such as “Whatever you’re doing, keep it up!” Such feedback makes it possible for faculty each year to pick themselves up off the floor of exhaustion after working with the presently enrolled classes and have the courage to start all over again each September with a new class of beginning students.

## **Curriculum**

I would like now to talk some about curriculum both at the basic professional level and also as advanced education. While I shall not discuss assistant level education, I believe that some of my remarks could reasonably apply to such curricula.

In 1958 I had some ideas which I attempted to incorporate into the curriculum. These were a balance in course offerings between human biology and behavioral sciences, a design of so-called occupational therapy theory courses to emphasize evaluation and treatment principles in the two broad areas of physical and psychological dysfunction, and the inclusion as early as possible of clinical experience concurrent with didactic courses—that we term practicum. When the accreditation team arrived in 1960, we were informed that we met the essentials, but in a rather different pattern than was then usual. As one survey team member said, the plan was too revolutionary and probably would not work. When one is responsible for another person's education such a remark can be rather upsetting, but we derived comfort from the knowledge that the same kinds of remarks had been made to the College of Medicine faculty by their survey team. In retrospect, I am happy to say that the curriculum has worked, and very well when judged in terms of the performance of Florida graduates.

During the past 15 years, my ideas about curriculum design have evolved so that today I see curriculum in the following context. A curriculum is more than just a listing of general education courses, prerequisite courses and required courses in a major. A curriculum should have both an underlying philosophy and a specific identifiable design of the sequencing and patterning of course offerings.

I see two primary factors as determinants of the design. The first is an awareness that the educational objectives of an occupational therapy program include all three components in the taxonomy of objectives: the cognitive domain, the affective domain, and the psychomotor domain. The second major determinant of curriculum design is the awareness that the curriculum needs to be planned in a developmental frame of reference. This developmental focus determines both the sequencing and patterning of courses and also creates a necessary awareness of the developmental process occurring in the students themselves.

Let me first talk further about the three domains in the taxonomy of educational objectives. A group of college examiners interested in achievement testing developed a system of classifying the goals of the educational process by the types of responses specified as desired outcomes of education. They found that most objectives could be placed into one of three major classifications or domains: cognitive objectives, emphasizing recall of knowledge and the development of intellectual abilities and skills; affective objectives which include interests, attitudes, appreciations, values, and emotional sets of biases; and psychomotor objectives which emphasize motor skill, manipulation of material and objects, or acts which require neuromuscular coordination.<sup>10, 11</sup>

The practice of occupational therapy clearly emphasizes all three areas. When one reviews the essentials of an accredited curriculum it is evident that all three domains of educational objectives are included. It appears that occupational therapy is a prime example of an academic program whose goal is the development of learning in all three areas. I submit that the entire curriculum should be carefully planned and thoughtfully designed to meet the goals of cognitive, affective, and psychomotor learning required for occupational therapy practice.

In considering the developmental frame of a curriculum, just as Lela Llorens presents occupational therapy practice as facilitating growth and development of patients in seven

defined areas necessary for effective performance, so too, we as faculty propose education as facilitating growth and development of students in the cognitive, affective, and motor skill areas of learning necessary for professional performance. "The development of a professional self-conception" according to Lortie, "involves a complicated chain of perceptions, skills, values and interactions. In this process, a professional identity is forged which is believable both to the individual and to others."<sup>12</sup> Vollmer and Mills state that, "You . . . have to go through an extended period of socialization . . . until you finally develop a psychological and social commitment to a professional career," and further, that "this period of socialization certainly includes formal training."<sup>13</sup> It seems essential, then, in designing academic programs that we keep clearly in mind that this time span is the beginning set in the development of the professional self-concept of an occupational therapist. To have education truly serve as a facilitating process in the growth and development of a professional occupational therapist requires that we consider not only students from a developmental frame of reference, but also all curricular components, the learning experiences, from a developmental frame of reference. This latter requires that we look cross-sectionally at all course offerings—what learning experiences should be offered concurrently; and that we should also look longitudinally to determine the sequencing of learning experiences.

Let me now attempt, by some illustrations, to clarify for you what I mean by curriculum design. When we accept a new class of juniors each fall, we know that in general they are about 20 years of age and that for most of them their major activity since about age five, three-fourths of their life span, has been to go to school. Most of their formal education to date has focused on the cognitive domain of learning, ranging from the three R's through English, physical science, humanities, biology and the like. As occupational therapy faculty we seek to continue their cognitive learning in content areas germane to our field. We strive to have them be well grounded in selected basic areas of human biology; in behavioral science; in the pathology, deviations and disorders to which human beings are subject. We also seek to ensure that they acquire sufficient motor skill in some of the tools of occupational therapy, those environmental things that we use in the treatment process.

Simultaneously, we wish to encourage affective learning in order that they become competent, helping health professionals. The affective domain is not only the hardest to communicate, but it is the area that students most resist. We seek to have them know who they are—to understand themselves, to know how others affect them, including patients who "look very different," fellow students, authority figures, and of equal importance, to help them understand how they affect others. How does one communicate to a student whose own reward system almost exclusively emphasizes high academic achievement that more is needed both as a clinician and a staff member than proof of A's in anatomy, neurology, skills, and the like? I am suggesting that it both can and has been done successfully and that we do it in our roles as educators working with students. Topics such as interpersonal and interprofessional relationships, group dynamics, and the like are built into the program and accomplished by how each course is structured and scheduled. We also seek to have students explore these affective dimensions through the kinds of questions asked on tests, by the reports—written and oral—we require, by term paper assignments, and by how we structure discussion groups.

Now for some examples of the developmental approach to curriculum design. We start off where they are and expand their knowledge of what is normal in the human condition, thus, courses in anatomy and growth and development. They also learn to observe normal social behavior among a wide range of the population; in community day care centers, nursery schools, boys' clubs, girl scout troops, the hamburger joints and pizza parlors adolescents frequent, adults at work and at play in a variety of settings, and the healthy elderly in their struggles and pleasures found in this business of living in today's society. Simultaneously, other components of the curriculum begin—that of learning necessary skills of occupational therapists—ranging from such content as weaving, woodworking, and leathercraft, to activity analysis, chart reading and reporting, and use of a medical library.

From these bases we move into providing students with knowledge of the abnormal—pathology, neurology, delayed development, with some emphasis given to the socio-cultural overlay as an essential factor of concern in identifying physical or behavioral pathology and its effect upon possible remediation of a disorder. In subsequent terms we move to their learning the specific evaluation and treatment procedures which we use in working with people with physical or psychosocial problems. It has been our experience, using a developmental frame, that some topics which might come first in the ordering of chapters in a textbook or in a course outline, can be better presented with meaning to the students at the end of the course or of the program. It is not that we arbitrarily turn programs topsy-turvy, but the sequencing of topics needs to be planned thoughtfully in order to achieve the best learning.

Throughout the entire program students participate in part-time field work, ranging from observations in the normal workaday settings, as described earlier, to practicum assignments in the available clinical settings which surround the program. As they move along and gain knowledge in the content areas of the courses they are taking, they are concurrently expected to become participants in the activities of a clinician to whom they are assigned. Since we wish students to establish a professional identity, for practicum assignments we consider it essential that this in-process occupational therapist—one still learning to become a professional—must have a qualified occupational therapist to serve as role model in the assigned setting. We are also interested in their learning all the facets of the practitioners' jobs, so it is not necessary that the supervising therapist always be with a patient, as students are hopefully not learning to become patients. Thus, our felt need for faculty who are knowledgeable about the total curriculum and who can serve primarily as clinical educators, role-modeling for students what occupational therapists do in our familiar settings. Furthermore, we consider that the student, still attempting to determine what occupational therapy is all about, cannot realistically assess the role of occupational therapy in locations where none exist. Thus, we feel the need for additional faculty to explore, while at the same time sharing this experience with students, our potential roles in school programs for high-risk first graders, in camps for diabetic children, in crisis intervention centers, health programs for migrant workers, or in a work evaluation unit for hard-core unemployed.

Students themselves consistently tell us that the practicum, this part-time clinical experience component of the program, is one of the most meaningful experiences for them in the

curriculum. It provides a “try-out” opportunity to help them determine if the role of occupational therapist suits their personal frames of reference, and also provides them with the reasons to concentrate on learning the content of the standard type courses.

## Advanced Education

Up to now I have focused my remarks about curriculum design on the undergraduate basic professional level of occupational therapy education. I think, however, that these same considerations need to be given to advanced education in occupational therapy. The cognitive, affective, and motor skill areas of learning, and their interweaving, need to be considered as does the developmental frame of the course offerings and of the students enrolled. At this point it also seems important to reiterate some of my earlier comments as to how I perceive specialization in occupational therapy, since it directly affects my concept of advanced, graduate education for our field. Occupational therapy clinical specialties are grounded in the specialized problems of the different types of patients with whom we work. Career specialties in occupational therapy define the settings and types of positions in which we apply this specialized competence—teacher, practitioner or administrator.

Ten or 15 years ago, and when I did my several stints in graduate school, I saw the rationale for us in occupational therapy to earn graduate degrees as primarily that of education for competence in career specialty areas of teacher or administrator. After conversations with colleagues in charge of doctoral level programs, I have become more recently aware that our graduate programs in occupational therapy can be designed to evolve the body of knowledge needed for our field. Graduate education should therefore primarily focus on expanded knowledge in the clinical areas of occupational therapy. These can be classified developmentally, such as problems of children, adolescents, adults, or aged; or according to type of insult to the persons we seek to help, biological or psychological. The information needed as administrator, consultant, teacher, or researcher can be gained by means of electives in the program and integrated with the expanded occupational therapy content.

Colleagues in clinical psychology, speech pathology, and medical anthropology have made clear for me that faculty and adventuresome graduate students in their disciplines started together in search of new insights and a clear-cut identification and expansion of the body of knowledge specific to their fields. As time passed much was learned, old shibboleths disproved and dropped, new directions charted, and today these fields have achieved a status and are making contributions that far outdistance their original roles. Occupational therapy needs to be infused with the same adventuresome spirit as has occurred in other fields.

According to Ethridge and McSweeney, “the acquisition of knowledge through research, and the subsequent dissemination of this knowledge through publication . . . establishes the basic literature so necessary for the acceptance of occupational therapy as a profession.”<sup>14</sup> Since research is an inherent job responsibility of university faculty members, I suggest that occupational therapy faculty should take leadership in the research activities for our profession. Further, I suggest that we who are university faculty members should begin to demand that university administration support us in these endeavors. Although our graduate program

is just beginning its second year I can guarantee that there is an excitement in working with enthusiastic colleagues and graduate students, each seeking to achieve excellence in a particular specialized area of occupational therapy. Parenthetically, I am sure that our present shortage of qualified faculty could be readily alleviated if clinicians were to perceive that this is the type of interaction in which we are engaged.

It is here that we must begin to think of academic occupational therapy as a career specialty area in the field, no less than academic medicine, academic sociology, psychology, and the like. A combination of the clinician's insight and the academician's discipline, as demanded by his environment, can serve to move the field to take its rightful place among others in the university setting. And this academic status will result in an enhancement of our contributions in the practice setting.

## Summary

In summary, I have talked with you about occupational therapy education. First off, I identified my own frame of reference in order that you might understand the points of view I have about this phase of occupational therapy. I discussed briefly universities and colleges, their complexities and differences and how these affect an occupational therapy curriculum. Next I gave some information on what are considered by universities to be inherent responsibilities of faculty and some of the consequent qualifications that are considered necessary today for faculty status. I then provided some perceptions about today's students; pressures that they are dealing with, the qualifications of those presently entering the field, as well as dilemmas surrounding the explosion in numbers of prospective students. Following that, I gave some of my views concerning curriculum design—the necessity for considered sequencing and patterning of courses in terms of areas of learning, and in terms of the developmental process of both the students and of the educational objectives. Finally, I discussed advanced education in occupational therapy, a definition of what such education means to me, and suggestions as to how we can foster and develop this phase of the field.

I trust that my remarks will point out for you that, while I consider, as I said earlier, that the heart of occupational therapy is the practice of our field, the educational component, those of us who work in this career role, and our endeavors, are both necessary and essential to the totality of occupational therapy.

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