AOTA Academic Leadership Councils &
Academic Fieldwork Coordinators
Forum Joint Meeting

Summary of Meeting Proceedings

October 23–24, 2014
New Orleans, LA

Neil Harvison PhD, OTR, FAOTA
Rapporteur

The American Occupational Therapy Association, Inc.
Bethesda, MD
www.AOTA.org

Copyright © 2014 by The American Occupational Therapy Association, Inc. All rights reserved.

Contents

Background 3

Session #1: Overview of the Issues
Considering Our Collective Future. Ginny Stoffel, PhD, OT, BCMH, FAOTA 6
Centennial Vision Priorities: FY 2015. Amy Lamb, OTD, OTR/L, FAOTA 7
AOTA Board of Directors Position Statement on Entry-level Degree for the Occupational Therapist: What was the process and why now? Brent Braveman, PhD, OTR/L, FAOTA 8
Representative Assembly Ad Hoc Committee on the OTA Entry-Level Degree. Julie Kalahar, MS, OTR/L 10
Beyond 2017: What will “practice” look like for an OT and OTA? Shawn Phipps, PhD, MS, OTR/L, FAOTA; Melissa J. Tilton, BS, COTA/L, ROH; & Tamra Trenary, OTD, OTR/L, BCPR 11

Session #2 Roundtable Discussion
DISCUSSION THREAD #1: Considering what we heard this morning and what we know, what future assumptions can we make regarding the profession of occupational therapy (OT)? 15
DISCUSSION THREAD #2: Which of the areas/assumptions identified will have the greatest impact on the scope of practice of OT? Considering future assumptions and the potential impact on scope of practice, what changes do you believe will need to be made to the educational paths for OT practitioners? 16

Session # 3: Roundtable Discussion
DISCUSSION THREAD #3.1: Fieldwork/experiential requirements 20
DISCUSSION THREAD #3.2: Academic infrastructure 21
DISCUSSION THREAD #3.3: Cost versus benefit to key stakeholders 22
DISCUSSION THREAD #3.4: Ability to respond to the changing health care environment 24

Addendums
Academic Leadership Council—OTA Networking Session
Academic Leadership Council—OT Networking Session
Academic Fieldwork Educators Forum
Roundtable Notes
Background

Every 2 years, the American Occupational Therapy Association (AOTA) hosts a joint meeting of the Academic Leadership Councils (ALC) and the Academic Fieldwork Coordinators (AFWC) Forum. In total, more than 400 academic leaders attended the 2014 joint meeting held October 23 to 24, 2014, in New Orleans, LA. The meeting planning committee included:

- Janice P. Burke, PhD, OTR/L, FAOTA: Occupational Therapy—ALC Chair
- Maureen S. Nardella, MS, OTR/L: Occupational Therapy Assistant—ALC Chair
- Jamie M. Geraci, MS, OTR/L: AFWC Representative to the Commission on Education
- Tamra Trenary, OTD, OTR/L, BCPR: Fieldwork Educator Representative to the Commission on Education
- Neil Harvison, PhD, OTR/L, FAOTA: Chief Officer, Academic and Scientific Affairs, AOTA

In planning the agenda for the meeting, the committee focused on the recent dialogue within the profession related to the entry-level degree requirements for both the occupational therapist and the occupational therapy assistant. While this dialogue has been ongoing within the academic community for several years, it has increased following the publication of two key initiatives:

1. In April 2013 in response to a member motion to move the entry-level degree for the OTA from an associate’s to a bachelor’s degree, the Representative Assembly (RA) of AOTA appointed an Ad Hoc Committee with the following charge:

   **Charged by the RA Speaker to investigate the strengths, weaknesses, opportunities and threats of changing the occupational therapy assistant entry level degree from the current associate degree to either:**

   - Elevate the entry-level degree exclusively to the bachelor’s degree, or
   - Include both the associate degree and bachelor’s degree as options for OTA education.

2. In April 2014, in response to the report from the Ad Hoc Committee on the Future of Occupational Therapy Education, the AOTA Board of Directors released the following statement:

   **In response to the changing demands of higher education, the health care environment, and within occupational therapy, it is the position of the American Occupational Therapy**
Association (AOTA) Board of Directors that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025.

Members of the academic community had expressed a desire to have an open dialogue on the entry-level degree requirements with an opportunity to provide feedback to the profession’s elected leadership. Responding to this request, the agenda for the meeting focused on the opportunity for roundtable discussions and dialogue. To facilitate this dialogue the Committee petitioned AOTA to hire an outside facilitator. Paul D. Meyer, President and Co-CEO, of Tecker International, LLC was contracted to facilitate the sessions.

To set the stage for the dialogue, the meeting opened with a morning session of presentations that included the following:

- An overview of the strategic initiatives and vision of the AOTA Board of Directors
- Articulating the distinct value of occupational therapy by AOTA
- Position Statement on Entry-level Degree for the Occupational Therapist: What was the process, and why now?
- Recommendations from the Representative Assembly Ad Hoc Committee on the OTA entry-level degree
- Beyond 2017: What will “practice” look like for an OT and OTA?

The afternoon of the first day moved to facilitated roundtable discussion focusing on the following questions:

- What future assumptions can we make regarding the profession of occupational therapy (OT)?
- What changes need to be made in the educational path and curriculum in response to these assumptions?

In response to feedback from participants, during the morning of the second day the roundtable discussions moved to identifying the impact of the degree changes on the following four issues identified on Day 1:

- Fieldwork/experiential requirements
- Academic infrastructure
- Cost versus benefit to key stakeholders
- Ability to respond to the changing health care environment
The final afternoon session on the second day was devoted to networking. The discussion on entry-level degree continued to dominate the agenda and for both the ALC-OT and ALC-OTA networking sessions.
SESSION #1: OVERVIEW OF THE ISSUES

SESSION 1: AGENDA

9:00 President’s Address: Ginny Stoffel, PhD, OT, BCMH, FAOTA

9:20 Articulating and demonstrating the distinct value of occupational therapy: Amy Lamb, OTD, OTR/L, FAOTA

9:40 AOTA Board of Directors: Position Statement on Entry-level Degree for the Occupational Therapist: What was the process, and why now? Brent Braveman, PhD, OTR/L, FAOTA

10:45 Representative Assembly Ad Hoc Committee on the OTA entry-level degree: Julie Kalahar, MS, OTR/L

11:15 Beyond 2017: What will “practice” look like for an OT and OTA? Shawn Phipps, PhD, MS, OTR/L, FAOTA; Melissa J. Tilton, BS, COTA/L, ROH; and Tamra Trenary, OTD, OTR/L, BCPR

12:15 Reflections on the morning session: Janice P. Burke, PhD, OTR/L, FAOTA

CONSIDERING OUR COLLECTIVE FUTURE

Ginny Stoffel, PhD, OT, BCMH, FAOTA

AOTA President Dr. Virginia (Ginny) Stoffel opened the meeting with a focus on our collective future for the profession. Dr. Stoffel began by remembering that this bright future has been built on the work of many of our colleagues and took the opportunity to acknowledge the contribution of two academic leaders who recently died.

Dr. Jane Case-Smith was best known in the occupational therapy community for her contributions to the advancement of occupational therapy interventions for children. Her textbook, *Occupational Therapy for Children*, has been widely adopted by educational programs for more than 20 years. In addition, Dr. Case-Smith served as the editor of the *Occupational Therapy Journal of Research (OTJR)*, contributed to more than 20 book chapters, and had more than 100 peer-reviewed publications throughout her career. She was professor and chair of the
Occupational Therapy Department at The Ohio State University (OSU), and during her 24-year tenure at OSU she served on more than 200 graduate thesis or dissertation committees.

Dr. Maralynne Mitcham held appointments at the Medical College of Georgia and the Medical University of South Carolina (MUSC). At MUSC, Dr. Mitcham chaired the Occupational Therapy Department for 30 years and held a variety of significant leadership roles within the College of Health Professions and the University. As a respected educational scholar, Dr. Mitcham was widely published and recognized for her numerous accomplishments, including pioneering distance education for occupational therapists. For her extensive contributions to occupational therapy education, she was invited to deliver the prestigious Eleanor Clarke Slagle Lecture in 2014.

In her address, Dr. Stoffel asked the participants to consider the following key factors as they contribute to the dialogue on the profession’s future and the entry-level degree that will best meet the occupational needs of society:

- Attitude
- Authenticity
- Action
- Building Capacity
- Diversity

In her closing remarks, President Stoffel urged the members to remember to be BOLD as they move forward together with the best possible future in mind for the profession.

**BOLD: BIG PICTURE, OPTIMIZE OPPORTUNITIES, LEADERSHIP, DECISIVE**

**CENTENNIAL VISION PRIORITIES: FY 2015**

Amy Lamb, OTD, OTR/L, FAOTA

AOTA Vice President Dr. Amy Lamb provided an overview of the AOTA Centennial Vision Priorities for fiscal year 2015. Four priorities were identified:

- Continue and amplify leadership development programs
- Provide strategic support for educators, practitioners, and researchers to meet rapidly changing societal needs
• Promote occupational therapy’s role in service delivery system redesign to assure fair payment and provision of quality care
• Identify and articulate occupational therapy’s distinct value to individuals, organizations, and communities

Participants viewed a video highlighting the distinct value of occupational therapy:

https://www.youtube.com/watch?v=17xF-Z8UOhE&feature=youtu.be

Members were urged to consider these priorities and occupational therapy’s distinct value when discussing the needs of entry-level education.

AOTA BOARD OF DIRECTORS POSITION STATEMENT ON ENTRY-LEVEL DEGREE FOR THE OCCUPATIONAL THERAPIST: WHAT WAS THE PROCESS, AND WHY NOW?
Brent Braveman, PhD, OTR/L, FAOTA

“In response to the changing demands of higher education, the health care environment, and within occupational therapy, it is the position of the American Occupational Therapy Association (AOTA) Board of Directors that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025.

Support of high quality entry-level doctoral education for occupational therapists will benefit the profession, consumers, and society. The Board encourages a profession-wide dialogue on this critical issue”.—AOTA Board of Directors, April 2014

Dr. Brent Braveman noted that no matter what participants may think or feel about the potential of moving to a single point of entry for the occupational therapist, it is important that they understand the responsibility of the Board of Directors and why the Board decided to issue this statement.

Strategic planning and responding strategically to challenges is the responsibility of the Board of Directors. The RA has the responsibility of setting Association policy and ACOTE has the responsibility of establishing standards for educational programs as well as the policies, rules, and procedures for conducting accreditation reviews.

Two different groups examined the issue from different perspectives. One group was the Future of Education Ad Hoc Committee appointed by then AOTA President Florence Clark and
chaired by Dr. Thomas Fisher. The Ad Hoc submitted its final report in 2013 and is available on the AOTA website. The second group was a Board of Directors Ad Hoc appointed in 2013 by President Ginny Stoffel. Dr. Brent Braveman was the chairperson of that Committee.

Following review of recommendations by both Committees, the Board discussed possible actions and decided that demonstrating leadership in the current fast-changing context meant bringing this important issue to the membership and being proactive rather than reacting to external forces. In its discussions, both the Board Ad Hoc and the full Board recognized that this is not a simple decision. There are both advantages and disadvantages to moving to a single point of entry for the occupational therapist. Ultimately, the Board members reached a consensus.

The full list of pros (advantages to the action) and cons (disadvantages to the action) are in the members-only section of the AOTA website (http://www.aota.org/aboutaota/get-involved/bod/otd-pros-cons.aspx). There may be other pros or cons yet to be identified in forums such as the ALC and AFWC Forum discussions. It is important that all academic leaders contribute to the dialogue considering questions such as:

- What will the practice context of 2025 and beyond be like?
- What skills and capacities will the occupational therapist need in 2025 and beyond to LEAD and SUCCEED?
- What education will best prepare entry-level therapists for this context?
- What degree is most appropriate, and is there a significant enough advantage to moving to a single point of entry to recommend that change after an adequate lead time for educational programs to prepare?

In closing, Dr. Braveman acknowledged that we still do not have all the answers and urged the profession to continue to collect data on impact of entry-level degrees on:

- Diversity
- Graduate numbers
- Fieldwork
- Faculty workforce
- Non-faculty costs and resources for schools
- Changes in health care environment
- Changes in practice
REPRESENTATIVE ASSEMBLY AD HOC COMMITTEE ON THE OTA ENTRY-LEVEL DEGREE

Julie Kalahar, MS, OTR/L

The Ad Hoc Committee was charged by the RA speaker to investigate the strengths, weaknesses, opportunities, and threats of changing the occupational therapy assistant entry-level degree from the current associate degree to either:

- Elevate the entry-level degree exclusively to the bachelor’s degree, or
- Include both the associate degree and bachelor’s degree as options for OTA education.

The Ad Hoc Committee chairperson, Julie Kalahar, reviewed the Committee’s two-step process:

- Step 1: Identify potential strengths, weaknesses, opportunities, and threats of changing the occupational therapy assistant entry level degree from the current associate degree.
- Step 2: Collect data on the potential impact of the identified potential strengths, weaknesses, opportunities, and threats of changing the occupational therapy assistant entry-level degree from the current associate degree.

The full report from the Ad Hoc Committee and the findings are available online at http://www.aota.org/-/media/Corporate/Files/Secure/Governance/RA/FallMeeting2014/OT-Entry-Level-Degree-ADHoc-Final.pdf.

The final recommendations from the Ad Hoc Committee are:

1. Following a thorough review of the issues and stakeholder feedback, the Committee is recommending that the entry-level degree requirement for the occupational therapy assistant remain an associate’s degree at this time. The Committee recognized that there are a number of factors and key data supporting a move to the bachelor’s degree, including expanded breadth of OTA practice, increased content requirements, and emerging practice models. However, the Committee noted that there was not sufficient evidence that the institutions sponsoring the existing OTA programs would be able to successfully make the transition at this time, and whether the key stakeholders (e.g., students, higher education providers, clinical providers, etc.) can afford the associated increased costs.

2. The Committee is recommending that there be only one entry-level degree as a prerequisite for the single national certification exam for the occupational therapy assistant.
3. The Committee is recommending that the Association develop and implement a plan in the next 2 years that articulates clearly defined strategies to ensure that the profession is prepared to succeed if the profession should choose to move to a bachelor’s requirement for the entry-level degree for the occupational therapy assistant. This plan should at a minimum address the following:
   a. Expectations of practice for an OTA in the next decade
   b. Impact of any changes in entry-level degree requirements for the OT on OTA practice
   c. Growth in content to address changes in practice
   d. Readiness of host institutions to support a transition to the bachelor’s requirement
   e. The trend in community colleges to offer limited bachelor’s degrees
   f. Faculty workforce, including occupational therapy assistants with post-baccalaureate degrees (Note: Accreditation typically requires faculty to have a least one degree higher than the degree granted by the program)
   g. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement
   h. The potential impact of increased costs on key stakeholders

BEYOND 2017: WHAT WILL “PRACTICE” LOOK LIKE FOR AN OT AND OTA?

Shawn Phipps, PhD, MS, OTR/L, FAOTA
Melissa J. Tilton, BS, COTA/L, ROH
Tamra Trenary, OTD, OTR/L, BCPR

The panel session introduce three practitioners to discuss what they believe occupational therapy practice will look like after 2017. Dr. Phipps addressed the meeting from the perspective of a senior administrator in a nationally and internationally renowned acute rehabilitation facility. He focused on changes in health care policy and reform and the impact of initiatives, including the “triple aim” on occupational therapy practice. Dr. Phipps stressed that health care will be shifting from volume-based to value-based, and reimbursement will be based on the provision of high quality care rather than on the volume of care. Dr. Phipps argued that OTs must be ready for increased autonomy, advocacy, and potential leadership roles. Dr. Phipps noted that entry-level practitioners must be prepared to do the following:

- Provide authentic, client-centered, occupation-based, and evidence-based OT services
- Define and promote high quality occupational therapy
- Identify, develop, collect, and disseminate outcome measures to promote high quality evidence-based occupational therapy
• Provide innovation & transformation
• Participate in and lead interprofessional care teams
• Effectively provide a bridge between a physician’s recommendations and a client’s integration of those recommendations into his or her lifestyle, habits, and routines
• Address chronic disease management
• Include health promotion & prevention

Melissa Tilton is an occupational therapy assistant and a regional manager with one of the largest long-term-care providers in the United States. Long-term-care providers are the largest employers of OTA graduates. Ms. Tilton opened her comments by noting the important role OTAs play in addressing the changing occupational needs of society. As these needs change, OTAs will need to be utilized to their fullest potential and be prepared to increase the breadth of their practice. Ms. Tilton focused on the following changes in health care as examples:

• Emerging practice in areas such as community-based practice
• Rural and underserved populations
• Evidence-based practice (EBP)
• Telehealth delivery models

Ms. Tilton believes that the changes occurring in health care and occupational therapy practice provide an opportunity of greater utilization of OTAs working to their maximum potential. The current focus on expanding interprofessional and intraprofessional practice models is the time to move OTA practice beyond addressing “self-care.” Appropriate utilization of OTA’s in service delivery can contribute to cost-effective service delivery. Entry-level education must be ready to prepare OTA graduates for multiple roles:

• Practitioner
• Advocate
• Mentor
• Educator

Dr. Tamra Trenary is a senior occupational therapist in a large academic health care system and was the third speaker. In preparing for the panel, Dr. Trenary asked her colleagues to think out of the box and identify where they think they will see OT practice in 15 years. The common themes to the responses she received were transformation and autonomy. Dr. Trenary provided a number of examples from these discussions:

• Autonomy
- OT prescribing durable medical equipment, orthotics, and physical agent modalities when used to facilitate occupational performance
- Consulting
  - Safety evaluations to anticipate risks/behaviors on patients post-discharge from acute settings
- Primary care
  - OT as the first level provider in sports-related concussion in children and teenagers. OT would prescribe activities and clear individuals to return to daily activities.
- Technology
  - Telerehabilitation services
  - Virtual environments
- Specialization
  - The increase in specialization and advanced certification in fields such as physical therapy is being used to argue that they are better prepared to meet the needs of patients.

Dr. Trenary also addressed the issue of practice leadership and noted that in her system, the leadership positions in rehabilitation services are shifting to doctorally prepared therapists. The OTs are being “shut out” of many of these positions, which are being filled by doctorally prepared physical therapists.

In concluding her comments, Dr. Trenary acknowledged that her colleagues in education face many challenges. As an experienced fieldwork educator she urged the community to pursue alternative models for fieldwork, including the successful group collaborative models (2–3 students assigned to a single fieldwork educator).
SESSION #2: ROUNDTABLE DISCUSSION

OVERVIEW

SESSION 2 AGENDA

2:00  Introductory Remarks: Maureen S. Nardella, MS, OTR/L


2:20  Discussion Thread #1: Create assumptions about the future: What future assumptions can we make regarding the profession of occupational therapy (OT)?

3:05  Report Out

3:30  Break

4:00  Discussion Thread #2: Create assumptions about the impact: Scope of Practice? Education Pathways?

4:45  Report Out

5:20  Reflections on the Afternoon Session: Maureen S. Nardella, MS, OTR/L

Purpose of roundtable discussion

1. Engage leaders with different perspectives in important and strategic conversations.
2. Gather the thoughts and opinions of participants.
3. Assist with decision making and future visioning.

Purpose of report out

1. Most relevant ideas
2. Build on the ideas of others
3. You do not need to repeat answers given by others

Facilitators

Volunteer leaders facilitated each roundtable discussion. The facilitators received a PowerPoint presentation with guidelines for facilitating discussions prior to attending the meeting and participated in a face-to-face Q & A session in New Orleans.
DISCUSSION THREAD #1

Considering what we heard this morning and what we know, what future assumptions can we make regarding the profession of occupational therapy (OT)?

Areas for consideration

- Changes in health care landscape
- Changes in consumer/community preferences, needs, expectations, and demographics
- Changes in technologies and modalities
- Changes in legislation and regulation
- Changes in professional competition and structure
- Changes in the needs and expectations of new professionals

Themes emerging from the roundtable discussion for each area of consideration are listed below.

Changes health care landscape

- Affordable Care Act (ACA)
  - Increased access to OT
  - Community based practice—movement away from hospitals
  - Primary care
  - Prevention—health & wellness
  - Teams—interprofessional practice
- Changes in reimbursement
  - Need outcomes
- Demographics driving change
  - Aging
  - Autism
  - Living longer with chronic conditions
- Public health needs:
  - Population-based approaches

Changes in consumer/community preferences, needs, expectations, and demographics

- Consumer-driven health care—baby boomers
- Aging in place
- Greater number of individuals with autism
• Greater need for behavioral/mental health services  
• Greater demand for wellness services  
• Community-driven health care initiatives  
• Greater accountability for practitioners  
• Therapist will need to be prepared to meet consumers’ demands for access to services (e.g., time of day, types of services, etc.)

Changes in technologies and modalities

• Electronic medical record and accountability  
• Telehealth—serving underserved populations

Changes in legislation and regulation

• ACA  
• Mental health legislation  
• Need to update State Practice Acts—variations in requirements  
• Regulations driving payment, which drives service delivery models  
• Economic arguments based on outcomes can influence regulation

Changes in professional competition and structure

• Interprofessional practice model  
• Must identify distinct role in delivery model  
• Scope of practice encroachment  
• Costs are driving less skilled and less costly provider models  
• Generalist versus specialist tension  
• Shortage of OTs

Changes in the needs and expectations of new professionals

• Need fieldwork model that prepares practitioners to address these roles  
• Need for advocates and leaders

DISCUSSION THREAD #2

Which of the areas/assumptions identified will have the greatest impact on the scope of practice of OT? Considering future assumptions and the potential impact on scope of practice, what changes do you believe will need to be made to the educational paths for OT practitioners?
Identified assumptions with the greatest impact on scope of practice

- Ability to respond to the changes in the healthcare environment
  - ACA
  - What will be OT’s role in interprofessional practice?
  - What is OT’s contribution to primary care? Community-based care? Health and wellness?
  - What will be the impact of technology?
  - Changing demographics: diversity; aging
- Costs versus the benefit of OT
  - What is the distinct value of OT?
  - Do the outcomes demonstrate value versus costs?
- Infrastructure to support the development and maintenance of a qualified OT workforce
  - Do we have the qualified faculty?
  - Can institutions support the degrees? What if the institution does not grant doctorates?
- Fieldwork program that is sustainable and addresses the needs of the profession
  - Can the current model allow OT to meet the workforce demands?
  - Where does specialization fit into the model?

Considering the potential impact on scope of practice, what changes do you believe will need to be made to the educational paths for OT practitioners?

- Need to have clearly defined entry-level competencies for both OT and OTA
- Need paths that consider fostering diversity
- Need to understand the costs versus benefits of higher entry-level-degree requirements
- Need to understand the fieldwork requirement for higher degrees
- Need to understand the costs/benefits of:
  - Current entry-level degrees
  - Moving OT to doctorate and OTA to bachelor’s
  - Multiple paths to entry (laddering); for example, master’s (entry) and doctoral (specialist)

REPORT OUT

A number of members provided comment at the open microphone during the report out session. There were some limited comments on the assumptions related to the change in health care and potential impact on the scope of practice and entry-level preparation. The focus of these comments was on the need for the profession to be proactive in addressing
changes in health care and the occupational needs of society. It was argued that the profession needs to advocate for its distinct contribution through evidence and outcome studies.

The majority of the comments were related to the entry-level degree question. Members advocating for the doctoral entry-level degree for the OT argued that the doctorate would best position graduates and the profession to address the changing health care system. The added preparation would better prepare graduates for expanding roles in:

- Advocacy
- Development of evidence and outcomes
- Team leadership
- Autonomy in practice

Members advocating against the doctoral entry-level degree for the OT argued that the master’s degree is preparing graduates to meet the current and future needs of an entry-level practice. They questioned how a change would benefit the profession given what they see as the potential negatives:

- Graduate debt
- Decreased student diversity
- Inability to meet workforce demands
- Limited resources to support a change

Members advocating for the bachelor’s entry-level degree for the OTA argued that the degree was needed to address the changing demands and the increased breadth of OTA practice. It was noted that the increased content and expected learning outcomes of an OTA program far exceed those of an associate’s degree preparation.

Members advocating against the bachelor’s entry-level degree for the OTA presented similar concerns as members who questioned a change in the OT entry-level degree:

- Graduate debt
- Decreased student diversity
- Inability to meet workforce demands
- Limited resources to support a change

The majority of members speaking during the session expressed concerns regarding the profession changing the entry-level degrees at this time.
SESSION #3: ROUNDTABLE DISCUSSION

OVERVIEW

SESSION 3 AGENDA

8:00 Introductory Remarks: Janice P. Burke, PhD, OTR/L, FAOTA


8:45 Discussion 3: How could the change in entry-level requirements impact each of the following issues? Positively? Negatively? Unanswered Questions

CHOOSE ONE ISSUE:

1. Fieldwork/experiential requirements (recruitment of sites, length, number of rotations, mentoring of clinical educators, etc.)
2. Academic infrastructure (faculty capacity, role of research, administrative support, technology, educational delivery models, etc.)
3. Cost versus benefit to key stakeholders (consumers, team members, payers, employers, regulators, students, potential students, etc.)
4. Ability to respond to the changing health care environment (community-based practice, ACOs, primary care, direct access, demographics, global health, etc.)

9:30 Report Out

10:00 Break

10:30 Discussion #3: Repeat discussion #1 with a different issue.

11:15 Report Out

11:50 Closing Remarks: Janice P. Burke, PhD, OTR/L, FAOTA

Purpose of roundtable discussion

1. Engage leaders with different perspectives in important and strategic conversations.
2. Gather the thoughts and opinions of participants.
3. Assist with decision making and future visioning.

Instructions

1. Introduce yourselves.
2. Identify a scribe (electronic is preferred).
4. Discuss the pros and cons of each subtopic.
5. Identify unanswered questions.
6. Be prepared to report out interesting ideas.

**Purpose of report out**

1. Determine most relevant ideas
2. Build on the ideas of others
3. Avoid repeating answers given by others

**Facilitators**

Volunteer leaders facilitated each roundtable discussion. The facilitators received a PowerPoint presentation with guidelines for facilitating discussions prior to attending the meeting and participated in a face-to-face Q & A session in New Orleans.

**DISCUSSION THREADS**

3. **Fieldwork/experiential requirements (recruitment of sites, length, number of rotations, mentoring of clinical educators, etc.)**

**Positive**

- Opportunity to redefine fieldwork and the objectives
  - Scaffolding process versus the traditional Level I and Level IIIs
  - Redefine fieldwork Level I—being more than observation, and encouraging more participation of the students
  - Opportunity to explore different methods for fieldwork (consider more clinical faculty to “guide” students in clinical situations). Possibly a mix of academic and fieldwork supervising.
- Opportunity to expand into more “nontraditional” fieldwork sites and demonstrate OT’s distinct contributions
  - Primary care
  - Community-based practice
  - Population health
- Opportunity for increased practitioner/academic partnerships with EBP.
- Opportunity for increased interprofessional education in fieldwork.
- Opportunity for more international fieldwork opportunities at OTD level.

**Negative**

- Limited fieldwork sites available.
• Limited skill sets of current fieldwork educators.
• Limited data of OT success in emerging settings.
• Experiential requirement in ACOTE Doctoral-Level Standards is vague, and 16 weeks does not work with the academic calendar.
• Faculty need to be more involved in the process of cultivating new sites of employment.
• Fieldwork educators will have a lower degree than the degree program.
• Novice fieldwork educators are focused on procedural processes and being consumed with locating sites.

Unanswered Questions
• Will clinicians supervise students if they are pursuing a higher degree?
• Impact on diversity?
  o Socio-economic
  o Ethnicity/race
• How many sites do we have now versus how many will be needed?
• Will higher degrees mean more time in fieldwork?
• Impact on regulatory requirements

3.2 Academic infrastructure (faculty capacity, role of research, administrative support, technology, educational delivery models, etc.)

Positive
• Opportunity for doctoral entry level to make it easier for graduates to enter roles as educators at both OTA and OT levels
• Opportunity for greater online delivery models
  o Use the virtual context for teaching, learning, and clinical practice
• Opportunities for more collaboration and resource sharing between academic institutions, intraprofessionally (OT and OTA programs team up), and interprofessionally
  o If we want students to work interprofessionally in the classroom and in the clinic, we need to be at a similar educational level
• Opportunity for creative uses of faculty, such as clinical faculty for fieldwork educators/mentors for doctoral residency
• Opportunity for entry-level OT doctoral students to do 16-week experiential in teaching at OTA program.
• Opportunity to change models:
o e.g. adopt some as hybrid which would enable broader reach of student population
o e.g. virtual teaching and range of possible delivery platforms using gaming, virtual, or other platforms, to go beyond lecture/lab, for interprofessional education and practice

Negative

- Structure of many community college systems relative to degree granting status, location of competing programs/schools, and control
- Some OT programs will have challenges depending on their state regulations. There are some regional accrediting bodies (e.g., SACS) and state regulators (e.g., NYS DOE) that add obstacles for advancing degrees.
- Faculty issues
  o Will faculty need a "higher" degree than the OTD in order to teach? Distinctions between OTD and other doctorates? Will the OTD prepare the OT to teach?
- Costs to universities will be passed onto tuition and can make it more difficult for students to afford school.
- Faculty workload and shortages. Can ACOTE take a firm stand on faculty workload regarding release\time to do all of the work that has to get done?

Unanswered Questions

- Will clinicians supervise students if they are pursuing a higher degree?
- How will online/hybrid delivery models impact cost, workload, and development of critical thinking and interpersonal skills?
- Can ACOTE take a firm stand on faculty workload (release time) to do all of the work that has to get done?
- Technology: Is simulated learning available, and is it affordable? What kind of technology do we need? How do we pay for it? What are we doing with it? What are the training requirements for faculty? Multiple formats: virtual/online/distance learning? What is the impact of state authorization requirements?
- Will the 10-year lead time allow adequate time for faculty to obtain necessary degree?

3.3 Cost versus benefit to key stakeholders (consumers, team members, payers, employers, regulators, students, potential students, etc.)

Positive
- Potential decrease cost if payer source allows direct access to OT; will not need additional physician visit
- Potential that consumer may not need additional services for home care to get OT in the door—OTD could position OT to be only/first entry point for home care services.
- Potential for higher quality of care with increased knowledge and skill set of entry level of OTs.
- Increased level of quality care from entry-level practitioner (OT or OTA) that can potentially save insurance source in long run with increased functional capacity of client, decreased re-admission, and decreased waste of necessary services/materials, with increased knowledge of correct method the first time.
- OTD will potentially provide OT a seat at the table in multiple teams that we have previously been excluded from.
- Potential that other mid-level providers will have higher level of confidence in OT as OT will not need to request orders if we can establish direct-pay from insurers.
- OT will provide new resource for management positions.
- Potential that employer will hire more OTAs—OTA students may have increased employment options if employer moves to hiring more OTAs and fewer OTDs from a cost perspective.
- Advanced knowledge in practice areas has the potential to elevate practitioner level of skill in entry-level practice.

Negative

- Increase cost if cost per unit service increases – paying out of pocket or cost to insurance company is passed onto the consumer.
- Potential increase in pay.
- Potential increased cost for liability/malpractice insurance to cover OTD staff.
- Increased cost of education.
- As future practitioners, students may pay more for liability insurance with increased responsibilities of clinical practice.
- OTA position may be more viable for employer than OTD.
- Negative impact of increased cost may decrease diversity of students—may only be accessible to elite group of students.

Unanswered Questions

- How will other team members respond to a new level of degree for OTA and OT?
• What will be the needs of different populations? Is it “one size fits all” (e.g., urban, home-based client with CVA client as opposed to rural, home-based client with CVA)?

3.4. Ability to respond to the changing health care environment (community-based practice, Accountable Care Organizations, primary care, direct access, demographics, global health, etc.):

Positive

• Potential for increased recognition from other disciplines.
• Potential for increased opportunities to expand areas where OTs can work (emerging practice areas).
• Potential to work with OTA programs in emerging practice areas (fieldwork and practice side) through advanced evidence and scholarship.
• Potential increased opportunities to work in primary care (help to manage the care, not paid for the visit but paid for the outcomes).
• Potential if the OTA degree goes to bachelor’s level; will the OTA be able to fulfill the roles with a practice where that degree is the minimum?
• OTD opens up a lot of areas of opportunity for OT.
• Potential for more international experiences to work on global health (although challenging to set up and requires pre-planning to implement).
• Potential to demonstrate outcomes that we lower health care costs; justify salary to support paying back student loans.
• Potential for OTs to be seen as equal players in the future health care environment versus others have clinical doctorates and OT does not. We will be able to be the key players in these practice areas and with the changing settings in the ACA.

Negative

• Not everyone is at the same degree level (bachelor’s, master’s, OTD).
• Need more sustainability with experiential practice and ongoing services of OT in community services (versus drive-by research or going into a place only one time and not going back).
• Takes time and faculty/OT to build relationship with community-based practices/primary care settings in order to create ongoing partnerships.
• Experiential part is student directed; if the student does not want to focus on certain areas will the relationship with community sites continue?
• Potential of losing the richness of the experience/education of going to a postprofessional program and having real world experience as an OT, versus starting with an entry-level program.
• An international fieldwork/experiential experience is very expensive, on top of tuition.
- Barriers to making changes at the academic institutions (takes time to make proposal to change curriculum, then for state to review it, etc.).
- There are a number of different things we must accomplish within entry-level programs and there are limits to what we can accomplish in an entry-level program – there is only so much we can cover.

**Unanswered Questions**

- Where does OT have direct access? Did it change for PT when they transitioned to DPT?
- Are we wanting the terminal degree or the voice of OT to be heard (advocating for our profession)?
- How do we make our curriculum fluid enough to meet the needs of the health changes?
- Where do we fit/what is our role in this new health care paradigm? We need to answer this at the national level and spread it throughout the profession so those in practice are clear about their potential roles.
- How are we situating ourselves in a global market with OTD? Canada and other countries are still at BA/BS, so does this impact international OTs practicing in the U.S. as we have a shortage of practitioners?
- Comparative analysis of degree requirements and where these are mentioned in legislation and funding sources.
- Where does the profession fit in addressing human service needs in the community?
- OTA and insurance compensation—what will the bachelor’s degree do?
- ACOTE standards need to reflect these health care changes:
  - Need to have additional standards in our entry-level competency to support our practice in these emerging areas
  - Self-advocacy for the profession
  - Program development and evaluation
  - Self-direction
  - Funding the continuation of programs that we develop in new practice areas (grant writing)

**REPORT OUT**

A number of members provided comment at the open microphone during the report out session. These comments were consistent with those in the roundtable discussions. Issues related to fieldwork focused on the preparation of and qualification of fieldwork educators. At least two speakers requested creation of a full-time staff member in a leadership position at AOTA devoted to fieldwork. Similarly, comments on institutional infrastructure focused on capacity and the availability of qualified academics. There was concern about whether we will be able to get qualified and talented students for research doctorate programs when the clinical doctorate takes less time and money. One speaker asked if the profession is making the OTD experience harder than necessary, and asked that we start simple and look at existing programs and models.
A number of speakers spoke in favor of higher entry-level degrees to address the changes in health care delivery and policy. Issues related to increased autonomy and leadership were repeated. The discussion on cost benefit focused primarily on the increase costs to the students and the potential increased student debt that could influence job selection by new graduates.