2014 Joint Academic Leadership Councils & Academic Fieldwork Coordinator Meeting

OT ALC Networking Session Minutes
Friday October 24, 2014.
1:00 – 4:00 p.m.

Updates:

Program Growth:

<table>
<thead>
<tr>
<th></th>
<th>OT Doctoral</th>
<th>OT Master's</th>
<th>OTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited</td>
<td>5</td>
<td>146</td>
<td>175</td>
</tr>
<tr>
<td>Candidate</td>
<td>6</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Applicant</td>
<td>8</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>166</td>
<td>226</td>
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1 OT ALC Networking Session Minutes - Friday October 24, 2014 1:00 – 4:00 p.m.
BLS Occupational Outlook Handbook:

Percent change in employment, projected 2012-22:

- Occupational therapists 29%
- Health diagnosing and treating practitioners 20%
- Total, all occupations 11%
- Occupational therapy assistants 43%

Student Enrollment:

![Graph showing student enrollment from 2009 to 2013](image)

Graduates:

<table>
<thead>
<tr>
<th></th>
<th>Doctoral- OT</th>
<th>Masters- OT</th>
<th>OTA</th>
</tr>
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<tbody>
<tr>
<td>2009</td>
<td>88</td>
<td>3946</td>
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</tr>
<tr>
<td>2010</td>
<td>95</td>
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<td>2011</td>
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<td>2012</td>
<td>111</td>
<td>5164</td>
<td>4233</td>
</tr>
<tr>
<td>2013</td>
<td>108</td>
<td>5439</td>
<td>4313</td>
</tr>
<tr>
<td>5 yr growth</td>
<td>23%</td>
<td>38%</td>
<td>83%</td>
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Membership on the IOM Global Forum:

- [http://www.iom.edu/Activities/Global/InnovationHealthProfEducation.aspx](http://www.iom.edu/Activities/Global/InnovationHealthProfEducation.aspx)
- Interprofessional Collaborative Education/ Practice
- Community Based Practice
- Primary Care: Addressing health and wellness of individuals and populations- especially those with chronic conditions.
- Impact of technology on service delivery.
- Access and disparities.

Post-Professional Residency Program:

- 4/5 pilots completed
- 20 applicants for the first full cycle
- Changes in process
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- 20 applicants for the first full cycle
- Changes in process
- Brooks Rehabilitation Institute of Higher Learning- Geriatric
- Brooks Rehabilitation Institute of Higher Learning- Low Vision
- Brooks Rehabilitation Institute of Higher Learning- Neurologic
- Children’s Hospital, Los Angeles- Pediatrics
- Cleveland Clinic Children’s Hospital- Pediatrics
- Creighton University- Pediatrics
- Duke University Hospital- Phys Rehab
- Keck Medical Center of USC- Phys Dis
- Kessler Institute for Rehabilitation- Phys Rehab
- Moss Rehab- Phys Rehab
- Institute on Development & Disability (IDD) at Oregon Health & Sciences University (OHSU)- Pediatrics
- OrthoCarolina - Hand
- Shepherd Center - Phys Rehab
- Stanford Hospital and Clinics - Hand
- UNC Health Care - Burns
- Fairview Health Systems, Fairview Hand Center, and University of Minnesota - Hand
Looming OT Faculty Shortage:

Andrea R. Bilics, PhD, OTR/L, FAOTA & Julie McLaughlin Gray, PhD, OTR/L

- Institutional demand for doctorally-prepared faculty
- Increasing number of OT education programs
- Potential move to entry OTD

**Percent of Faculty over 50**

- **COE charge:** To secure a commitment from program directors to identify 3 students a year that demonstrate the potential and attributes to be future educators or that have demonstrated interest in an academic/educator career.
- Discussion on strategies to identify potential educators in the entry-level programs. General consensus that this project needs further development and is key to addressing concerns related to faculty capacity.
- Julie McLaughlin Gray, PhD, OTR/L to take feedback to the COE.
COE Updates:

- **New members:**
  - Kim Qualls: OTA educator
  - Kate McWilliams: ASD representative
- **Documents under Review:**
  - The Philosophical Base of Occupational Therapy Education
  - Fieldwork Performance Evaluation
  - Descriptive Review of Occupational Therapy Education
  - Important of Occupational Therapy Assistant Education to the Profession
- **New papers:**
  - Position paper: Importance of interprofessional education in entry-level education
  - Position paper: importance of content on primary care in entry-level education
- **Completed Projects:**
  - Development of the Research Agenda for OT Education
  - Survey of stakeholders on the purpose and format of FW Level I
- **Current Projects:**
  - Dissemination of the Research Agenda for OT Education
  - Development of a FW level I common assessment tool
  - Resource material on the role of FW level I
  - Development of fieldwork competencies
- **New:**
  - Promotion of the Blueprint
  - Development of a plan to recruit, develop and retain OT educators

**Report from Julie Bass – Director of Research, AOTF**

- Update on intervention grants, research resources e-newsletter, St. Catherine’s challenge, Wilma West Library, AOTA/AOTF research collaboration (intervention research) moving forward, AOTF conference events, future issues (what does it mean to have a science of OT; how do we assure that we grow scientists and researchers; what is our culture and language).

**Education Summit – identify themes of interest:**

- Outcome driven education
- Aligning outcomes with assessment
- Interprofessional Education
Discussion on the Entry-Level Degree:

Call for access to information and data to support Program Directors and Chairs as they submit documents to University/College/State offices to support entry OTD.

Information and data base needs/concerns:

1. Does the degree (OTD) produce the desired outcomes?  
   How do we know (data from existing OTD entry programs)?  
   What are the “new” competencies?

2. Debt and Diversity.  
   Does diversity in applicant pool changed with OTD? Has it changed with other discipline movement to clinical doctorate?  
   What kind of funding is needed to bring more diversity into OT?  
   What is the increased loan debt for the OTD graduate compared to EMOT graduate?

3. Cost benefit analysis.  
   What are the key assumptions?  What are the data sources? Should we compare across OT, PT, Pharmacy?  
   What is the credit difference master’s to clinical doctorate?  
   How does the transition to clinical doctorate differ across state and private institutions?  
   Who are the marque institutions in each of the above categories?  
   Educational Institutions will need data that includes:  
   Student need for this kind of education.  Where will students come from?  
   How will employee salaries change?  
   What will OTD practitioners be doing that will be different from master’s prepared clinicians?  
   What is the rationale for this move in context of the changing health care environment?  
   What are the state approval drivers about workforce?

4. Will OTD preparation increase the knowledge gap between the consumer and provider?
Does the clinical doctorate provide more tuition dollars to the institution? How is that leveraged against increase faculty time/resources to deliver state of the art education, advising, mentorship?

5. Academic Structure.
   What are the most readily achievable models for converting entry OT master’s programs to entry OTD?
   What would a 2,3,5 year plan to accomplish the change look like?

6. Does California have a pilot study to move OTA from AA to BS? Will this provide insight into the impact of changing this entry route?

7. What are the most effective methods for addressing AFWC and Adjunct faculty turnover?
   How do we provide the most effective support for these 2 groups when transitioning to OTD?

8. What are the desired outcomes?
   How do outcomes further the profession’s goals?
   Directly impact the profession’s clinical, educator, and researcher needs?
   Develop new arenas for practice?

9. Fieldwork/Experiential Requirements
   What will the increased expectations for students look like?
   Is this an opportunity to have more rural/global health opportunities?
   The 16 week experience = Residency/practicum/rotation
   Is practice ready to support and develop advanced skills in specialty areas?
   Will fieldwork sites feel threatened? Will they drop out?
   What does the new fw environment look like?
   What would a model look like with opportunities for residencies/rotations that included clinical, administrative, educational leaders?

10. Are there opportunities for the OT community to build websites that assures that important information (as listed above) is readily available (new models).

11. Do we need a FW Czar in AOTA?
    Do we need an advisory board comprised of fw coordinators elected from each state?
    Do we need to specify training and CEU requirements for clinical FW educators?
    How does participating in interprofessional models of fw education decrease the burden on clinical and other training sites?

12. Does ACOTE need to clarify to Health Professions Deans new professional and educational goals?
Summary:
The OT program director members of the ALC are asking for a task force that will make recommendations and collect resources, generate reliable data, develop key talking points based on the collective information that is available to date. In addition, recommendations regarding revisions to ACOTE standards, the need to recognize the importance of OTD, PhD, EdD and other doctoral preparation is essential for the growth of the profession. Recommendation regarding a national plan for the appropriate movement and timing of movement to clinical doctoral education across all institutions is needed. Should all go? Should some remain at entry masters degree? Why? For how long? Should there be bridge programs?

Task force member recommendations:
- Representation across types of programs including:
- Schools that have successfully made transition
- Schools that began as OTD entry programs
- Small and large private, small and large state, small and large research intensive.
- Several educators with experience volunteered to participate in on the task force.

A second (sub) task force was also recommended to model the 16 week residency/practicum/rotation. Educators with experience volunteered to participate.