Introduction

At its **November 4–5, 2016,** meeting, the **AOTA Board of Directors** reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.

AOTA convened an **Ad Hoc Committee** for a 2-day, face-to-face meeting in Bethesda, MD, on **February 6–7, 2017**.

At its **February 17–18, 2017,** meeting, the **AOTA Board of Directors** reviewed the report of the Ad Hoc Committee. After considerable discussion and questions, the Board of Directors voted to take the following actions:

1. Moved to accept the Fieldwork (Experiential) Ad Hoc Committee's report to the AOTA Board of Directors as written.
2. Charged the AOTA President to write to the ACOTE Education Standards Review Committee (ESRC) endorsing the Ad Hoc Committee's recommendation to change the current Level I Fieldwork Standards to reflect the Ad Hoc Committee's recommendations for the "Initial Experiential Learning Requirement" in the 2017 Standards as outlined in the report.
3. Charged the AOTA Executive Director to develop a report for the AOTA Board of Directors' October 2017 meeting detailing the potential impact and costs of implementing the proposed model for experiential learning that includes a post-graduate residency for graduates of entry-level programs for occupational therapists. The report should include, but not be limited to,
    1. Costs and timeline for advocating to state regulatory agencies for a provisional license model;
    2. Residency program requirements, competencies, and development costs;
    3. Design, costs, and timeline for a feasibility and pilot study for the proposed model.

Note. There was a considerable discussion regarding the recommendation for a post-graduate residency requirement for occupational therapy assistant graduates. Ultimately, the AOTA Board of Directors voted not to pursue this recommendation at this time. Consensus was reached that the model for occupational therapists and occupational therapy assistants do not need to be the same due to the different levels of educational preparation and scopes of practice. The following report includes the full findings and recommendation of the Ad Hoc Committee. The recommendations that will not be pursued have been marked by ~~strikethrough~~ in the text of the report.

Fieldwork (Experiential Learning) Ad Hoc Committee Report and Recommendations to the AOTA Board of Directors

Executive Summary

At its November 2016 meeting, the AOTA Board of Directors reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet the occupational needs of society.

AOTA convened an **Ad Hoc Committee** for a 2-day, face-to-face meeting in Bethesda, MD, on February 6–7, 2017. The Committee was charged by the Board to "*Explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.*" The meeting addressed the following 4 primary objectives:

- **Objective 1:** Identify the strengths and weaknesses of the current experiential requirements (including fieldwork) for occupational therapy education.
- **Objective 2:** Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.
- **Objective 3:** Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).
- **Objective 4:** Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.

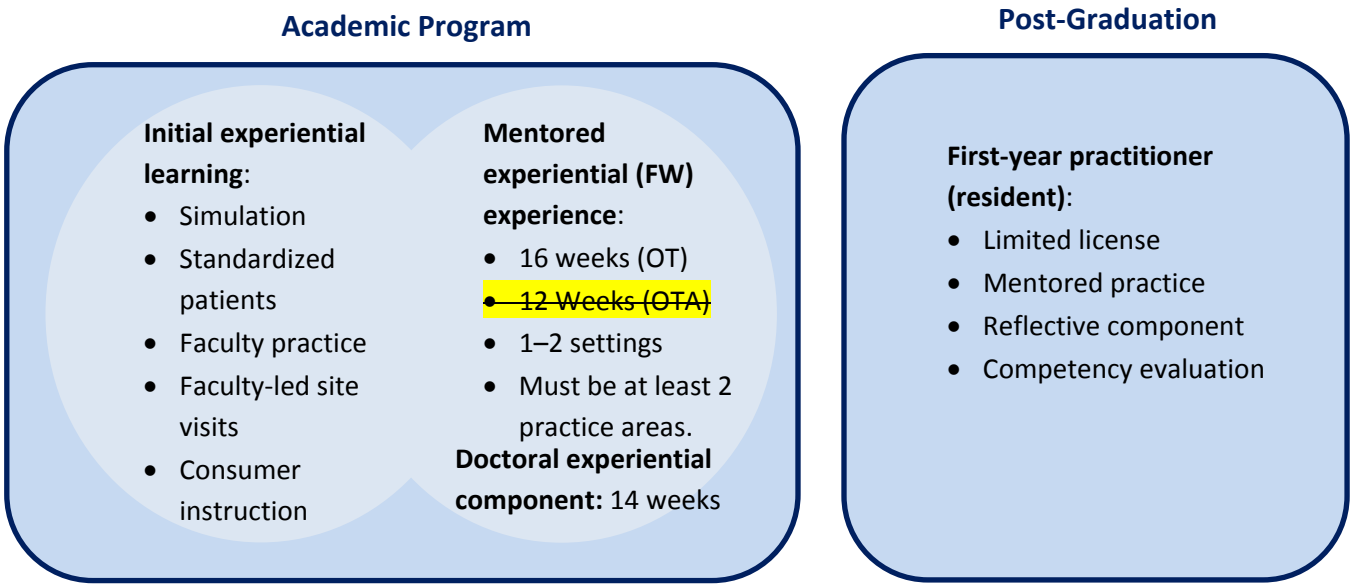
Recommendations

The committee is proposing a **NEW MODEL** of experiential education for occupational therapists and occupational therapy assistants that includes the following key elements:

- **Experiential Education Within the Academic Program:** Reduce the number of hours in mentored practice settings (Levels I and II fieldwork), and increase the amount of experiential instruction utilizing simulation, standardized patient encounters, and faculty-led practice experiences. The primary objective of experiential education within the academic program is to transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions.

- **First-Year Practitioner (Residency)**: Creation of a post-graduate first-year practitioner (resident) program within the practice community for occupational therapy ~~and occupational therapy assistant graduates~~. Graduates would have completed the certification exam and be practicing under a limited license until completion of the residency. The primary objective of the first-year practitioner (resident) program is to transition the graduate from resident to independent novice practitioner.

This reports details the deliberations of the Ad Hoc Committee and rationale for the recommendations.



Objective 1: Identify the strengths and challenges of the current experiential requirements (including fieldwork) for occupational therapy education.

Staff and content experts presented information to the committee members on the following:

- Overview of the current education requirements for experiential learning at OTA (Associate's/Bachelor's) and OT (Master's and Doctorate) programs;
- Trend data on occupational therapy education; and
- Higher education policy issues impacting occupational therapy education.

Key Findings

- Rapid growth has occurred in academic programs and in the numbers of OT and OTA students.
- There were 21,431 **Level II** fieldwork placements in 2015.
- A limited number of qualified faculty and practitioners are available to support experiential learning requirements.
- Health care delivery systems and models are changing.

Identified Strengths

- The faculty and practitioner community are committed to education and preparation of entry-level practitioners.
- The current fieldwork Level II enables students to be mentored by experienced practitioners in current practice.

Identified Challenges

- Number of qualified fieldwork sites:
    - A limited number of sites and practitioners are available to meet the growing needs of students.
    - A limited number of practitioners are qualified and prepared to be fieldwork educators.
    - Current fieldwork sites are located primarily in traditional medical and residential facilities (e.g., hospitals, long-term care facilities).
    - The current focus of fieldwork placements is on disease management.
- Cost/benefit of fieldwork:
    - Pressures exist to meet productivity and other practice demands.
    - Reimbursement policies do not allow for reimbursement of services delivered by students in all settings.
- Disconnect between education and practice:
    - Many faculty members are disconnected from current practice demands.
    - Many practitioners are not familiar with current education priorities (e.g., interprofessional education [IPE]).
    - Employers note that new graduates need extensive mentoring for first 6–9 months.

- Lack of outcomes on the current experiential learning model:
  - No evidence exists to demonstrate if the current 24/16-week model adequately prepares entry-level practitioners.
  - Entry-level expectations for practitioners can vary between academia versus employers.
- Not addressing the lack of diversity in the profession:
  - Few fieldwork placements occur in settings addressing the needs of underserved populations.
  - A lack of diversity exists in faculty and practitioners.

Objective 2: Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.

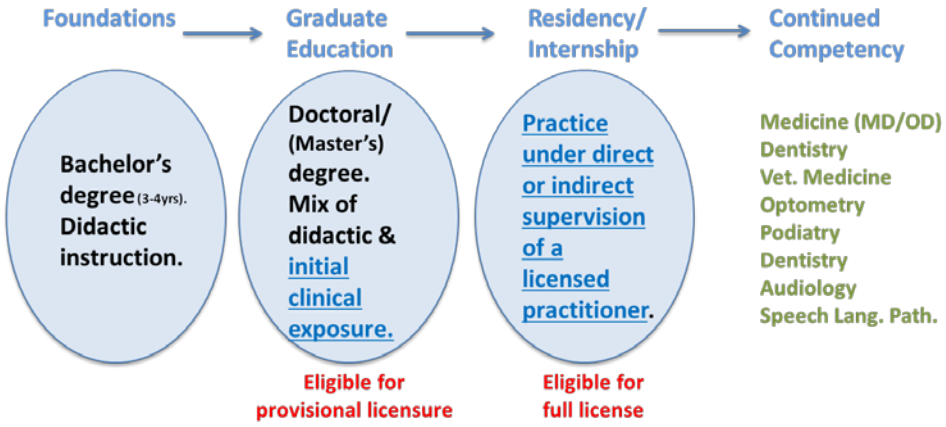
Staff and content experts presented information to the committee members on the following**:**

- History of experiential learning in other health professions and alternative models
- Current discussions in physical therapy and nursing
- Role of simulation and standardized patients.

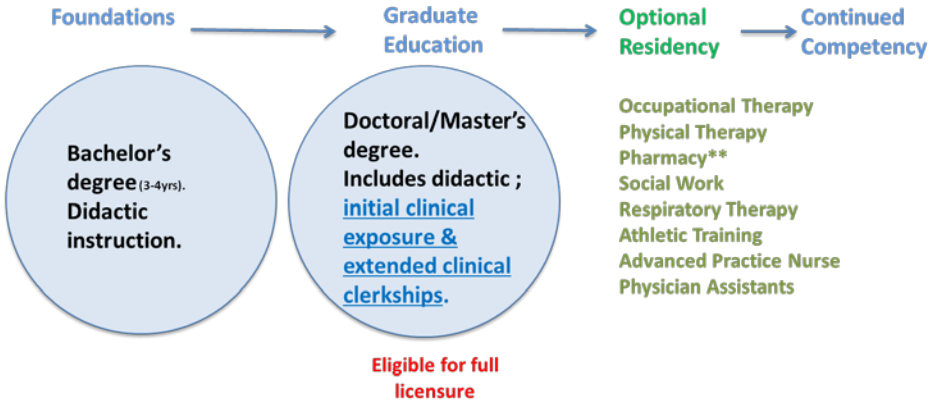
Key Findings

- Graduate models of health care education

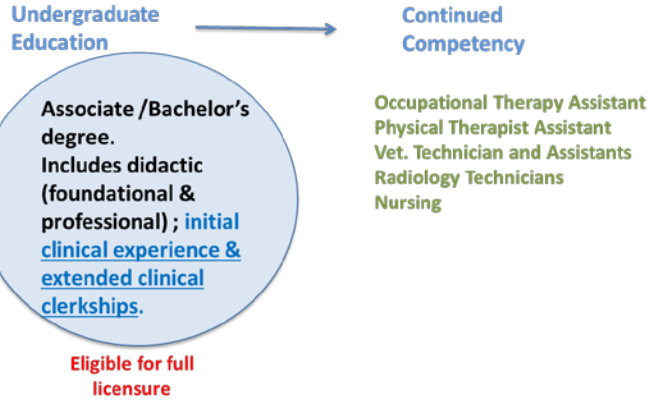
Model A



Model B



- Undergraduate model of health care education



- Simulation:
  - The simulation delivery models are consistent with learning theories used in the OT program curriculum designs.
  - There is a growing role for simulation and standardized patient experiences in the experiential learning model.
  - Outcome data indicates no statistical difference in outcomes for students in several health professions when simulation was used to replace clinical hours.
- Other models:
  - Faculty-led clinical experiences (nursing)
  - Faculty practices
  - Consumer instruction.

What can we learn from other professions that could address our biggest challenges faced by the profession in meeting the experiential requirements for occupational therapy entry-level education?

- Progressive experiential learning:

    - Support for the concept that each stage of the experiential learning model should build on the competencies developed in the previous stage.
- Simulation:
    - Evidence clearly supports the use simulation and standardized patients in the development of foundational practice competencies (currently Level I fieldwork).
- Faculty-led experiential learning activities:
    - Ideally, these activities are included as part of the development of foundational practice competencies (currently known as Level I fieldwork).
    - Opportunities are created for faculty to spend more time in and obtain exposure to the current practice environment.
    - Opportunities are created for practitioners to interact with faculty and learn about current educational trends (e.g., evidence-based practice, knowledge translation, IPE).
    - There would be a decreased demand on fieldwork sites to develop activities.
- Post-graduate residency (first-year practitioner):
    - This model has been successful in several of other professions (e.g., audiology, medicine, optometry, podiatry).
    - Pressure is reduced on both academic and practice environments for fieldwork placements.
- Training needs:
    - More web-based learning opportunities for fieldwork educators are needed.

Objective 3: Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).

Staff and content experts presented information to the committee members on the following:

- Implications for accreditation
- Implications for certification
- Implications for licensure
- Implications for the practice community (fieldwork sites)
- Implications for the education community
- OTA vs. OT.

Key Findings

- Accreditation:
    - Any alternative model mandated across all educational programs would require changes in the ACOTE standards.
- Certification:
    - No impact on the NBCOT certification exam is foreseen with any alternative model.
- Licensure:

    - Significant potential impacts could occur depending on each state's practice act; many states require only graduation from an ACOTE-accredited school and NBCOT certification, but some also stipulate experiential requirements.
    - A post-graduate/certification requirement would require a "provisional license," which would mean potentially revising many of the states' practice acts.
- Practice community:
    - Changes in the experiential requirements would impact the demands on the practice community. The exact impact is dependent on the model finally adopted by the profession. For example, a post-graduate residency would require practices to develop "resident" positions.
    - A post-professional requirement (residency) would require enough placements being available and developing additional opportunities for placements.
- Education community:
    - A post-professional requirement may require changes in credit load, just when many professions are trying to decrease costs through decreasing credit load.
    - The question remains whether a residency program requires an education program to limit the number of students.
- OTA vs. OT:
    - Consensus was reached that the model for both OTs and OTAs do not need to be the same due to the different levels of educational preparation and scopes of practice.

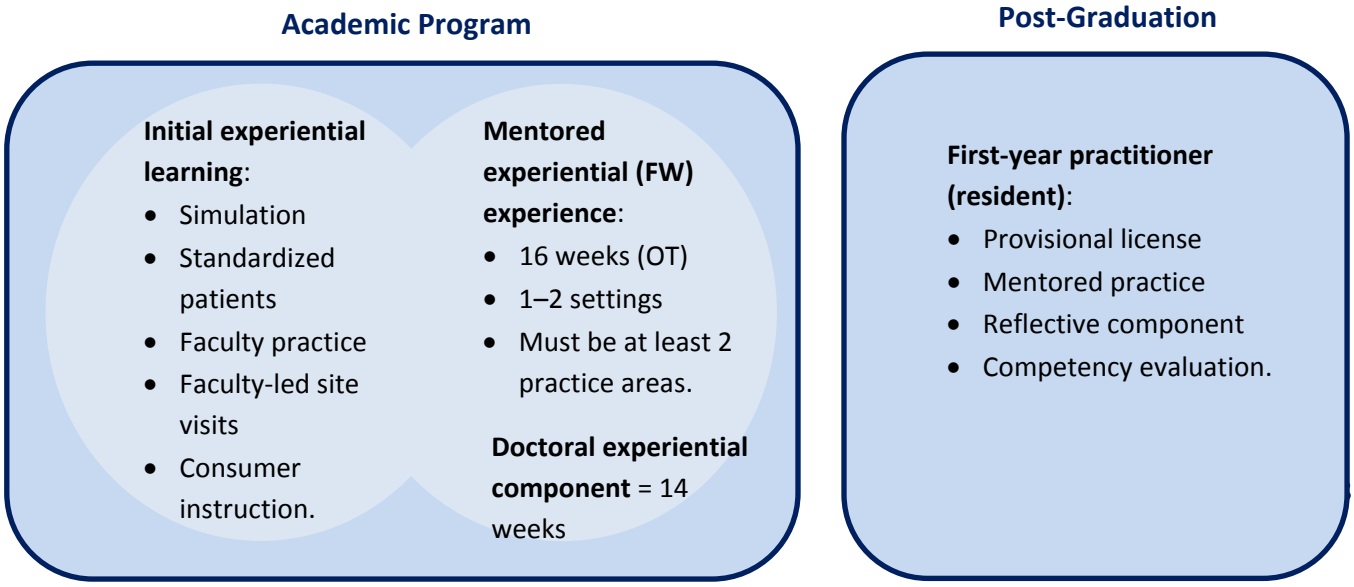
Objective 4: Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.

Ad hoc committee members divided into small groups to work on the following 2 questions:

- What would be the key elements in a new model for experiential learning in entry-level education for OTs? OTAs?

Recommendations

- Move to a model of experiential learning for **OCCUPATIONAL THERAPISTS** that includes a post-graduate residency:



Experiential education within the academic program: Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in

- Evaluation and formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference
- Safety in direct care encounters
- Documentation demonstrating the distinct value of OT
- Ethical and professional behaviors
- Therapeutic use of self
- Communication of OT's role with clients and stakeholders
- Self-reflection of professional skills and development.

First-year practitioner: Transition the graduate from resident to independent novice practitioner. The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:

- Direct care provider
- Consultant
- Educator
- Leader/manager
- Researcher/scientist
- Advocate for the profession and the consumer.

- Move to a model of experiential learning for **OCCUPATIONAL THERAPY ASSISTANTS.** ~~that includes a post-graduate residency~~

Academic Program

Initial experiential learning:

- Simulation
- Standardized patients
- Faculty practice
- Faculty -led site visits
- Consumer instruction.

Mentored experiential (FW) experience:

- ~~12 weeks~~
- 1–2 settings
- Must be at least 2 practice areas.

Post-Graduation

~~**First-year practitioner (resident):**~~

- ~~Provisional license~~
- ~~Mentored practice~~
- ~~Reflective component.~~

~~**Experiential education within the academic program:**~~ ~~Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in~~

- ~~Under the supervision of and in cooperation with the occupational therapist, implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference~~
- ~~Safety in direct care encounters~~
- ~~Documentation demonstrating the distinct value of OT~~
- ~~Ethical and professional behaviors~~
- ~~Therapeutic use of self~~
- ~~Communicate OT's role with clients and stakeholders~~
- ~~Self-reflection of professional skills and development.~~

~~**First-year practitioner** Transition the graduate from resident to novice practitioner. The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:~~

- ~~Direct care provider~~
- ~~Educator~~
- ~~Advocate for the profession and the consumer.~~

Ad hoc committee members divided into small groups to work on the following questions:

- Who would be the key stakeholders in a new model for experiential learning?
- What are the implications for each stakeholder?
- What are the potential timelines?

Findings

- **Stakeholders and implications:**
  - Students:
    - Ensures ALL graduates receive mentoring in the first year of practice
    - Empowers graduates to be a generalist and develops pathways to specialist
    - Is there an impact on tuition? Is the starting salary potentially less?
  - AOTA:
    - Guidelines for first-year practitioner (residency) program
    - Recognition program
    - System for developing and matching graduates to first-year practitioner (residency) program
    - Regulatory/reimbursement/policy implications: Lobbying state legislatures.
  - ACOTE:
    - Support change to entry-level standards.
  - State associations:
    - Guidelines for limited practice statutes
    - Resources for regulation change.
  - State regulatory agencies:
    - Support the model through limited license provisions.
  - NBCOT:
    - Possible changes to foreign graduate review process.
  - Academic programs:
    - Training faculty on simulation
    - Decrease in fieldwork tuition
    - Potential increase in faculty hours currently devoted to fieldwork
    - Greater involvement of faculty in practice environments.
  - Providers:
    - Change in staffing patterns
    - Possible title, salary, and electronic medical records changes
    - Implications for increased quality through improved link between academic programs and school environments.
  - Payers
    - Implications of a limited practice license for CMS, school systems, etc.

- **Timelines:**
  - Short term:

- Recommend removal of current Level I fieldwork requirements from the proposed 2017 ACOTE standards (implementation date July 1, 2019), and substitute the recommended "Initial Experiential Learning Requirements" with examples of how these may occur (e.g., simulation, faculty practice).
- Implement a pilot program for 8 OT programs ~~8 OTA programs~~ under the **proposed model** starting in academic year 2018–2019. Data will be utilized to support the new model. Pilot programs will reflect diversity in geographical location, host institutional mission, and degree level.

- Long term:
  - Recommend changes in the experiential requirements in the 2023 ACOTE standards (implementation date July 1, 2025) to reflect the proposed model.
  - Implementation of the **proposed model** across all programs in academic year 2025–2026.

Ad Hoc Committee Participants:

Hazel Breland	PhD, OTR/L, FAOTA	Education/AFWC	SC
Regina Doherty	OTD, OTR/L, FAOTA, FNAP	Education	MA
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Donna Heinle	OTD, OTR/L, BCPR	Practice	MN
Sarah Heldmann	COTA/L	Practice/Recent Graduate	OH
Kim Kearney	COTA/L	Practice	CO
Cambey Mikush	OTD, OTR	Practice/Recent Graduate	OR
Cheryl Miller	DrOT, OTR/L	Practice	FL
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