LETTERS TO THE EDITOR

GRE Is Not an Admission Screen
In response to “Prediction of Academic and Clinical Performance of Occupational Therapy Students in an Entry-Level Master’s Program” (AJOT, October 1997), I have criticism of the methodology. The use of the Graduate Record Exam (GRE) as a measure of potential performance in an entry-level master’s program is flawed by the very nature of such a program. By definition, an entry-level master’s program attracts the nontraditional student. Many of these students have been out of school for a number of years before applying for admission to an occupational therapy program. The Educational Testing Service has stated that the GRE is not a valid measure if the student has been out of school for more than 10 years.

The use of the GRE as an admission screen is inappropriate in these cases. If not corrected for, this study’s results are brought into question because of the use of an invalid measure for the study population. It would be appropriate to apply this study’s results only to those students who have been out of school for less than 10 years. An interesting demographic breakdown would be to look at any correlation between the length of time since graduation from the bachelor’s program and admission to the master’s program.

Joe Barry, MS, OTR/L
Norwich, CT

Author’s Response
Because Mr. Barry does not cite a source for his claim, we contacted Educational Testing Service via e-mail message. Their response was that scores that were more than 5 years old could not be considered valid (GRE agent 4, personal communication, October 15, 1997). We are unaware of research that indicates that the GRE is not a valid predictor for students who have been out of school for several years, although there has been some evidence to suggest that regression equations that are based on different age groups may differ (e.g., House, 1989). In any event, Mr. Barry’s claim presupposes the answer to the very question that this study was intended to address, whether the GRE is a valid predictor of success for students in a master’s-level occupational therapy program. We found that it is.

Grace L. Kirchner, PhD
Margo B. Holm, PhD, OTR/L, FAOTA
Tacoma, WA

Reference

Confusion About Aides Versus COTAs
The main point of Gurman and Mottora’s article, “The Issue Is—Applied Scientific Inquiry: An Answer to Managed Care’s Challenge?” (AJOT, September 1997) is that occupational therapy must do the research to prove that it is a skilled service with treatments that really work. This point has been made before, and who can argue with it? The authors’ suggestion that academic researchers enlist clinicians to help with this task is good, and their explanation of the six components of cost-effectiveness was informative and useful.

My concern is with the authors’ discussion of a group of persons variously referred to as “a skilled technical aide,” “rehabilitation aide,” “multiskilled technicians and aides,” “technical aides,” and simply “aides.” Is that me you are talking about? Or do you really mean aides—and if you do, what about us COTAs? It particularly disturbs me that both authors work in my home state of New York where the Occupational Therapy Practice Act specifically prohibits aides from performing occupational therapy treatments. Misrepresentations like this are the best argument anyone could make for a COTA name change. We are technical-level practitioners, who are these “technical aides?”

Furthermore, I think the authors should have included COTAs among the clinicians who could be enlisted to collect data for applied research because our technical-level education prepares us to administer standardized assessments. The American Occupational Therapy Association has been making an effort over the past few years to reach out to COTAs, the profession’s so-called minority group.” As part of this effort, AJOT articles of this type should address the role of the COTA as well as that of “therapists and aides.”

Diane E. Muller, COTA
Whitestone, NY

Orthodox Practices Clarified
It is refreshing to see a renewed appreciation of the role of spirituality in occupational therapy, with both AJOT and its Canadian counterpart devoting full editions to the subject. Because many readers will be referring to these articles in the future, we would like to draw your attention to some problems in one recent study, “Jewish Spirituality Through Actions in Time” (AJOT, March 1997).

First, the wording of a statement on page 205 gives the impression that there are almost 6 million Orthodox Jews in the United States and more than 4 million in Israel. These figures actually represent the total number of Jews of all backgrounds living in these countries, of which Orthodox Jews comprise only a small fraction.

Second, a paragraph on page 205 gives the impression that the major denominations of Judaism share a belief that G-d’s will is “realized through fulfillment of mitzvot and the sanctification of our technical-level education prepares us to administer standardized assessments. The American Occupational Therapy Association has been making an effort over the past few years to reach out to COTAs, the profession’s so-called minority group.” As part of this effort, AJOT articles of this type should address the role of the COTA as well as that of “therapists and aides.”