A Perspective on Occupational Therapy Education

H. Kay Grant

The Commission on Education (COE) is designated in the Bylaws of AOTA as one of the standing commissions of the Representative Assembly (RA) (1). Its purpose is to promote the quality of education and educational standards for occupational therapy assistants. To accomplish this purpose, the COE's functions include the following:

1. developing, interpreting, and reviewing educational standards (the ESSENTIALS) for technical and professional education;
2. providing consultation for developing and ongoing technical, professional, and graduate programs;
3. reviewing and editing documents about education;
4. developing and implementing continuing education opportunities for educators;
5. reporting to the RA.

The COE comprises representatives from each technical, professional, and advanced professional educational program. Each program has one academic, one student, and one clinical representative. There are currently 55 approved technical education programs, 56 accredited professional educational programs, and 22 postprofessional educational programs, bringing the total of the COE to 399 members. During 1982 there were 9,848 students and 714 faculty engaged in technical, professional, and postprofessional occupational therapy educational programs, along with approximately 904 graduates from technical programs, 2,068 from professional programs, and 329 from postprofessional programs (2).

H. Kay Grant, PhD, OTR, FAOTA, is Chair, Commission on Education, and Director, Occupational Therapy Division, School of Allied Medical Professions, The Ohio State University, Columbus, Ohio.

Factors Affecting Our Educational Programs

Many critical issues have profound implications for the future of occupational therapy educational programs. A full discussion of the social, political, and economic factors influencing American higher education is beyond the scope of this discussion. However, I believe the following three factors about the position of occupational therapy educational programs within institutions of higher education are particularly important for members of AOTA to understand:

1. the place of vocational education in colleges and universities;
2. the similarities and differences between our occupational therapy educational programs and other allied health educational programs;
3. the ongoing debate as to whether professional organizations, such as the AOTA may set standards for the level of education that is required prior to entering practice.

Each of these factors is a current area of debate, none have definitive solutions, and all must be acknowledged as having an effect on our educational programs.

Because occupational therapy professional education has been associated for so long with bacca-
laureate degree-granting institutions, we take our undergraduate professional degree programs for granted. Others in our universi-
ties may believe that what we identify as professional education is vocational training. Some ob-
servers of American higher edu-
cation decry vocationalism in the universities, believing that the
elevation of occupations to the
status of professions by placing them in the university curriculum diminishes the real mission of the university.

On a recent trip, a professor of physics whose work is devoted to
theoretical research and graduate teaching gave me a 60-minute ex-
planation of why the applied professions should be removed
from universities and placed in technical schools. I mention this
incident, not because I agree with the point of view—I emphatically
do not—but to highlight that we are still engaged in a day-to-day
debate about the usefulness and credibility of applied professional
programs in the universities.

As an antidote for the com-
ments of those who criticize the movement of such professional
education as occupational therapy into universities, consider the fol-
lowing: In the 1900s, the median
prerequisite for entrance to law school was an eighth-grade edu-
cation; to medical school one year of high school, and to theology
school one year of college (5).

The tacit identification of occupa-
tional therapy with the allied
health professions poses another
educational problem, that of confu-
sion in the entry-level require-
ments. The educational levels at
which many of our colleague-
allied health groups certify mem-
ers to enter practice vary. For
example, in respiratory therapy,
graduates of either technical or
baccalaureate educational pro-
grams obtain the same entry-level
certificate to practice. In addi-
tion, some groups define their
educational requirements in bac-
calaureate level programs to in-
clude not only entry practice
competence, but also competence
as specialist practitioners,
teachers, and supervisors. That
view is in marked contrast to the
occupational therapy belief that
practice specialization, teaching,
and administration require ad-
vanced education. Because we are
identified with the allied health
professions, we may also be as-
sumed to have a variety of de-
grees leading to a single practice
credential. Our identification by
the public as one of the allied
health professions poses special
concerns, and we must sharply
delineate and carefully document
the differences among our tech-
nical, professional, and post-
professional practice competen-
cies.

Developing and monitoring edu-
cational standards is a tradi-
tional way for professional or-
ganizations to maintain or upgrade professional practice. Selden
identified a conflict between the
need of professionals for a group
that represents their economic,
political, and social interests and
the public stance taken by profes-
sional organizations that their
primary emphasis is on ethical,
educational, and scientific aspects
of professional practice (4). Al-
though Selden’s observation was
published more than a decade
ago, it continues to challenge the
intentions of professional organi-
zations as their members set stan-
dards for educational levels.
Critics voice two major areas of
concern about educational stan-
dards set by professional organi-
zations: first, that academic de-
gree levels specified by profes-
sional organizations are too high,
and second, that educational
standards are not sufficiently re-
lated to practice demands. The
Midwest Association of Allied
Health Deans has recently
adopted a position statement ac-
knowledging collaboration be-
tween professional organizations
and educational institutions that
includes the following point of
view:

 . . . the profession has a major
role in identifying those competencies
essential to a qualified practitioner.
The academic institution has the
major role in determining the appro-
priate educational level at which those
competencies may be attained and
consequently, the appropriate degree/
certificate to be conferred. (5, p 1)

Each of the factors above de-
serves and has received fuller dis-
cussion elsewhere in the litera-
ture. This overview simply high-
lights a few of the forces
currently affecting occupational
therapy educational programs.

Recommendations For
the Future

The following recommendations
for the future of occupational
therapy education are based on
my beliefs and are offered as my
own professional perspective
rather than as a perspective of
the COE.

The faculty members of occu-
pational therapy education pro-
grams are the primary sources of
educational change and program
quality. The development, selec-
tion, and retention of faculty
members with appropriate aca-
demic credentials for competitive
careers in universities and col-

644 October 1984, Volume 38, Number 10

Downloaded From: http://ajot.aota.org/pdfaccess.ashx?url=/data/journals/ajot/930490/ on 03/15/2018 Terms of Use: http://AOTA.org/terms
Departments are critical to the well-being of occupational therapy education.

Recommendation 1. Academic faculty must make the identification of students and new graduates with potential abilities for teaching and advanced studies a deliberate and routine part of occupational therapy educational programs.

Whereas faculty in many other academic areas of higher education complete their academic credentials at least to the doctoral level in the three to five years following a baccalaureate degree, occupational therapy as a profession has maintained an attitude that clinical experience is more important than advanced study for both academicians and clinicians. This attitude serves to delay the advancement of professional knowledge and to produce relatively few individuals with academic credentials that are competitive within institutions of higher education.

Recommendation 2. What appears to be discrimination against early graduate study by admissions committees, academicians, clinicians, and the profession at large should be modified, and able occupational therapy students should be encouraged to undertake advanced studies immediately after their entry-level professional education.

Academic faculty have no particular place in the structure of AOTA. Functionally, the AOTA, although dependent on educators for the dissemination of changes in practice, has provided no forum in which the activities of academic faculty are addressed by faculty members.

Recommendation 3. A center or forum for occupational therapy faculty in technical, professional, and postprofessional education should be formed within the AOTA. Such a center should be designed to promote the advancement of knowledge, the improvement of instruction, and the encouragement of collegial exchange of views among faculty members of occupational therapy educational programs.

Studies of occupational therapy practice, using task analysis and task inventory, led to the 1981 adoption of an AOTA policy that sets the resultant role delineation as the basis for standards of both practice and education. This action has the potential to cause a shift from the historical emphasis on the theoretical and empirical foundations of practice as the basis for selection of content in professional educational programs toward a how-to approach for content selection.

Recommendation 4. The role delineation adopted in 1981 by the RA should serve as a statement of practice competencies expected of entry-level occupational therapy assistants and occupational therapists. Because the role delineation addresses processes used in occupational therapy practice and does not specifically address theoretical or empirical foundations on which practice is based, it should not be construed as a statement of the content of professional education.

The role delineation is a powerful public statement about the degree to which the members of the AOTA acknowledge differentiation of the appropriate roles of entry-level occupational therapy assistants from the appropriate roles of entry-level occupational therapists. If little differentiation of entry-level competence can be discerned in our own Association statement of role delineation, then we have inadequate grounds on which to continue our current practice of supporting both technical and professional educational programs.

Recommendation 5. The Association must re-examine the differentiation between the technical and professional entry-level roles described in the role delineation. The RA must carefully assess whether the present role delineation policy is an accurate statement of our beliefs about differences between technical and professional competence.

Conclusion

In this discussion, I have focused on only some of those aspects of occupational therapy education that involve academic institutions and faculty members. The linkage between academic and clinical education, the characteristics of our students, and the ways in which educational change may occur are additional important aspects of occupational therapy education that warrant future discussion.

REFERENCES