NATIONALLY SPEAKING

A Perspective on Occupational Therapy Education

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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).

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 universities may believe that what we identify as professional education is vocationa training. Some observers of American higher education 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 explanation 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 comments of those who criticize the movement of such professional education as occupational therapy into universities, consider the following: In the 1900s, the median prerequisite for entrance to law school was an eighth-grade education; to medical school one year of high school, and to theology school one year of college (3).

The tacit identification of occupational therapy with the allied health professions poses another educational problem, that of confusion in the entry-level requirements. The educational levels at which many of our colleague-allied health groups certify members to enter practice vary. For example, in respiratory therapy, graduates of either technical or baccalaureate educational programs obtain the same entry-level certificate to practice. In addition, some groups define their educational requirements in baccalaureate level programs to include 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 advanced education. Because we are identified with the allied health professions, we may also be assumed to have a variety of degrees 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 technical, professional, and post-professional practice competencies.

Developing and monitoring educational standards is a traditional way for professional organizations 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 professional organizations that their primary emphasis is on ethical, educational, and scientific aspects of professional practice (4). Although Selden's observation was published more than a decade ago, it continues to challenge the intentions of professional organizations as their members set standards for educational levels. Critics voice two major areas of concern about educational standards set by professional organizations: first, that academic degree levels specified by professional organizations are too high, and second, that educational standards are not sufficiently related to practice demands. The Midwest Association of Allied Health Deans has recently adopted a position statement acknowledging collaboration between 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 appropriate 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 deserves and has received fuller discussion elsewhere in the literature. This overview simply highlights 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 occupational therapy education programs are the primary sources of educational change and program quality. The development, selection, and retention of faculty members with appropriate academic credentials for competitive careers in universities and col-
Legs 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 to at least 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