An Occupational Therapy Refresher Course: A 5-Year Follow-up Report

Cheryl Meyers

Key Words: education, continuing

Objectives. The shortage of occupational therapists prompted the faculty of the program in occupational therapy at the University of Minnesota to develop a reentry (refresher) course.

Method. A questionnaire sent to all enrolled in the 2-week refresher course during a 5-year period revealed that three intended groups of therapists have benefited: those reentering practice, those considering a change to another area of specialty, and those updating their educational background.

Results. Respondents indicated that the course increased self-confidence, theoretical knowledge base, and ability to apply theory to practice.

Conclusion. Both reentering therapists and those changing specialty areas of practice reported positive employment outcomes.

In 1986, the American Occupational Therapy Association's (AOTA) Ad Hoc Commission on Occupational Therapy Manpower (Masagatani, 1986) documented three areas that required national action by the profession to meet work force requirements for the 1990s: (a) increase the number of occupational therapy personnel, (b) modify the characteristics of occupational therapy personnel to most effectively meet the needs of the population and changing service provision patterns, and (c) increase research and promotional activities aimed at expanding the availability of occupational therapy services to meet the needs of persons presently unserved or underserved. Four years later, an economic report to the governor of Minnesota also indicated an increasing demand for occupational therapists in health care (Minnesota Department of Trade and Economic Development, 1990). In addition to the personnel shortages, the AOTA's Ad Hoc Commission recognized that therapists needed to update their educational background to remain effective practitioners within changing systems of provision and reimbursement.

The faculty of the program in occupational therapy at the University of Minnesota responded to these national and local concerns and developed a reentry course that addressed the needs of therapists to update or refresh their knowledge and skills and their need to feel more self-confident when attempting to reenter professional practice. The refresher course for occupational therapists was designed for three groups: those reentering practice, those considering a change to another area of specialty, and those seeking to bring their knowledge base up to date. This 2-week course (10 full days) has been offered annually since 1987. Instructors include faculty members and clinicians.

Each 2-week course followed a similar structure that included lecture, lab experiences, and patient demonstration. Content area during the first week included anatomy, neuroanatomy, neurophysiology, evaluation principles, treatment planning, assessment procedures, documentation, and reimbursement. The second week addressed the areas of mental health, school therapy, sensory integration, neurodevelopmental treatment, and physical disabilities. Working therapists or those who had graduated within the previous 5 years were allowed to register for part or all of week 2 course topics without enrolling for week one. Faculty members promoted peer support and learning as well as providing their own support and social interaction to decrease anxiety and reinforce the self-confidence of participants.

We conducted a 5-year follow-up survey of participants in the refresher course to determine participant satisfaction, employment outcomes, and continuing education needs. The 5-year time frame was believed to be sufficient to reflect a cohort large enough to identify trends in the three areas.
Literature Review

Personnel shortage is not a new problem in occupational therapy or unique to this health care profession. In the 1960s, during an occupational therapy personnel shortage, federal dollars were made available for recruitment and reentry initiatives for therapists. As a result, AOTA developed a set of guidelines for the returnee, the teacher and mentor, and employers and sponsored two documented formal refresher courses in the late 1960s (AOTA Reactivation Task Force, 1991). AOTA also established an amnesty year in 1970, which provided the opportunity for therapists with lapsed certificates to return to the field without retaking the certification examination. This amnesty year allowed already educated and often experienced nonpracticing therapists to be reactivated into the profession.

Individual states also developed reactivation programs. Mirenda (1970) described a refresher course developed in Wisconsin focusing on mental health content. A Special interest group in Pennsylvania focusing on physical dysfunction was described by Labovitz (1978). Howard and Larsen (1977) reported on the 6-day refresher course in the physical dysfunction area offered at their private, nonprofit rehabilitation center. In rural England, Holmes and Rogerson (1985) developed a 10-week refresher course to meet their objective of regaining the professional interest of nonpracticing occupational therapists and encouraging their return to work. They scheduled the course during the school term and school hours because several of the 12 participants were parents of school-age children. The number of persons employed in the region increased from three before the course to nine at the end of the course.

Despite these examples, reactivation courses for occupational therapists have been few. Bailey (1990) surveyed occupational therapists who left practice and found that 261 of 696 respondents believed their knowledge was outdated and that more than half of the total were unable to find reactivation courses or on-the-job training opportunities. Furthermore, 87 respondents were concerned about competition with younger, currently trained therapists. Bailey, therefore, suggested that reentry programs be designed to build confidence as well as knowledge.

The issue of low confidence in reentry persons, among many reentry topics, has been addressed in the nursing literature. Authors have been united in their identification of a need for creating a supportive adult learning environment due to the participants' anxiety level, low sense of self-esteem and frustration with the loss of skills and rusty memories (Curran & Lengacher, 1982; Curtis & Schneidenbach, 1991; Kalnins, 1986; Schuldenfrei, 1991; Sharp & Frederick, 1990). Refresher courses have made a difference in returning a high percentage of nonpracticing nurses to practice (Brown & Waddell, 1988; Carter, 1992). This approach also worked for physical therapy. Rader and Clendenin (1991) found that 31% of 182 physical therapists who had attended a 2-week refresher course returned to practice.

Method

The 217 occupational therapists who had attended the refresher course at the University of Minnesota from 1987 through 1991 were the subject pool, whether they attended the entire 2-week course or portions of it. There were incomplete or inaccurate addresses for 19 therapists, leaving 198 subjects for the study.

A questionnaire was developed to address the content of the course and the social environment created by the instructors. It consisted of 14 forced-choice questions and 9 open-ended questions designed to gather information in the following areas: certification and licensure, knowledge of theory and practical application, feeling of self-confidence, employment outcomes, description of current employment, continuing education needs, and suggestions for improvement of the course and of ancillary services such as housing and food.

A questionnaire and a cover letter explaining the study were mailed to all 198 subjects. One month later, a second mailing was sent only to the full 2-week attendees who did not respond to the initial request. Because we believed the majority of them were reentering practice, we were particularly interested in these participants.

Results

Eighty-five (43%) of the 198 subjects returned questionnaires.

Licensure and certification. Forty-three therapists held a current state license in one of 24 states. Because the state of Minnesota does not yet require licensure, the greatest number of licensed respondents (12) were from Wisconsin, a border state. Year of original certification was indicated by 76 (89%) respondents, which permitted calculation of length of time from certification to attendance at the refresher course (see Table 1). Although the course is not designed as preparatory to the certification

<table>
<thead>
<tr>
<th>Table 1 Length of Time From Certification to Attendance at Refresher Course (N=76)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year of Attendance</strong></td>
</tr>
<tr>
<td>1987</td>
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<tr>
<td>1988</td>
</tr>
<tr>
<td>1989</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>1991</td>
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<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

*Note. 9 respondents did not report certification year
*Certification examination taken after course
examination, 9 of the 85 therapists indicated that they took the examination after attendance at the course, either for the first time or because they reside in a state that requires reexamination after lapse of employment.

Reasons for attending course. Of the 85 respondents, 51 (60%) attended the full 2-week course; 30 wanted to reenter practice, 13 wanted to update their knowledge and skills, 4 wished to prepare to change their specialty area of practice, 3 wanted to prepare for the certification examination and one did not respond to this question. Of the 85 respondents, 34 (40%) attended part of the course. All but three who were seeking employment were employed when they took the course. Fifteen planned to change their specialty area of practice and 16 wanted to update their knowledge.

Outcomes. Seventy-seven (91%) of the respondents were employed as occupational therapists at the time of this survey. One nonpracticing respondent did not want to work; the other seven did not give reasons for not practicing. Nineteen (22%) reentered the job market immediately after the refresher course.

Practicing therapists reported working with the following age groups in a variety of settings: elderly (n = 22), adult (n = 35), adolescent (n = 6), pediatric (n = 19), all ages (n = 13). Of the 77 respondents who were currently employed, 14 worked in school settings, 8 in home health care, 44 in a variety of inpatient or outpatient medical facilities, 10 in long-term geriatric care centers, 2 in technical or professional education programs, and 4 in community settings. Five respondents reported working in more than one of the above settings. Their responses were then included in each of the categories.

Fourteen participants reported that they were unable to pursue desired continuing education activities after completion of the refresher course. They believed that, had there been such opportunities, their transition to employment would have been easier. They reported unmet needs for fieldwork opportunities as well as for workshops on specific clinical content ranging from neonatal intervention to joint mobility.

Reentering professional practice or changing specialty areas may challenge a therapist's sense of competence and autonomy. Increased self-confidence and competence were reported by participants in pursuing job reentry (see Table 2). Respondents also reported that they obtained the theoretical background and practical application which allowed them to assess, plan and intervene at the entry (reentry) level (see Table 2). This finding validated the course emphasis.

All respondents reported some valuable aspects to the course. Twenty (24%) reported that the subject content was the most valuable part of the course for them. Forty-one (48%) reported some aspect of the personal interactive environment, such as confidence building interaction with instructors or working with peers most beneficial. Eleven (13%) reported that all aspects of the course were of equal value.

Discussion

The finding that a high number of nonpracticing participants in the course reentered practice after participation in the course parallels the finding of others (Brown & Waddell, 1988; Carter, 1992; Homes & Rogerson, 1985; Rader & Clendenin, 1991). In addition to a reported increase in their theoretical knowledge base and practical information, participants reported a gain in self-confidence.

Because the majority (93%, n = 30) of those who reentered professional practice chose to attend the full 2-week course, it would appear that they felt a need for as much content as they could receive within a specific time frame. Many of these persons who had not been practicing for 10 to 41 years expressed concerns about their self-confidence and ability to learn and practice therapy again. The faculty goal to provide a supportive and nonthreatening environment was addressed by 41% of the participants, who specifically stated that instructors, group experiences, and the environment were most valuable to them.

Table 2
Subject Satisfaction Relative to Length of Attendance and Reason for Enrolling in Refresher Course

<table>
<thead>
<tr>
<th>Satisfaction Query</th>
<th>2-Week Attendees Reentering Practice</th>
<th>2-Week Attendees Updating or Changing Specialty Area</th>
<th>1 Week or Less Attendees Reentering, Updating, or Changing Area of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort in pursuing job reentry (n = 62)</td>
<td>SA 19 A 9 D 0 SD 0</td>
<td>SA 0 A 0 D 0 SD 0</td>
<td>SA 12 A 20 D 0 SD 2</td>
</tr>
<tr>
<td>Increased self-confidence (n = 82)</td>
<td>SA 17 A 12 D 0 SD 0</td>
<td>SA 14 A 7 D 0 SD 0</td>
<td>SA 16 A 22 D 2 SD 2</td>
</tr>
<tr>
<td>Increased knowledge of practical information (n = 84)</td>
<td>SA 16 A 11 D 1 SD 0</td>
<td>SA 12 A 9 D 0 SD 0</td>
<td>SA 10 A 22 D 1 SD 2</td>
</tr>
<tr>
<td>Increased theoretical background (n = 74)</td>
<td>SA 14 A 12 D 2 SD 0</td>
<td>SA 10 A 7 D 1 SD 0</td>
<td>SA 4 A 18 D 4 SD 2</td>
</tr>
</tbody>
</table>

SA = strongly agree
A = agree
D = disagree
SD = strongly disagree
Although 70% of the respondents reported that they were comfortable pursuing job reentry after taking the course, only 24% indicated that they reentered professional practice. Fifty-five percent reported continued employment after the refresher course. This may indicate that respondents interpreted this statement as hypothetical and extrapolated it to job or specialty area changes that have occurred since they participated in the course. In conversation with faculty members during the course, participants reported that they had been hired for a therapy position pending completion of the refresher course or with attendance at the refresher course included in their employment contract at their current work site. These anecdotal accounts may indicate that the opportunity to attend a refresher course played a role in a participant’s decision to accept an occupational therapy position.

Although respondents indicated that the refresher course provided them with knowledge, skills, resources, and a foundation of self-confidence, the course cannot by itself overcome decades of professional inactivity. Rather, it allows some participants the opportunity to identify their further training and professional needs. A concern identified in this study is that of diminished resources for reentering therapists at their local level. Like new graduates, reentering therapists may need local mentors or resources, especially if attempting to function in single therapist settings without the benefit of experienced clinicians. Such local resources are often in short supply or difficult to identify. A system developed by individual practicing therapists or local professional and service organizations to assist reentry therapists in gaining further knowledge and skills, and self-confidence would clearly benefit those participants who have unsuccessfully searched for such opportunities.

Although this course is not designed to be replicated, others considering development of a similar course may benefit from our experience. Participants reported that a 2-week time period was an appropriate length of time for them. Very few had the time to attend a third week of didactic or clinical experience. The availability of medical school resources, such as a cadaver lab, and the proximity of clinicians working in a teaching hospital contribute to our unique learning experiences. Others will find it helpful to define the particular resources that they can use when designing their course. The commitment of faculty members on a 12-month contract year and the availability of dormitory housing contribute to the low cost of the course, which is a key consideration for participants.

Study Limitations

Although the response rate of 42% is acceptable for this survey, it is disappointing, and questions about the majority of former participants remain unanswered. In addition, the higher incidence of responses from those who attended the refresher course during the most recent 3 years yields a shorter longitudinal perspective than would be the case with a more complete return. The survey did not address demographic data such as age, income, gender, or geographic residence. These data could provide information about patterns of practice and characteristics of therapists that might be useful for identifying employment trends.

Although participants perceived improvement in knowledge and practical application skills, their degree of acquired knowledge and skills was not objectively measured. Future research efforts addressing these areas would contribute to our understanding about the efficacy of such courses and the continuing professional education needs of reentering therapists. However, because participants have expressed anxiety about the possibility of tests when inquiring about the refresher course, one would need to be cautious about how the use of this test would be approached so that participants would not decide to forego attendance because of their shaky self-confidence.

Our data on level of self-confidence are based solely on self-report of perceived level of self-confidence and the stated value of the course to the participant. We did not offer a discriminant definition of self-confidence, nor do we have data that would lend itself to analysis of incremental gains in self-confidence by participants.

Conclusion

Although individual states may have written reentry requirements into their licensure rules, our profession as a whole has not required specific reentry activities of therapists returning to practice. As our knowledge and skills become increasingly complex, this requirement may become an issue in the future. Professional occupational therapy organizations, academic faculty members, and clinical educators may need to collaborate in developing a continuum of didactic and clinical programs and activities that will promote reentry of inactive therapists while assuring their competency.

Acknowledgments

We thank Marian Eliason, OTR, whose vision was instrumental in the development of this refresher course, and the current and past faculty of the refresher course for their commitment to the needs of the reentering occupational therapist. Thanks also to Judith Reisman, PhD, OTR, and Erica Stern, PhD, OTR, for assistance in preparation of this manuscript.

References


*Editor's note.* Other books published by AOTA on the subject of reactivation that may be of interest are: *Rehabilitation Institute of Chicago Self-Assessment of Adult Physical Rehabilitation Skills*, 1993, Kathleen Hilko-Culler, vs. onl. Project Director ($10.00 AOTA member, $12.50 nonmember, Order #1984) and *Reactivation, Returning to the OT Workforce*, 1991 ($12.00 AOTA member, $15.00 nonmember, Order #1880). To order, contact the AOTA Products Department, at 1-800-SAY-AOTA (members) or 301-948-9626 (nonmembers). Shipping and handling additional.

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