Entry-Level Competence: Are Occupational Therapists Adequately Prepared to Address Upper Extremity Dysfunction? An Employers' Perspective

Marie-Claude Touchette, DHSc, MHS, OTR/L[1], Mary Ellen Stoykov, PhD, OTR/L[2], Laura Santurri, PhD, MPH, CPH[3], Corrin Pitluck, PhD[4]

[1]*Elmhurst University, Elmhurst, IL, USA;* [2]*Shirley Ryan Abilitylab, Chicago, Illinois, United States;* [3]*University of Indianapolis, Indianapolis, Indiana, United States;* [4]*American Institutes for Research, Chicago, Illinois, United States*

DOI: 10.5014/ajot.2022.76S1-PO90

Date presented: April 1, 2022

Primary Author and Speaker: Marie-Claude Touchette, mc_touchette@hotmail.com

PURPOSE: OTs are often involved in the treatment of upper extremity dysfunction (UED). The treatment of UED is a complicated process, involving high levels of clinical reasoning (Colclough et al., 2015; Kuipers & Grice, 2009). Entry-level OTs should be able to meet the needs of clients (Schofield, 2017) while also meeting the expectations for employment. There are presently no clearly defined employers' expectations for entry-level competence for treating UED. The purpose of this study was to explore the current perception of employers regarding entry-level occupational therapists' expertise in the treatment of UED. The primary research question was: How do direct supervisors of occupational therapy staff currently perceive entry-level competence of occupational therapists for the treatment of upper extremity dysfunction?

DESIGN: The study was completed using a basic interpretive approach and was approved by the University of Indianapolis Institutional Review Board. Participants were recruited from rehabilitation clinics or departments in the Chicago land area using purposive sampling and snowball recruitment until data thematic saturation was reached. Inclusion criteria included individuals employed in a role providing direct supervision to OT staff and who have supervised at least one entry-level OT within the past 2 years.

METHOD: Informed consent was obtained verbally before the start of the interview. Data was collected using 45 to 60 min, semi-structured, audio-recorded, in-depth interviews conducted in person. The interview guide was reviewed by a qualitative researcher and was piloted with one direct OT supervisor. Each interview was transcribed verbatim using Temi transcription software. An inductive approach to data analysis was done using an inductive approach to data analysis. Independent parallel coding was completed by the principal investigator and analysis expert for the first two interviews to develop initial codes. The relevant information was then organized and reduced until an agreement was reached. Finally, a model was created to include the five overarching themes that had emerged. A detailed audit trail and memos with reflective notes were kept during the transcription, coding, and theme development process. Member checking was completed to ensure proper interpretation of the narrative and an expert in the field reviewed a copy of the completed report. Triangulation was used to compare the study results with data from existing literature.

RESULTS: Seven participants employed in managerial roles participated in this study. Participants had an average of 17.2 years of experience, and worked in inpatient and/or outpatient settings. Entry-level OTs' strengths identified included their willingness to learn, their energetic, compassionate, and dedicated care, obtaining an occupational profile, and administering assessments. Areas, where OTs did not meet the expectations, included safety, clinical reasoning, knowledge of conditions, anatomy, and physiology, treatment planning, occupation-based interventions, and technical skills.

CONCLUSION: This study's findings are concerning as employers' reported that only five out of the 17 skills identified met their expectations. This may be due to either inadequate preparation of occupational therapy students for the management of UED, or employers' unrealistic expectations of entry-level competence. Both scenarios could lead to unsafe or ineffective practices, and increased job-related stress and dissatisfaction. As such, there is a need for further studies exploring entry-level expectations from different perspectives, entry-level competence for the treatment of UED, and entry-level OT program curriculum content related to the management of UED.

References

Colclough, S., Copley, J., Turpin, M., Justins, E., & De Monte, R. (2015). Occupational therapists' perceptions of requirements for competent upper limb hypertonicity practice. *Disability and Rehabilitation, 37*(17), 1416-1423. https://doi.org/10.3109/09638288.2014.972585

McCombie, R. P., & Antanavageb, M. E. (2017). Transitioning from occupational therapy student to practicing occupational therapist: First year of employment. *Occupational Therapy in Health Care, 31*(2), 126-142. https://doi.org/10.1080/07380577.2017.1307480

Schofield, K. A. (2017). Anatomy education in occupational therapy curricula: Perspectives of practitioners in the United States. *Anatomical Sciences Education, 11*, 243–253. https://doi.org/10.1002/ase.1723

Wallingford, M., & Knecht-Sabres, L. J. (2016). OT practitioners' and OT students' perception of entry-level competency for occupational therapy practice. *The Open Journal of Occupational Therapy, 4*(4), 9-13. https://doi.org/10.15453/2168-6408.1243