BEST PRACTICES IN OCCUPATIONAL THERAPY EDUCATION

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Best Practices in Occupational Therapy Education

Best Practices in Occupational Therapy Education has been co-published simultaneously as *Occupational Therapy in Health Care*, Volume 18, Numbers 1/2 2004.

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Best Practices in Occupational Therapy Education, edited by Patricia A. Crist, PhD, OTR/L, FAOTA, and Marjorie E. Scaffa, PhD, OTR, FAOTA (Vol. 18, No. 1/2, 2004). *" A VALUABLE RESOURCE FOR EDUCATORS. . . Provides practical examples of student learning experiences such as problem-based learning, the use of portfolios, brain teasers and online programs." (Kathleen Matuska, MPH, OTR/L, Associate Professor of Occupational Science and Occupational Therapy, Colloge of St. Catherine, St. Paul, Minnesota)*

Occupational Therapy Practice and Research with Persons with Multiple Sclerosis, edited by Marcia Finlayson, PhD, OT(C), OTR/L (Vol. 17, No. 3/4, 2003). *Explores the complex OT issues arising from multiple sclerosis and suggests ways to enhance OT practice or research with people with MS.*

Interprofessional Collaboration in Occupational Therapy, edited by Stanley Paul, PhD, and Cindee Q. Peterson, PhD, OTR (Vol. 15, No. 3/4, 2001). *"A GOOD SOURCE OF INFORMATION. . . . Introduces the reader to the concept of interprofessional collaboration, its benefits, barriers, and strategies for developing such collaboration. . . . Presents a series of research studies that show the value of interprofessional collaboration to achieve outcomes at different levels and within different service delivery models." (Dyhalma Irizarry, PhD, OTR/L, FAOTA, Director, Occupational Therapy Program, University of Puerto Rico)*

Education for Occupational Therapy in Health Care: Strategies for the New Millennium, edited by Patricia A. Crist, PhD, OTR/L, FAOTA, and Marjorie Scaffa, PhD, OTR/L, FAOTA (Vol. 15, No. 1/2, 2001). *"PROVIDES TRULY IMAGINATIVE IDEAS for preparing the practitioners of the near future–and not a moment too soon! It is easy to see that these authors have been outstanding clinicians. . . . they put their OT skills to work in creating these unique learning-by-doing educational packages. Especially exciting are the clever ways in which alternative sites and programs are used to provide fieldwork experiences." (Nedra P. Gillette, MEd, OTR, ScD (Hon), Director, Institute for the Study of Occupation and Health, American Occupational Therapy Foundation)*

Community Occupational Therapy Education and Practice, edited by Beth P. Velde, PhD, OTR/L, and Peggy Prince Wittman, EdD, OTR/L, FAOTA (Vol. 13, No. 3/4, 2001). *"Introduces the concept of community-based practice in non-traditional settings. Whether one is concerned with wellness and the aging process or with debilitating situations, injuries, or diseases such as homelessness, AIDS, or multiple sclerosis, this collection details the process of moving forward." (Scott D. McPhee, DrPH, OT, FAOTA, Associate Dean and Chair, School of Occupational Therapy, Belmont University, Nashville, Tennessee)*

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Routledge
Taylor & Francis Group
NEW YORK AND LONDON

First published by
The Haworth Press, Inc.
10 Alice Street
Binghamton, N Y 13904-1580

This edition published 2012 by Routledge

Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

Routledge
Taylor & Francis Group
2 Park Square, Milton Park
Abingdon, Oxon OX14 4RN

Best Practices in Occupational Therapy Education has been co-published simultaneously as *Occupational Therapy in Health Care*™, Volume 18, Numbers 1/2 2004.

Cover design by Jennifer Gaska

Library of Congress Cataloging-in-Publication Data

Best practices in occupational therapy education / Patricia Crist, Marjorie E. Scaffa, editors.
p. cm.
"Best Practices in Occupational Therapy Education has been co-published simultaneously as Occupational Therapy in Health Care, Volume 18, Numbers 1/2 2004."
Includes bibliographical references and index.
ISBN 0-7890-2175-7 (hard cover : alk. paper) – ISBN 0-7890-2176-5 (soft cover : alk. paper)
1. Occupational therapy–Study and teaching. I. Crist, Patricia A. Hickerson. II. Scaffa, Marjorie E. III. Occupational therapy in health care.
RM735.42.B47 2004
615.8'515'071–dc22

2004008132

Best Practices in Occupational Therapy Education

CONTENTS

PREPARATION FOR COMMUNITY-BASED PRACTICE

EDITORS' INVITED COMMENTARY ON PROFESSIONAL ISSUES

ABOUT THE EDITORS

Patricia A. Crist, PhD, OTR/L, FAOTA, is Founding Chair and Professor for the Department of Occupational Therapy at Duquesne University in Pittsburgh, Pennsylvania. Dr. Crist has numerous publications including *Innovations in OT Education* (co-editor), the self-study, *Meeting the Fieldwork Challenge* (co-author), and the popular *Fieldwork Issue* column in *OT Advance.* She recently co-edited *Education for Occupational Therapy in Health Care: Strategies for the New Millennium* through The Haworth Press. Dr. Crist has completed numerous scholarly works regarding fieldwork education, mental health interventions, parents with disabilities and research. Currently, she is President of the Board of Directors of the National Board for Certification in Occupational Therapy. She is a Fellow of the American Occupational Therapy Association.

Marjorie E. Scaffa, PhD, OTR, FAOTA, is Associate Professor and Chairperson of the Department of Occupational Therapy at the University of South Alabama in Mobile, and of the OT therapy program she founded in 1993. She is the editor of the book *Occupational Therapy in Community-Based Practice Settings.* Dr. Scaffa has worked in a number of clinical and community settings, including inpatient rehabilitation, home health, long-term care, hospice, alcohol/drug prevention and treatment programs, and community mental health. She served as an editorial board menber for the *American Journal of Occupational Therapy* from 1997-1999 and is a Fellow of the American Occupational Therapy Association.

Message from the Editors

We are proud to present to you our second special volume focusing on innovation and scholarship in education.[1] We commend Anne Dickerson, OTHC editor, for her desire to further the art and science of education in occupational therapy. Also, we recognize The Haworth Press, Inc. for the publication of this resource which will contribute to the knowledge and practice of occupational therapy.

He, who dares to teach, must never cease to learn.

–Richard Henry Dana

A new set of ideas and models are presented in this volume. All authors were required to present outcomes to support their thesis or learning objectives, as time has come to move beyond the art of teaching in education. We must provide evidence to support our claims regarding our choice in teaching approaches that maximize the professional development of students for entry-level practice. Only through continuing to study teaching in the classroom and through fieldwork will we be able to substantiate the best practices in education. This is the motivation that sustains us as editors and, hopefully, will provide impetus for a third volume regarding education in the future!

We commend all authors who submitted manuscripts for competitive review. You were willing to subject your educational approaches to scrutiny. We regret that we were unable to publish more as our submissions this time were higher in number and more developed. We urge you and many other aca-

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[Haworth co-indexing entry note]: "Message from the Editors." Crist, Patricia A., and Marjorie E. Scaffa. Co-published simultaneously in *Occupational Therapy in Health Care* (The Haworth Press, Inc.) Vol. 18, No. 1/2, 2004, pp. 1-3; and: *Best Practices in Occupational Therapy Education* (ed: Patricia A. Crist, and Marjorie E. Scaffa) The Haworth Press, Inc., 2004, pp. 1-3. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: docdelivery@haworthpress.com].

http://www.haworthpress.com/web/OTHC

Digital Object Identifier:10.1300/J003v18n01_01

demic and fieldwork educators to engage in the challenge of studying our educational practices and converting preference into documentation of claims.

This publication has grouped information around five major headings*: Fieldwork Education; Instructional Methods; Focus on Student Professional Development; Instructional Technology;* and *Preparation for Community-Based Practice*. Scanning the table of contents, you will find full manuscripts demonstrating sufficient depth, specificity and outcomes that can be used to guide innovative application and/or best practices in recognizable educational approaches. Since we support innovation, some ideas are very new or focused; we accepted several works as "Brief or New" to encourage new insights, enrich educational practices, as well as provide impetus for future study by others.

We could not have completed this activity without the help of key individuals. First, we want to thank the invitational editorial board for this special collection. Each ended up reviewing more manuscripts than anticipated but also, provided exceptional input to evaluate each carefully and assist the editors in editing, re-reviewing and selection responsibilities. The board participants were:

Martha Branson Banks
Denise Chisholm
Erika Gisel
Elizabeth Kanny
Penny Moyers
Ruth Schemm
Julie Shaperman
Randy Strickland
Pam Toto
Alfred Bracciano
Mary Metzger-Edwards
Dyhalma Irizarry
Scott McPhee
Jaime Muñoz
Patricia Scott
Perri Stern
Patricia Stutz-Tanenbaum
Donna Whitehouse

As senior editor, I want to commend Heidi Benner, who on this edition, as well as the 2002 publication, provided exemplary organizational, tracking and communication activities for the editors and authors. We thank her for weaving this task into her multi-tasking daily activities as the department's administrative assistant at Duquesne.

To the occupational therapy students who benefit from this information through improved teaching, we remind you of the following:

I am not a teacher; only a fellow traveler of whom you asked the way. I pointed ahead–ahead of myself as well as you.

–George Bernard Shaw

We hope that you find this publication stimulating and valuable. Join us in celebrating excellence in education and all those educators, both academic and fieldwork, who share the passion with us for we all know that . . .

Education is not the filling of a pail
But the lighting of a fire!

–William Butler Yeats

We dedicate this publication to our fellow educators, past, present and future, who share the desire to improve our teaching in the classroom, lab, community and fieldwork.

Learning is pleasurable but "doing" is the height of enjoyment.

–Novali, German poet

Special Volume Editors:

Patricia A. Crist, PhD, OTR/L, FAOTA
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NOTE

1. The first special issue was published in 2001 by the editors titled: *Education for Occupational Therapy in Health Care: Strategies for the New Millennium*.

References

FIELDWORK EDUCATION Supervisor and Student Expectations of Level II Fieldwork

Accreditation Council for Occupational Therapy Education (1998). Standards for an accredited educational program for the occupational therapist. American Journal of Occupational Therapy, 53, 575-582.

American Occupational Therapy Association (AOTA), Commission on Education (1984). Guide to fieldwork education. Bethesda, MD: Author.

Barrett, K. (2001). Guide for occupational therapy fieldwork supervisors. OT Practice, 5, 17-19.

Cara, E. (1998). Fieldwork supervision in the mental health setting. In E. Cara & A. MacRae (Eds.), Psychosocial occupational therapy: A clinical practice (pp. 609-640). Albany, NY: Delmar Publishers.

Christie, B. A., Joyce, P. C., & Moeller, P. L. (1985). Fieldwork experience, part II: The supervisor’s dilemma. American Journal of Occupational Therapy, 39, 675-681.

Cohn, E. (1998). Interdisciplinary communication and supervision of personnel. In M. E. Neistadt & E. B. Crepeau (Eds.), Willard & Spackman’s occupational therapy

Frum, D. C., & Opacich, K. J. (1987). Supervision: Development of therapeutic compe tence. Rockville, MD: AOTA.

Gaiptman, B., & Anthony, A. (1989). Contracting in fieldwork education: The model of self-directed learning. Canadian Journal of Occupational Therapy, 56, 10-14.

Kautzmann, L. N. (1990). Clinical teaching: Fieldwork supervisors’ attitudes and val ues. American Journal of Occupational Therapy, 44, 835-838.

Punwar, A. J. (2000a). The art and science of practice: Adapting to managed care. In A. Punwar & S. Peloquin (Eds.), Occupational therapy principles and practice (3rd ed., p. 106). Baltimore, MA: Lippincott Williams & Wilkins.

Punwar, A. J. (2000b). Professional education and credentialing patterns: Occupa tional therapist education.

In A. Punwar & S. Peloquin (Eds.), Occupational ther apy principles and practice (3rd ed., p. 56). Baltimore, MA: Lippincott Williams & Wilkins.

An Exploratory Study of Web-Based Supports for Occupational Therapy Students During Level II Fieldwork

American Occupational Therapy Association (1987). Fieldwork evaluation for the oc cupational therapist. Bethesda, MD: Author.

Barr, E.M. (1980). The relationship between student and clinical supervisor. British Journal of Occupational Therapy, 33 (3), 390-397.

Steward, B. (1994). Researching fieldwork practice in occupational therapy. Educational Action Research, 2 (2), 259-265.

Tyrell, J. & Smith, H. (1996). Levels of psychological distress among occupational therapy students. British Journal of Occupational Therapy, 59 (8), 365-371.

Wong, J. & Wong, S. (1987). Towards effective clinical teaching in nursing. Journal of Advanced Nursing, 12, 505-512.

Effects of Level II Fieldwork on Clinical Reasoning in Occupational Therapy

American Occupational Therapy Association (1996). Statement: Purpose and value of occupational therapy fieldwork education Retrieved 1/11/2003, from the World Wide Web: http://www.aota.org/nonmembers/area13links/LINK07.asp.

American Occupational Therapy Association (1998). Standards for an accredited edu cational program for the occupational therapist. The American Journal of Occupa TABLE 1 (continued)

SACRR Items Pretest Mean Posttest Mean P value

19. I clearly identify the clinical problems prior to planning intervention. 4.02 4.39 <.01

20. I anticipate the sequence of events likely to result from planned intervention. 3.94 4.33 <.01

21. Regarding a proposed intervention strategy, I think, "What makes it work?" 3.96 4.29 <.01

22. Regarding a particular intervention, I ask, "In what context would it work?" 3.90 4.31 <.01

23. Regarding a particular intervention with a particular client, I determine whether it worked. 4.16 4.49 <.01

24. I use clinical protocols for most of my treatment. 3.04 2.78 <.05

25. I make decisions about practice based on my experience. 3.88 4.31 <.01

26. I use theory to understand intervention strategies. 3.82 3.94 ns

TOTAL SCORE 102.55 108.41 <.01

*ns means not significant

American Occupational Therapy Association (2000). Commission on education guidelines for an occupational therapy level ll fieldwork experience. Retrieved 1/11/2003, from the World Wide Web: http://www.aota.org/nonmembers/area13/ links/LINK06.asp.

Buchanan, H., Moore, R., & van Niekerk, L. (1997). The fieldwork case study: Writing for clinical reasoning. The American Journal of Occupational Therapy, 52 (4), 291-295.

Cohn, E. S. (1989). Fieldwork education: Shaping a foundation for clinical reasoning. The American Journal of Occupational Therapy, 43 (4), 240-244.

Fleming, M. H. (1994). The therapist with the three track mind. In C. Mattingly & M. H. Fleming. Clinical reasoning: Forms of inquiry in a therapeutic practice. Phila delphia: F. A. Davis.

Mattingly, C. (1991). The narrative nature of clinical reasoning. The American Journal of Occupational Therapy, 45 (11), 998-1005.

McKay, E. A. & Ryan, S. (1995). Clinical reasoning through story telling: Examining a student's case story on a fieldwork placement. British Journal of Occupational Therapy, 58 (6), 234-238.

Neistadt, M. E. (1996). Teaching strategies for the development of clinical reasoning. The American Journal of Occupational Therapy, 50 (8), 676-684.

Roth, R. (1989). Preparing the reflective practitioner: Transforming the apprentice through the dialectic. Journal of Teacher Education, 40, 31-35.

Royeen, C. B., Mu, K., Barrett, K., & Luebben, A. J. (2000). Pilot investigation: Evaluation of clinical reflection and reasoning before and after workshop intervention. In P. Crist (Ed.), Innovations in occupational therapy education (pp. 107-114). Bethesda, MD: American Occupational Therapy Association.

Sladyk, K. & Sheckley, B. (2000). Clinical reasoning and reflective practice: Implications of fieldwork activities. Occupational Therapy in Health Care, 13 (1), 11-22.

Brief or New: Professional Development of Fieldwork Students: Occupational Adaptation, Clinical Reasoning, and Client-Centeredness

American Occupational Therapy Association (2002). Occupational therapy practice framework: Domain & process. Bethesda, MD: Author.

Christie, B. A., Joyce, P. C., & Moeller, P. L. (1985a). Fieldwork experience, part I: Impact on practice preference. American Journal of Occupational Therapy, 39, 671-674.

Christie, B. A., Joyce, P. C., & Moeller, P. L. (1985b). Fieldwork experience, part II: The supervisor's dilemma. American Journal of Occupational Therapy, 39, 671-674.

Crepeau, E. B. & LaGarde, T. (1991). Self-paced instruction for clinical education and supervision. Rockville, MD: American Occupational Therapy Association.

Crist, P. A. H. (1986). Contemporary issues in clinical education. Thorofare, NJ: Slack, Inc.

Fleming, M. H. (1991). The therapist with the three-track mind. American Journal of Occupational Therapy, 45, 1007-1014.

Garrett, S. A. & Schkade, J. K. (1995). Occupational adaptation model of professional development as applied to Level II fieldwork. American Journal of Occupational Therapy, 49, 103-106.

Law, M., Baptiste, S., & Mills, J. (1995). Client-centered practice: What does it mean and does it make a difference? The Canadian Journal of Occupational Therapy, 62, 250-257.

Mattingly, C. (1991). What is clinical reasoning? American Journal of Occupational Therapy, 5, 979-986.

Merrill, S. & Crist, P. A. (2000). Meeting the fieldwork challenge: A self paced clinical course. Bethesda, MD: American Occupational Therapy Association.

Schell, B. A. & Cervero, R. M. (1993). Clinical reasoning in occupational therapy: An integrative review. American Journal of Occupational Therapy, 47, 605-610.

Schkade, J. K. (1999). Student to practitioner: The

adaptive transition. Innovations in Occupational Therapy Education, 147-156.

INSTRUCTIONAL METHODS Teaching Undergraduate Neuroscience with Brain Teaser Experiments

Farber, S. (1989) Neuroscience and occupational therapy: Vital connections. 1989 El eanor Clarke Slagle lecture. American Journal of Occupational Therapy 43 (10), 637-646.

Hooper, J. & Teresi, D. (1986) The three-pound universe. New York: Macmillan Pub lishing Co.

Liotta-Kleinfeld, L. & McPhee, S. (2001) Comparison of final exam test scores of neu roscience students who experienced traditional methodologies versus prob lem-based learning methodologies. Occupational Therapy in Health Care 14 (3/4), 35-53.

Myers, C. (1986) Teaching students to think critically. A guide for faculty of all disci plines. San Francisco: Jossey-Bass Inc.

Nolinske, T. & Millis, B. (1999) Cooperative learning as an approach to pedagogy. American Journal of Occupational Therapy 53 (1), 31-40.

Schuh, K. L. & Busey, T. A. (2001) Implementation of a problem-based approach in an undergraduate cognitive neuroscience course. College Teaching 49 (4), 153-159.

Laugh and Learn: Humor as a Teaching Strategy in Occupational Therapy Education

Adams, P. (with Mylander, M.) (1992, December). Good health is a laughing matter. Caring Magazine (pp. 16-20).

Allen, S. (1993). Foreword. In D. Loomans & K. Kolberg, The laughing classroom: Everyone's guide to teaching with humor and play, p. ix. Tiburon, CA: H. J. Kramer.

Berk, L. (1996). The laughter-immune connection: New discoveries. Humor and Health Journal, 5, 1-5.

Berk, L., Tan, S., & Fry, W. (1993). Eustress of humor associated laughter modulates specific immune system components. Annals of Behavioral Medicine, 15, 111.

Black, D. W. (1984). Laughter. Journal of the American Medical Association, 252 (21), 2995-2998.

Bloom, B. S. (Ed.) (1974). Taxonomy of educational objectives: The classification of educational goals. New York: David McKay Co.

Bryant, J., Comisky, P. W., Crane, J. S., & Zillman, D. (1980). Relationship between college teachers' use of humor in the classroom and students' evaluations of their teachers. Journal of Educational Psychology, 72 (4), 511-519.

Bryant, J., Comisky, P., & ZilIman, D. (1979). Teachers' humor in the college class room. Communication Education, 28, 110-118.

Cohen, S. (1995). Stress and susceptibility to the common cold. In N. Hall, F. Altman, & S. J. Blumenthal (Eds.), Mind-body interactions and disease: Proceedings of a conference on stress, immunity, and health sponsored by the National Institutes of Health (pp. 45-51). Tampa, FL: Health Dateline Press.

Cousins, N. (1989). Head First. New York: Penguin Books.

Downs, V. C., Javidi, M., & Nussbaum, J. F. (1988). An analysis of teachers' verbal communication within the college classroom: Use of humor, self-disclosure, and narratives. Communication Education, 37, 127-141.

Fry, W. F. Journal of the

Frymier, A. B. (1994). A model of immediacy in the classroom. Communication Quar terly, 41, 454-464.

Gorham, J. (1988). The relationship between teacher immediacy behavior and student learning. Communication Education, 37, 40-53.

Gorham, J. & Christophel, D. M. (1990). The relationship of teachers' use of humor in the classroom to immediacy and student learning. Communication Education, 39, 46-62.

HilIman, S. M. (1995). Laugh and learn: Humor in nursing education. Journal of Nurs ing Jocularity, 5 (1), 32-34.

Jamison, K. R. (1993). Touched with fire: Manic-depressive illness and the artistic temperament. New York: Free Press

Koestler, A. (1964). The act of creation. New York: Penguin Books.

Kuhlman, T. L. (1984). Humor and psychotherapy. Homewood, IL: Down Jones-Irwin.

Lee, B. 5. (1990). Humor relations for nurse managers. Nursing Management, 21 (3), 86-92.

Loomans, D. & Kolberg, K. (1993). The laughing classroom: Everyone's guide to teaching with humor and play. Tiburon, CA: H. J. Kramer.

McGhee, P. (Ed.) (1989). Humor and children's development: A guide to practical applications. New York: The Haworth Press, Inc.

Metcalf, C.W. & Felible, R. (1992). Lighten up: Survival skills for people under pressure. Reading, MA: Addison-Wesley Publishing Co.

Moses, N. W. & Friedman, M. M. (1986). Using humor in evaluating student performance. Journal of Nursing Education, 25 (8), 328-333.

Ornstein, R. (1997). The right mind: Making sense of the hemispheres. New York: Harcourt Brace & Company.

Parrott, T. E. (1994). Humor as a teaching strategy. Nurse Educator, 19 (3), 36-38.

Pease, R. A. (1991). Cartoon humor in nursing education.

Nursing Outlook, 39 (6), 262-267.

Provine, R. R. (1996). Laughter. American Scientist, 84, 38-45.

Richards, R. (1990). Everyday creativity, eminent creativity, and health “Afterview” for Creativity Research Journal special issue on creativity and health. Creativity Research Journal, 3, 300-326.

Robbins, J. (1994). Using humor to enhance learning in the skills laboratory. Nurse Ed ucator, 19 (3), 39-41.

Robinson, V. M. (1991). Humor and the health professions: The therapeutic use of hu mor in health care (2nd Ed.). Thorofare, NJ: SLACK.

Scannell, E. & Newstrom, J. (1998). The big book of presentation games: Wake-em-up tricks, ice breakers, and other fun stuff. New York: McGraw-Hill.

Shade, R. A. (1996). License to laugh: Humor in the classroom. Englewood, CO: Teachers Ideas Press.

Siegel, B. (1986). Love, medicine, and miracles. New York: Harper and Row.

Silberman, I. (1987). Humor and health: An epidemiological study. American Behav ioral Scientist, 30 (1), 110-112.

Southam, M. (in press). Therapeutic humor: Attitudes and actions by occupational therapists with adult clients in physical disabilities settings. Occupational Therapy

Sugar, S. (1998). Games that teach: Experiential activities for reinforcing training. San Francisco, CA: Jossey-Bass/Pfeiffer.

von Oech, R. (1983). A whack on the side of the head: How to unlock your mind for in novation. New York: Warner Books.

Wanzer, M. B. & Frymier, A. B. (1999). The relationship between student perceptions of instructor humor and students’ reports of learning. Communication Education, 48, 48-62.

Warnock, P. (1989). Humor, a didactic tool in adult education. Lifelong Learning, 12 (6), 22-24.

Watson, M. J. & Emerson, S. (1988). Facilitate learning with humor. Journal of Nursing Education, 27 (2), 89-90.

Wooten, P. (1996). Humor: An antidote for stress. Holistic Nursing Practice, 10 (2), 49-56.

Zillman, D. & Bryant, J. (1983). Uses and effects of humor in educational ventures. In P. McGhee & J. H. Goldstein (Eds.), Handbook of Humor Research, Volume II: Ap plied studies, pp. 173-193. New York: Springer-Verlag.

Ziv, A. (1988). Teaching and learning with humor: Experiment and replication. Jour nal of Experimental Education, 57(1), 5-15.

Barrows, H. S. (1986). A taxonomy of problem-based learning methods. Medical Edu cation, 20 (6), 481-486.

Bernstein, P., Tipping, J., Bercovitz, & Skinner, H. A. (1995). Shifting students and faculty to a PBL curriculum: Attitudes changed and lessons learned. Academic Medicine, 75, 66-70.

Blake, R. L., Hosokawa, M. C., & Riley, S. L. (2000). Student performances on Step 1 and Step 2 of the United States Medical Licensing Examination following implementation of a problem-based learning curriculum. Academic Medicine, 75, 66-70.

Gutman, S. A., McCreedy, P., & Heisler, P. (1998). Student level II fieldwork failure: Strategies for intervention. American Journal of Occupational Therapy, 52, 143-149.

Hammel, J., Royeen, C. B., Bagatell, N., Chandler, B., Jensen, G., Loveland, J., & Stone, G. (1999). Student perspectives on problem-based learning in an occupational therapy curriculum: A multiyear qualitative evaluation. American Journal of Occupational Therapy, 53, 199-206.

Hayes, K. W., Huber, G., Rogers, J., & Sanders, B. (1999). Behaviors that cause clinical instructors to question the clinical competence of physical therapist students. Physical Therapy, 79, 653-671.

Liotta-Kleinfeld, L., & McPhee, S. (2001). Comparison of final exam test scores of neuroscience students who experienced traditional methodologies versus prob lem-based learning methodologies. Occupational Therapy in Health Care, 14 (3/4), 35-53.

McLeod, K. (1997, June). Do problem-based learning courses improve critical think ing? An empirical evaluation of a PBL course in a traditional occupational therapy curriculum. Paper presented at the Canadian Occupational Therapists Association Conference, Halifax, Canada.

Norman, G. R., & Schmidt, H. G. (1992). The psychological basis of problem-based learning: A review of the evidence. Academic Medicine, 67, 557-565.

Sadlo, G. (1997). Problem-based learning enhances the educational experiences of oc cupational therapy students. Education for Health, 10 (1), 101-114.

Schön, D. A. (1983). The reflective practitioner: How professionals think in action. New York: Basic Books.

Schön, D. A. (1995). The new scholarship requires a new epistemology. Change, 27

Stern, P. (1997). Student perceptions of a problem-based learning course. American Journal of Occupational Therapy, 51, 589-596.

Teshima, D. Y. (2001). Outcome measurement of problem-based learning. Clinical Laboratory Science, 14 (2), 68-69.

VanLeit, B. (1995). Using the case method to develop clinical reasoning skills in prob lem-based learning. American Journal of Occupational Therapy, 49, 349-353.

VanLeit, B., & Crowe, T. K. (2000). Essentials for successful integration of problembased learning in occupational therapy curricula. In P. A. Crist (Ed.), Innovations in occupational therapy education 2000 (pp. 78-94). Bethesda, MD: American Occu pational Therapy Association.

Vroman, K. G., & MacRae, N. (1999). The issue is: How should the effectiveness of problem-based learning in occupational therapy education be examined? American Journal of Occupational Therapy, 53, 533-536.

White, M. J., Amos, E., & Kouzekanani, K. (1999). Problem-based learning: An out comes study. Nurse Educator, 24 (2), 33-36.

Personality Type in Occupational Therapy Students: Implications for Teaching and Learning Strategies

Blagg, J. D. (1985). Cognitive styles and learning styles as predictors of academic suc cess in a graduate allied health education program. Journal of Allied Health, 14, 89-98.

Bush, J. V., Powell, N. J., & Herzberg, G. (1993). Career self-efficacy in occupational therapy practice. American Journal of Occupational Therapy, 47, 927-933.

Capraro, R. M. & Capraro, M. M. (2002). Myers-Briggs type indicator score reliability across studies: A meta-analytic reliability generalization study. Educational and Psychological Measurement, 62, 590-602.

DePoy, E. & Merrill, S. C. (1988). Value acquisition in an occupational therapy curric ulum. Occupational Therapy Journal of Research, 8, 259-274.

Ditiberio, J. K. & Hammer, A. L. (1993). Introduction to Type in college. Palo Alto, CA: Consulting Psychologists Press.

Ferguson, J. & Fletcher, C. (1987). Personality type and cognitive style. Psychological

Fisher, D. L & Kent, H. B. (1998). Associations between teacher personality and class room environment. Journal of Classroom Interaction, 33, 5-13.

Freeman, V. S. & Tijerina, S. (2000). Delivery methods, learning styles, and outcomes of physician assistant students. Physician Assistant, 24, 43-50.

Hammer, A. L. (1993). Introduction to type and careers. Palo Alto, CA: Consulting Psychologists Press.

Hayes, J. & Allinson, C. W. (1998). Cognitive style and the theory and practice of indi vidual and collective learning in organizations. Human Relations, 51, 847-871.

Johnson, W. L., Mauzey, E., & Johnson, A. M. (2001). A higher order analysis of the factor structure of the Myers-Briggs type indicator. Measurement and Evaluation in Counseling and Development, 34, 96-108.

Joyce-Nagata, B. (1996). Students’ academic performance in

nursing as a function of student and faculty learning style congruency. Journal of Nursing Education, 35, 69-73.

Kasar, J. & Clark, E. N. (2000). Developing professional behaviors. Thorofare, NJ: Slack.

Knowles, M. (1980). The modern practice of adult education: From pedagogy to andragogy. Chicago: Follett.

Linares, A. Z. (1999). Learning styles of students and faculty in selected health care professions. Journal of Nursing Education, 38, 407-414.

Lyons, M. (1997). Understanding professional behavior: Experiences of occupational therapy students in mental health settings. American Journal of Occupational Therapy, 51, 686-692.

Lysack, C., McNevin, N., & Dunleavy, K. (2001). Job choice and personality: A profile of Michigan occupational and physical therapists. Journal of Allied Health, 30, 75-82.

Munro, B. H. (2001). Statistical methods for health care research. Philadelphia: Lippincott.

Myers, I. B., & McCaulley, M. H. (1985). Manual: A guide to the development and use of the Myers-Briggs Type Indicator. Palo Alto, CA: Consulting Psychologists Press.

Myers, I. B., McCaulley, M. H., Quenk, N. L., & Hammer, A. L. (1998). MBTI manual: A guide to the development and use of the Myers-Briggs Type Indicator (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

Myers, I. B. & Myers, P. B. (1980). Gifts differing. Palo Alto, CA: Consulting Psychol ogists Press.

Power, S. J. & Lundsten, L. L. (1997). Studies that compare type theory and left-brain/right-brain theory. Journal of Psychological Type, 43, 22-28.

Provost, J. A. (1990). Work, play, and type: Achieving balance in your life. Palo Alto, CA: Consulting Psychologists Press.

Quenk, N. L. (2000). Essentials of Myers-Briggs Type Indicator assessment. New York: John Wiley and Sons.

Rezler, A. G. & Rezmovic, V. (1981). The Learning Preference Inventory. Journal of Allied Health, 10, 28-34.

Schwartzberg, S. L. (1998). Group process. In Neistadt, M. E. & Crepeau, E. B. (Eds.) (1998). Willard & Spackman's occupational therapy (9th ed.). New York: Lippincott Williams & Wilkins, 120-131.

Thompson, J. A. & Bing-You, R. G. (1998). Physician's reactions to learning style and personality type inventories. Medical Teacher, 20, 10-14.

Tryssenaar, J. (1997). Clinical interpretation of "Understanding professional behav ior": Experiences of occupational therapy students in mental health settings. Ameri can Journal of Occupational Therapy, 51, 693-695.

Tryssenaar, J. & Perkins, J. (2001). From student to therapist: Exploring the first year of practice. American Journal of Occupational Therapy, 55, 19-27.

Brief or New: Student Learning Portfolios: Balancing Tradition with Innovation

Arter, J. A. & TcTighe, J. (2001). Scoring rubrics in the classroom: Using performance criteria for assessing and improving student performance. Thousand Oaks, CA: Corwin Press.

Brown, J. O. (2002). Know thyself: The impact of portfolio development on adult learning. Adult Education Quarterly, 52 (3), 228-245.

Darling, L. F. (2001). Portfolio as practice: The narratives of emerging teachers. Teaching and Teacher Education, 17, 107-121.

Gross-Davis, B. (1993). Grading practices. Tools for teaching. Retrieved January 13, 2003, from http://teaching.berkeley.edu/bgd/grading.html

Guillaume, A. M. & Yopp, H. K. (1995). Professional portfolios for student teachers. Teacher Education Quarterly, 22, 93-101.

Jeffries, P. R., Rew, S., & Cramer, J. M. (2002). Student centered versus traditional methods of teaching basic nursing skills in a learning laboratory. Nursing Education Perspectives, 23 (1), 14-19.

Lumsden, L. (2002). Motivating today’s students: The same old stuff just doesn’t work. ERIC Clearinghouse on Educational Management. Retrieved November 25, 2002, from http://eric.uoregon.edu/publications/text/portraits1.2.html

Smith, K. & Tillema, H. (2001). Long-term influences of portfolios on professional development. Scandinavian Journal of Educational Research, 45, 183-203.

Spence, L. D. (2001). The case against teaching. Change, 12, 11-19.

Weiss, G. L., Cosbey, J. R., Habel, S. K., Hanson, C. M, & Larsen, C. (2002). Improving the assessment of student learning. Teaching Sociology, 30, 63-79.

INSTRUCTIONAL TECHNOLOGY Student Development in an Online Post-Professional Master's Program

Barab, S. A., Thomas, M. K., & Merrill, H. (2001). Online learning: From information dissemination to fostering collaboration. Journal of Interactive Learning Research, 12 (1), 105-143.

Dickerson, A. E., & Wittman, P. P. (1999). Perceptions of occupational therapists re garding postprofessional education. American Journal of Occupational Therapy, 53, 454-458.

Fahy, P. J., Crawford, G., & Ally, M. (2001). Patterns of interaction in a computer con ference transcript. International Review of Research in Open and Distance Learning, 2 (1). Retrieved July 16, 2002, from http://www.irrodl.org/content/v2.1/fahy.html

Farquharson, A. (1995). Teaching in practice: How professionals can work effectively with clients, patients, and colleagues. San Francisco: Jossey-Bass.

Frisby, A. J., & Jones, S. S. (2000). The initiation of distance learning at Thomas Jeffer son Quar

Glaser, B., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Chicago: Aldine.

Hansen, N. E., & Gladfelter, J. (1996). Teaching graduate psychology seminars using electronic mail: Creative distance education. Teaching of Psychology, 23 (4), 252-256.

Johnson, M., Spitz, P., Nelson, L., Bowman, M. T., Devine, C., Kanazawa, L., & Rang, G. (2000). Perceptions of occupational therapists regarding postprofessional educa tion [Letter to the editor]. American Journal of Occupational Therapy, 54, 444-445.

Kearsley, G., Lynch, W., & Wizer, D. (1995). The effectiveness and impact of online learning in graduate education. Educational Technology, 35 (6), 37-42.

Lally, V., & Barrett, E. (1999). Building a learning community on-line: Towards socio-academic interaction. Research Papers in Education, 14 (2), 147-163.

Lauzon, A. C. (1992). Integrating computer-based instruction with computer confer encing: An evaluation of a model for designing online education. The American Journal of Distance Education, 6 (3), 32-46.

McAlpine, H., Lockerbie, L., Ramsay, D., & Beaman, S. (2002). Evaluating a web-based graduate level nursing ethics course: Thumbs up or thumbs down? The Journal of Continuing Education in Nursing, 33 (1), 12-18.

McKeachie, W. J. (1986). Teaching tips: A guidebook for the beginning college teacher (8th ed.). Toronto: D. C. Heath & Company.

Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis: A sourcebook of new methods. Newbury Park, CA: Sage Publications.

Rovai, A. P. (2001). Building classroom community at a distance: A case study. Educational Technology Research and Development, 49 (4), 33-48.

Simons, D. F., Baron, J. A., Knicely, K. S., & Richardson, J. S. (2001). Online learning: Perspectives of students and faculty in two disciplines–occupational therapy and teacher education. Occupational Therapy in Health Care, 14 (2), 21-53.

Tiene, D. (2000). Online discussions: A survey of advantages and disadvantages compared to face-to-face discussions. Journal of Educational Multimedia and Hypermedia, 9 (4), 371-384.

Udod, S. A., & Care, W. D. (2002). Lessons learned in developing and delivering web-based graduate courses: A faculty perspective. The Journal of Continuing Ed ucation in Nursing, 33 (1), 19-23.

Brief or New: The Benefits of On-Line Learning in Occupational Therapy

American Occupational Therapy Association (1998). Standards for an accredited edu cational program for the occupational therapist, 53 (6), 575-582.

Barr, R., and Tagg, J. (1995). From teaching to learning-A new paradigm for under graduate education. Change, 27 (6), 13-26.

Blackboard, Inc. (2003). Blackboard Learning System. Retrieved June 20, 2003 from www.blackboard.com/docs/wp/LSR6WP.pdf.

Esdaile, S., and Roth, L. (2000). Education not training: The challenge of developing professional autonomy. Occupational Therapy International, 7 (3), 147-152.

Holm, M. (2000). Our mandate for the new millennium: Evidence-based practice. El eanor Clarke Slagle Lecture. American Journal of Occupational Therapy, 54 (6), 575-585.

Neistadt, M. (1998). Teaching clinical reasoning as a thinking frame. American Jour nal of Occupational Therapy, 52 (3), 221-229.

Occupational therapy practice framework: Domain and process (2002). American Journal of Occupational Therapy, 56 (6), 609-639.

Simons, D. F., Baron, J. A., Knicely, K., and Richardson, J. (2001). On-line learning: Perspectives of students and faculty in two disciplines-Occupational therapy and teacher education. Occupational Therapy in Health Care, 14 (2), 21-53.

Brief or New: WebQuests: An Instructional Strategy for the Occupational Therapy Classroom

Dodge, B. (2000). WebQuests (On line). Available http://www.edweb.sdsu/courses/

edtec596/about_webquests.html

March, T. (2000). Why WebQuests? An introduction (On line). Available http://www/

ozline.com/webquests/intro.html

Marzano, R. J., Brandt, R. S., Hughes, C. S., Jones, B. F., Presseisen, B. Z., Rankin, S. C.,

& Suhor, C. (1988). Dimensions of thinking: A framework or curriculum and instruc

tion. Alexandria, VA: Association for Supervision and Curriculum Development.

Mayer, R. E. (1985). Implication of cognitive psychology for instruction in mathemati

cal problem solving. In E. A. Silver (Ed.) Teaching and learning mathematical

problem solving: Multiple research perspectives. Hillsdale, NJ: Erlbaum.

Noddings, N. (1985). Small groups as a setting for research on mathematical problem

solving. In E. A. Silver (Eds.), Teaching and learning mathematical problem solv

ing: Multiple research perspectives. Hillsdale, NJ: Erlbaum.

Palinscar, A. S. & Brown, A. L. (1989). Classroom dialogues to promote self-regulated

comprehension. In J. Brophy (Ed.), Advances in research and teaching. Greenwich,

CT: JAI Press.

Ritchie, D. & Hoffman, B. (1996). Incorporating instructional design principles with

the World Wide Web. In Khan, B. (Ed.) Web-based instruction. Englewood Cliffs,

NJ: Educational Technology Publications, Inc. SUGGESTED WEB RESOURCES FOR FACULTY

Bernie Dodge is the creator of the WebQuest. He teaches at San Diego State Univer

sity and has created a website with a WebQuest that teaches you the design steps for

constructing WebQuests. This site also has links to guidelines for grading rubrics.

http://www.edweb.sdsu/courses/edtec596/about_webquests.html

Tom March's rationales for APPENDIX A Example-WebQuest on Cerebral Palsy

Issue

You have just been assigned to work at the local children's hospital for your next clinical

rotation. You will be working in occupational therapy with families of children with cerebral

palsy (CP). You will provide both inpatient and outpatient services. You must research and

prepare for this clinical rotation. The class will divide into four small groups, each complet

ing one of the tasks below. You will report your findings back to your classmates in two

weeks and provide handouts for all.

Task

Each group will play the role of an OT with a slightly different focus.

Group One-Medical Information/Diagnostic Summary

Your task is to obtain information about medical procedures, diagnosis, prognosis and

other relevant information. Focus your efforts on medical interventions for CP and associ

ated problems and therapeutic interventions. You must prepare an in-depth diagnostic

summary that includes diagnosis criteria, prognostic indicators, incidence, prevalence,

signs, symptoms, associated problems, medical interventions and therapeutic interven

tions.

Group Two–You have been assigned to the parent support group. This meets weekly at

the hospital. You must find out about resources for families with children with CP in your

geographical area. You will prepare this month’s newsletter that identified resources that in

cludes the contact person’s name, phone number, any eligibility criteria, and services of

fered to families and children with CP.

Group Three–You will be working closely with a physician in the spasticity reduction

clinic. You must research the more common methods of reducing spasticity, indications for

their use, and the role of OT in intervention. Provide a chart for your classmates that com

pares and contrasts the various spasticity reduction techniques including medications, in

jections, and surgical procedures and the indications, contraindications, outcomes, and

therapy interventions.

Group Four–Your focus is on locating literature that supports promoting independence

in activities of daily living. Locate literature that supports specific techniques used by occu

pational therapists to promote independence in these skills. This should include feeding,

dressing and toileting skills specifically. Prepare a two-page handout that includes a synop

sis of the researched literature in a table format. This may include information about com

monly recommended assistive devices.

Cerebral Palsy Resources

Facts/ Medical Information

http://gait.aidi.udel.edu/res695/homepage/pd_ortho/clinics/c_palsy/cpweb.htm

Parent Support Groups

Parents helping parents

http://php.com

Specific types Info

Hemiplegic CP-website by parents and for parents

http://www.hemikids.org

Websites written by families/ patients

Susie’s website

http://www.susiecphome.com/home.html

Local/ State Agencies

Alabama State Agencies

http://www.nichcy.org/stateshe/al.htm

United Cerebral Palsy Association with links to states

Spasticity Management

http://www.hbot.com/

The Information Exchange by Dr. Fredrickson

http://www.askdrmark.com

Cerebral Institute of Discovery-Non-surgical Interventions for CP

http://www.cerebral.org/cptreat.html

Process

Each member of the team is responsible for collecting data on the subtopics. Besides

the web sites listed above, students are expected to review peer reviewed journal articles

and relevant textbooks. If in your search, you discover another wonderful web site, please

share the address with the course instructor. Also, if any of the links above are no longer

working, let the course instructor know that as well. Think about all the resources available

to you within department, on campus, and in the library.

You will need to meet as a group to discuss your findings and summarize the informa

tion in an organized format. Your final products as a group should be a synthesis of infor

mation based on your findings.

Products

You are to gather information and create the following:

2. A professional presentation for about 20 minutes that includes visual aids and each member contributing to the presentation process. Be sure to highlight the important discoveries and synthesis of information you found. This should be professional, well rehearsed, and contain accurate information. Be prepared to answer questions about your topic.

Evaluation

Points will be earned based on each group’s efforts and final products. The final prod

ucts will include both the written products and final presentations. Points in the grading ru

bric will be as follows:

7. Accuracy and depth of informational resources utilized

8. Ability to synthesize information into professional written documents

9. Quality of finished written product-informative, accurate, succinct, appearance, spelling, grammar, neatness

10. Organization of presentation format that flows well and reinforces key points of infor mation to audience

11. Process of presentation to include quality of visual aides, ability to be heard and un derstood, audience involvement, and accuracy of information presented

12. Individual contribution to the group as evaluated by other team members

Conclusion

You were able to use the small group process to locate relevant information and learn

about CP and occupational therapy. In real world situations, the occupational therapists are

expected to have all this knowledge and assume all these roles. Knowing these resources

are available should help you stay current in your knowledge and abilities.

Accreditation Council for Occupational Therapy Education (1998). Standards for an accredited educational program for the occupational therapist. Bethesda, MD: American Occupational Therapy Association.

Baum, C., & Law, M. (1998). Community health: A responsibility, an opportunity, and a fit for occupational therapy. American Journal of Occupational Therapy, 52, 7-10.

Diffendal, J. (2003). Shelter in South Bend: A homeless center builds its success on OT students. ADVANCE for Occupational Therapy Practitioners, 19, 37-38, 46.

Fazio, L. S. (2001). Developing occupation-centered programs for the community: A workbook for students and professionals. Upper Saddle River, NJ: Prentice Hall.

Frey, J. H., & Oishi, S. M. (1995). How to conduct interviews by telephone and in per son. Thousand Oaks, CA: Sage Publications.

Merryman, M. B. (2002, May 13). Networking as an entrée to paid community prac tice. OT Practice, 7, 10-13.

O'Neil, E. H., & the Pew Health Professions Commission (1998). Recreating health professional practice for a new century. San Francisco: CA: Pew Health Profes sions Commission.

Patton, M. Q. (1990). Qualitative evaluation and research methods (2nd ed.). Newbury Park, CA: Sage.

Perrin, K., & Wittman, P. P. (2001). Educating for community-based occupational therapy practice: A demonstration project. Occupational Therapy in Health Care, 13, 11-21.

Scaffa, M. (2001). Occupational therapy in community-based practice settings. Philadelphia, PA: F. A. Davis.

U.S. Department of Health and Human Services (2000). Healthy People 2010 (Conference Edition, Two Volumes). Washington, DC: Author.

Valluzzi, J. L. (2002, February 11). Evaluating and monitoring community-based programs. OT Practice, 7, 10-13.

Educating for Community-Based Practice: A Collaborative Strategy

Accreditation Council for Occupational Therapy Education. (1998). Standards for an accredited educational program for the occupational therapist. Bethesda, MD: American Occupational Therapy Association.

Baum, C. & Law, M. (1997). Nationally speaking-community health: A responsibility, an opportunity, and a fit for occupational therapy. American Journal of Occupa tional Therapy, 52, 1, 7-10.

Cermack, S. A. (1976). Community-based learning in occupational therapy. American Journal of Occupational Therapy, 30, 3, 157-161.

Cromwell, F. & Kielhofner, G. (1976). An educational strategy for occupational ther apy community service. American Journal of Occupational Therapy, 30, 629-633.

Donohue, M. V. (2001). Group co-leadership by occupational therapy students in com munity centers: Learning transitional roles. Occupational Therapy in Health Care, 15, 1-2, 85-98.

Dunbar, S. B., Simhoni, O., & Anderson, L. T. (2002). Classification of fieldwork expe riences for the new millennium. Occupational Therapy in Health Care, 16, 1, 81-87.

Fidler, G. S. (2000). Beyond the therapy model: Building our future. American Journal

Fidler, G. S. (2001). Community practice: It’s more than geography. Occupational Therapy in Health Care, 13, 3-4, 7-9.

Frank, G., Fishman, M., Crowley, C., Blair, B., Murphy, S. T., Montoya, J. A., Hickey, M. P., Brancaccio, M. V., & Bensimon, E. M. (2001). The New Stories/New Cul tures after-school enrichment program: A direct cultural intervention. American Journal of Occupational Therapy, 55, 501-508.

Friedland, J., Polatajko, H., & Gage, M. (2001). Expanding the boundaries of occupa tional therapy practice through student fieldwork experiences: Description of a pro vincially-funded community development project. Canadian Journal of Occupational Therapy, 68, 5, 301-309.

Grossman, J. (1974). Community experience for students. American Journal of Occu pational Therapy, 28, 589-591.

Heubner, J. & Tryssenaar, J. (1996). Development of an occupational therapy practice perspective in a homeless shelter: A fieldwork experience. Canadian Journal of Occupational Therapy, 63, 24-32.

Loukas, K. M. (2000, July 3). Emerging models of innovative community-based occu pational practice: The vision continues. OT Practice, 9-11.

Mason, L. (1998). Fieldwork education: Collaborative group learning in community settings. Australian Occupational Therapy Journal, 45, 4, 124-130.

McColl, M. A. (1998). What do we need to know to practice occupational therapy in the community. American Journal of Occupational Therapy, 52, 1, 11-18.

Menks, F., Sittler, S., Weaver, D., & Yanow, B. (1977). A psychogeriatric activity group in a rural community. American Journal of Occupational Therapy, 31, 6, 376-384.

Miller, P. A., Hedden, J. L., Argento, L., Vaccaro, M., Murad, V., & Dionne, W. (2001). A team approach to health promotion of community elders: The microwave project. Occupational Therapy in Health Care, 14, 17-34.

Muñoz, J. (2002). Culturally responsive caring in occupational therapy: A grounded theory. Unpublished doctoral dissertation, University of Pittsburgh, Pittsburgh.

Pennsylvania Common Grant Application. Retrieved January 27, 2003 from http://www.cmu.edu/develop/infoserv/prop/cgaf.html

Perrin, K. & Wittman, P. (2001). Educating for community-based occupational ther apy practice: A demonstration project. Occupational Therapy in Health Care, 13, 3-4, 11-21.

Rydeen, K., Kautzmann, L., Cowan, M. K., & Benzing, P. (1995). Three faculty facili tated, community-based level 1 fieldwork programs. American Journal of Occupa tional Therapy, 49, 112-118.

Scaffa, M. (2001). Occupational therapy in community-based

practice settings. Phila delphia, PA: F. A. Davis.

Schaber, P. L. (2001). Qualitative evaluation of a management course project: Creating new job possibilities for occupational therapy. Occupational Therapy in Health Care, 13, 1-2, 177-192.

Scott, A. H. (1999). Wellness works: Community service health promotion groups led by occupational therapy students. American Journal of Occupational Therapy, 53,

Shordike, A. & Howell, D. (2001). The reindeer of hope: An occupational therapy pro gram in a homeless shelter. Occupational Therapy in Health Care, 15, 57-68.

Totten, C. & Pratt, J. (2001). Innovation in fieldwork education: Working with mem bers of the homeless population in Glasgow. British Journal of Occupational Ther apy, 64, 11, 559-563.

Walens, D., Helfrich, C. A., Aviles, A., & Horita, L. (2001). Assessing needs and de veloping interventions with new populations: A community process of collabora tion. Occupational Therapy in Mental Health, 16, 3-4, 71-95.

Wittman, P., Conner-Kerr, T., Templeton, M. S., & Velde, B. (1999). The Tillery pro ject: An experience in an interdisciplinary, rural health care service setting. Physi cal & Occupational Therapy in Geriatrics, 17, 17-28.

The Aware Communicator: Dialogues on Diversity

Aguilar, E. (1995.) Re-evaluation counseling: A “culturally competent” model for so

cial liberation. Seattle, WA: Rational Island Publishers.

Baker, S. & McKay, E. A. (2001). Occupational therapists’ perspectives of the needs of

women in medium secure units. British Journal of Occupational Therapy, 64,

441-8.

Benham, P. K. (1988). Attitudes of occupational therapy personnel toward persons

Black, R. M. (2002). Occupational therapy’s dance with diversity. American Journal

of Occupational Therapy, 56, 140-147.

Brown, C. R. & Mazza, G. J. (1991). Peer training strategies for welcoming diversity.

In J. Dalton (Ed.), Racism on campus: Confronting racial bias through peer inter

ventions (pp. 39-51). San Francisco, CA: Jossey-Bass.

Brown, C. R. (1992, August). National Coalition Building Institute Leadership Train

ing Institute, Washington, DC.

Cena, L., McGruder, J. & Tomlin G. (2002). Representations of race, ethnicity, and so

cial class in case examples in the American Journal of Occupational Therapy.

American Journal of Occupational Therapy, 56, 130-9.

Davis, C. M. (1988). Patient practitioner interaction: An experiential manual for de

veloping the art of health care. Thorofare, NJ: SLACK.

Eberhardt, K. & Mayberry, W. (1995). Factors influencing entry-level occupational

therapists' attitudes toward persons with disabilities. American Journal of Occupa

tional Therapy, 49, 629-36.

Elliott, D. L., Hanzlik, J. R. & Gliner, J. A. (1992). Attitudes of occupational therapy

personnel toward therapists with disabilities. Occupational Therapy Journal of Re

search, 12, 259-77.

Evans, J. (1992a). What occupational therapists can do to eliminate racial barriers to

health care access. American Journal of Occupational Therapy, 46, 679-83.

Evans, J. (Ed.) (1992b). Special issue on cross-cultural perspectives in occupational

therapy. American Journal of Occupational Therapy, 46, 676-766.

Farrar, J. E. (2001). Addressing spirituality and religious life in occupational therapy

practice. Physical & Occupational Therapy in Geriatrics, 18, 65-85.

Foster-Harrison, E. S. (1994). More energizers and icebreakers. Minneapolis, MN:

Educational Media.

Froehlich, J., Hamlin, R. B., Loukas, K. M. & MacRae, N. (Ed.). (1992). Special issue

on feminism as an inclusive perspective. American Journal of Occupational Ther

apy, 4, 967-1044.

Froehlich, J. (1992). The issue is: Proud and visible as occupational therapists. Ameri

can Journal of Occupational Therapy, 4, 1042-1044.

Gibbs, K. E. & Barnitt, R. (1999). Occupational therapy and the self-care needs of

Hindu elders. British Journal of Occupational Therapy, 62, 100-6.

Humphry, R. (1995). Families who live in chronic poverty: Meeting the challenge of

family-centered services. American Journal of Occupational Therapy, 49, 687-93.

Jackins, H. (1981). The art of listening. Seattle, WA: Rational Island Publications.

Jackins, H. (1994). The human side of human beings. Seattle, WA: Rational Island

Publications.

Jackson, J. (1995). Sexual orientation: Its relevance to occupational science and the

practice of occupational therapy. American Journal of Occupational Therapy, 49,

669-79.

Jongbloed, L. (1998). Disability income: The experiences of women with multiple

sclerosis. Canadian Journal of Occupational Therapy, 65, 193-201.

Kelly, J. (2000). Sexual orientation and occupational behavior. British Journal of Oc

Kreps, G. L. & Kunimoto, E. N. (1994). Effective communication in multicultural

health care settings. Thousand Oaks, CA: Sage Publications.

Letvak, S. (2002). Myths and realities of ageism and nursing. Association of Operating

Room Nurses, 75, 1101-1107.

Low, J. F. (1997). Religious orientation and pain

management. American Journal of

Occupational Therapy, 51, 215-9.

MacDonald, J. (1998). What is cultural competency? British Journal of Occupational

Therapy, 61, 325-328.

Matlala, M. R. (1993). Race relations at work: A challenge to occupational therapy.

British Journal of Occupational Therapy, 56, 434-6.

McIntosh, P. (1989, July/August). White privilege: Unpacking the invisible knapsack.

Peace and Freedom, 10-12.

Parish, J., Carr, D., Suwinski, M. & Rees, C. (1990). Undressing the facts: The prob

lems encountered by male occupational therapists. British Journal of Occupational

Therapy, 53, 67-70.

Rothenberg, P. S. (Ed.) (1998). Race, class and gender in the United States: An inte

grated study (4th ed.). New York: St. Martin’s Press.

Schwartzberg, S. (2002). Interactive reasoning in the practice of occupational therapy.

Upper Saddle River, NJ: Prentice Hall.

Townsend, E. (Ed.) (1997). Enabling occupation: An occupational therapy perspec

tive. Ottawa, Ontario: Canadian Association of Occupational Therapists.

Wells, S. A. & Black, R. M. (2000). Cultural competency for health professionals.

Bethesda, MD: The American Occupational Therapy Association.

White, M. J. & Olson, R. S. (1998). Attitudes toward people with disabilities: A com

parison of rehabilitation nurses, occupational therapists, and physical therapists.

Rehabilitation Nursing, 23, 126-31.

Williamson, P. (2000). Football and tin cans: A model of identity formation based on

sexual orientation expressed through engagement in occupations. British Journal of

Occupational Therapy, 63, 432-9.

Zeuschner, R. (2003). Communicating today: The essentials. Boston: Pearson Educa

tion. APPENDIX A QUESTIONS TO FACILITATE DIALOGUES ON DIVERSITY

Questions to Facilitate Sharing Life Stories

1. What are some pleasant childhood memories?

2. What are some pleasant adolescent memories?

3. What are some pleasant memories from young adulthood?

4. What are some pleasant memories from middle-aged adulthood (for the nontraditional learner)?

5. Tell me (us) about something that was challenging in your past.

6. Tell me (us) about something that currently is challenging.

Questions for Dialogue on Gender

1. What do you like about being female or male?

2. What is difficult about being female or male?

3. Describe for me something that you do not like about your gender.

4. How can people of the other gender be better allies to you?

Questions for Dialogue on Sexual Orientation

1. What attitudes about sex were communicated to you in your family?

2. What attitudes about sex were communicated to you in grade school?

3. What attitudes about sex were communicated to you in your church, synagogue, or mosque?

4. What attitudes about sex were communicated to you on the streets in your neighborhood?

5. Share your experiences with persons who are gay, lesbian, bisexual, or transgendered. (Occasionally, a student uses the communication seminar as an opportunity to come out. Remind the group that a minimum of 10% of the population is gay, lesbian, bisexual, or transgendered [Brown, 1992] and to avoid making assumptions about persons they meet.)

6. Describe the reasons you feel comfortable being someone of your sexual orientation.

7. Describe the challenges in being someone of your sexual orientation.

Questions for Dialogues on Disability

1. Talk about a disability you currently may have or one that you had in the past, describ ing positive and challenging aspects of having that disability.

2. Talk about your experiences, both positive and challenging, interacting with persons with disabilities.

3. What disability would be the most challenging for you to have and why?

Questions for Dialogues on Ageism

1. Have you ever felt mistreated for being a particular age? If yes, describe the experi ence and how you handled the situation.

2. Think about your experiences with elders and answer: a. What are your concerns about growing older? b. How would you like to be treated when you are an elder?

Questions for Dialogues on Religion

1. Describe your religious heritage and current practices.

2. What are the strengths of your religious background?

3. Tell me (us) about current or past hardships or challenges in your religious back ground.

Questions for Dialogues on Ethnicity and Culture

1. Share about an object from your culture.

2. What is your ethnic or cultural background?

3. What is important to you about your ethnic or cultural background?

4. What are some challenges of belonging to your ethnic or cultural background?

5. Why did you or your ancestors come to the United States?

6. What makes you proud to be an American?

7. How would you like the United States to be different?

Questions for Dialogues on Class Background

1. Describe your thoughts about discussing the socioeconomic status of your family. E.g., are you comfortable discussing this topic?

2. Describe your class background, including the educational level of your parents and grandparents and what type of work they did.

3. Did your family have enough, more than enough, or less than enough financial re sources?

4. Did your family’s financial resources fluctuate?

5. What is positive about belonging to your class background?

6. What is challenging about belonging to your class background?

Questions for Dialogues on Race

Listening partnerships can assist white persons and persons

of color to reevaluate their

experiences with persons of the same race and of a different race. A helpful technique is to

cluster white students together and students of color together to address the following ques

tions before reporting back to the group. If only one person is white or one person is of color

(from one particular race), partner that person with someone of his or her choice.

1. What are your earliest memories of noticing people of different races?

2. Describe your relationships with persons of different races.

3. Describe how has racism affected you.

4. How would you like the world to be different in terms of race?

This sampling of dialogue questions has been useful in fostering communication about di

versity. Dialogue questions can be supplemented with a variety of communication exercises

related to verbal and nonverbal communication skills, active listening, self-awareness, values

exploration, assertiveness, and conflict resolution.

APPENDIX B GROUND RULES

1. Each student avoids speaking twice before others have had the opportunity to speak once; students are free to pass on taking their turn to speak, however.

2. No one speaker monopolizes the time; the goal is shared equal time.

3. Only one person speaks at a time.

4. Take risks when speaking.

5. Take risks when actively listening.

6. Each person takes responsibility for ensuring that the group runs smoothly.

7. If someone says something of interest in a listening partnership or group, and you want to know more at a later time, ask this person if reopening the discussion is some thing he or she would be comfortable doing.

8. Honor confidentiality. Two rules of confidentiality are useful. First, the information shared during listening partnerships and group discussions must be kept confidential when outside that pair or group. Second, group members can explain the content of someone

EDITORS' INVITED COMMENTARY ON PROFESSIONAL ISSUES How Does One Develop and Document the Skills Needed to Assume a Deanship in Higher Education?

Glassick, C. E., Huber, M. T., & Maeroff, G. I. (1997). Scholarship assessed. Evalua

tion of the professoriate. San Francisco, CA: Jossey-Bass.

Kotter, J. P. (1990). What leaders really do. Harvard Business Review, May-June (No.

3820).

Oakley, E., & Krug, D. (1991). Enlightened leadership. Getting to the heart of change.

New York, NY: Fireside.

Tropman, J. E. (1996). Making meetings work. Achieving high quality group decisions.

Thousand Oaks, CA: Sage Publications.

Ward, K. (2002). A vision for tomorrow: Transformational nursing leaders. Nursing

Outlook, 50 (3), 121-126.

Wolverton, M., Gmelch, W. H., Montez, J., & Nies, C. T. (2001). The changing nature

of the academic deanship (Vol. 28). San Francisco, CA: Jossey-Bass. ACADEMIC MANAGEMENT: A PERSONAL PERSPECTIVE

My assumptions about academic administration have changed drastically

since 1998 when I was appointed to the role of Dean. I had been a Chair for 12

years serving in two different institutions and had an affinity for the role. I of

ten described my responsibilities as a delicate balancing act, where you "led

among peers" (Tucker, 1986). Others use the analogy of "herding cats" be

cause of the autonomous and diverse views of faculty. It was the nature of this

tension, the conflicting and delicate pull of responsibilities, that interested me.

In one day one could be expected to lead, facilitate, coach, mentor and perform

faculty tasks like research and teaching. Other chairs shared this excitement at

AOTA semi-annual COE Program Director meetings. This group shared in

formation and discussions about Workload, ACOTE scores, ADA, research,

tenure and teaching methods. The meetings were lively and crammed with

creative ideas that I could implement.

Frankly, I never thought much about being a dean until the opportunity pre

sented. My academic background is deep and varied. When I was asked to

serve as Interim Dean, I knew that I was prepared for the role and felt a rush of

anticipation but consulted with other deans to make sure that the role would

suit my background and personality. Reference materials helped clarify what I

was getting into. The most succinct starting point was a series of four ques

tions formulated for individuals who think that they want to become a dean

(Tucker and Bryan, 1991):

1. What is your experience in academic administration? Do you know the way that universities and colleges operate? Does this excite and interest you? (p. 8)

2. Do you have the patience to work through issues in a slow-moving hier archy to achieve your goals? (p. 9)

3. Are you able to receive “raw and unfiltered, occasionally even mean-spirited and vicious” criticism? (Ibid.)

4. Can you make decisions–hard ones regarding people, space and re sources–based on the needs of the organization?

I answered these questions and determined that my years of academic expe

riences, visits to other universities, national and state leadership all provided a

background to take on this new role. These questions were also useful when

thinking about the similarities and differences between the role of chair and

dean. The biggest change for most is the move from a specialized area of

sions must benefit the university rather than a single individual or profession.

To me, this is analogous to a family vs. an organizational perspective.

The second biggest change is the loss of control over scheduling your time.

Where a faculty member balances teaching, research and service, a chair adds

management to all of the former tasks, and a dean manages these tasks and

considers how all the pieces fit together. The dean links the college and depart

ment missions and goals to the needs of the entire university and community.

Instead of learning more about a focused area of research and teaching, one

learns about other professions and majors, budgets, credit hour costs, policies

and procedures, legal issues, and external demands on the university.

As a chair, I could garner my dean’s support and determine when I would

teach, do research, and perform service. I remember taking several days a

week to finish a grant application or attend an important AOTA event. In con

trast, deans’ time-use is determined externally by university, college and com

munity commitments. What does that mean? There is little discretionary time

in the calendar. For example, in our institution, deans have a minimum of 8-10

hours of standing meetings per week. This is not true in all institutions but as

part of a management team, participation and thoughtful input are essential.

Most deans have other demands such as evening events and community orga

nization meetings where they represent the College or University.

Which brings us to the third change, separation from one’s professional

colleagues. After a few years, one can feel estranged from one’s profession.

Research in one’s area of interest is trumped by management literature on top

ics such as documentation for problem employees, regulations and legal is

sues, strategic planning methods and ideas for development and alumnae

relations.

Why do I love the dean role now? It requires small-group and one-on-one

teaching with faculty, students, staff, deans, administrators, vice-presidents

and trustees. There are periodic meetings with the President and service on

taskforces, strategic planning and follow-up committees. Short-term feedback

is usually absent and one must seek internal and external benchmarks to mea

sure achievements. It is rare to get overt feedback from busy faculty who have

more immediate issues on their minds.

The tools deans use to reach long-term gains are effective listening and ob

jective decision-making. Both tools must be grounded in university rather than

individual, department, profession or a major’s needs. At times, one can cre

atively combine several needs to satisfy more than one request. On the other

hand, there are times when no compromise is possible, and a choice must be

made. The choice may not be well-received by faculty and students.

This is why deans think about the political ramifications of their decisions

voice is personal and family-like, the dean perspective is best when objective

and managerial. This means there is a distance between faculty and adminis

tration. Faculty may wonder why the academy needs any academic adminis

trators–with the exception of payroll (Fish, 2003).

Digging deeper, my clinical training, knowledge of occupation and task

performance have informed my behavior as a dean. Group dynamics, interpre

tation of verbal and non-verbal communication, and the ability to articulate

hope and a vision of future growth and development are helpful skills. Lis

tening, understanding a problem in context, using qualitative and quantitative

data to analyze information, designing small, manageable steps to attain suc

cessful outcomes, and judging when to push for a dramatic shift in direction

are important also.

Finally, I also would like to mention the importance of managing stress be

cause a talented dean should not react to emotion but encourage thought about

why the emotion is present. Seasoned administrators think about when and

how to communicate information even if unpleasant. The goal of interaction is

to listen, learn and promote reflection in the person or group. I have learned to

ask a lot more questions. These questions are not pointed and antagonistic but

reflective and quizzical. For example, if a faculty member comes in to com

plain about his or her supervisor, a dean might ask for

background informa

tion. This simple question might take the individual more than an hour to

describe. After listening and jotting down notes, one might check to make sure

if one's understanding is complete and then ask, "why do you think you are in

the present situation?" "How would you resolve the situation?" I have seen in

dividuals thoughtfully ponder their situation and offer creative solutions. If

not, it is the dean's responsibility to foster a resolution that works for both par

ties. Guiding positive interaction rather than negative stances is a teaching

method.

On the other hand, there are times when a direct approach is required. This

type of active management may be welcomed or condoned. Thus, there are

tacit smiles around dean groups when someone mentions that this or that ac

tion will not be applauded. The ability to be flexible but strong in the face of

adversity is another facet of the position. All part of a day's work. I find com

fort in the adage that it is the journey that is important, not just getting there. SUGGESTED READINGS

Austin, MJ, Ahearn, FA, and English, RA (1997) The professional school

Bergquest, WH (1992) The four cultures of the academy: Insights and strate

gies for improving leadership in collegiate organizations.

San Francisco:

Jossey-Bass Publisher.

Fish, S (April 4. 2003) Point of view: First, kill all the administrators. The

Chronicle of Higher Education, p. B20.

Tucker, A and Bryan, RA (1991) The academic dean: Dove, dragon, and diplo

mat. New York: American Council on Education, Macmillan Publishing Com

pany.

The Journal of Higher Education (ISSN 0022-1546) published bimonthly by

Ohio State University Press, 1070 Carmack Road, Columbus, OH 43210-1002.

Ruth L. Schemm, EdD, OTR, OT(C), FAOTA Ruth L. Schemm, EdD, OTR/L, FAOTA Dean, College of Health Sciences University of the Sciences in Philadelphia THE OCCUPATIONAL THERAPIST AS ACADEMIC DEAN

Becoming a dean has not been a common career aspiration for occupational

therapists, who primarily choose the profession for its clinical service-related

aspects, or even for occupational therapy educators who invest so powerfully

in the education of future occupational therapists. However, the philosophy,

content areas, and skill-base of occupational therapy are elements that fit well

with the requirements of the dean role as this role is one that has a key focus on

maximizing occupational performance in others. The dean is responsible for a

multitude of activities that maximize occupational

performance via support

ing faculty, staff, and student development and learning.

In addition to the expertise in facilitating occupational performance that oc

cupational therapists bring to a dean position, many occupational therapy

skills and areas of knowledge are valuable in the day-to-day roles of a dean.

The ability to analyze tasks and processes is used in problem-solving and de

velopment of new initiatives as well as in completing tasks while attending to

process, but not allowing process to unnecessarily interfere with task comple

tion. Knowledge of group dynamics is an excellent foundation for leadership

of a college, leadership of and membership on committees, and mentoring of

Knowledge of human development, including occupation across the life span,

is very helpful in understanding why certain student, faculty, and staff issues

arise. The occupational therapist’s view about the physical environment and

its impact on human functioning also can be a valuable perspective to share

with others in selection of environments for specific activities and modifica

tion/renovation of environments to enhance human performance. In addition,

the occupational therapist’s knowledge base in issues associated with disabili

ties and health care in general are valued resources in

representing the college

to other groups on and off campus.

For most occupational therapists, becoming an educator and certainly be

coming a dean have been more of a matter of circumstances in which there is a

fit between knowledge/skills/experiences acquired and the opportunity arising

to use one’s knowledge/skills/experiences in an academic administrative role,

rather than a specific life plan. However, if an occupational therapist aspires to

become a dean, especially in the area of health professions, several types of

experiences provide an excellent foundation. In applying for a dean position,

these experiences can be framed to illustrate the fit with various components

of the dean role. These include:

1. Strong clinical experiences in a variety of practice settings. Client/patient experiences provide the basis for deeply understanding why we are invested in assuring a high-quality education for students who will be future professionals and colleagues. These experiences serve as a reference point for understanding what students need to learn in content, in skills, and in professionalism. They also support an understanding of the culture and values of health care organizations, which may differ from academic institutions. Appreciating the culture of these organizations provides a foundation for discussions of academic-clinical collabora tive arrangements.

2. Experiences working with interdisciplinary teams in which all team members are valued for their important contributions in addressing cli ent needs. These experiences allow the prospective dean to become fa miliar with the values, perspectives, knowledge and skills of other disciplines that are likely to be in a college of health professions. The experience with teamwork is crucial

for leading, supporting the leader ship of, and being a member of a variety of committees and work groups made up of individuals from different disciplinary backgrounds.

3. Experiences as a clinical educator. These are valuable in appreciating the perspective of the clinical educator–and why good academic perfor mance does not always predict good clinical performance. Such experi ences insure a clinical perspective in handling issues with students who do not display the clinical skills necessary for program completion, de the clinical contract process and institutional review board issues from the viewpoint of those in the clinical setting.

4. Substantial and varied academic teaching experiences. These provide the prospective dean with a foundation to draw upon to illustrate a pow erful investment in high-quality teaching. Such experiences must be sufficiently broad in variety and sustained enough to engender the credi bility necessary for the dean role. Such variety could be achieved through a mix of the following options: part-time and full-time teach ing; undergraduate and graduate teaching; didactic, laboratory, and clinical teaching; undergraduate and graduate research and supervision; student advising at different academic levels. These experiences allow the dean to appreciate the lived experiences of the faculty member with course preparation, classroom facility challenges, technology applica tions in the teaching-learning process, grading issues, academic integ rity issues, and student performance variability.

5. Attainment of the rank of Professor. This rank is often required and al ways desirable. It indicates to others a record of outstanding teaching and advising, sustained high-quality involvement in scholarship (with peer recognition of one’s work), and service internal to the University as well as externally in the community and/or within the profession. Scholarship activities allow for definition of problems, development of plans for qualitative and quantitative data collection, analysis of various types of data, and development of recommendations; all of these skills are needed by deans in a host of administrative projects and in the evaluation of faculty scholarship. Service activities increase the understanding of various units on the campus and the role of shared governance in curriculum, faculty development, and academic policies. Variety in these types of activities allows for different leadership opportunities and contributions to projects that affect the academic environment. Demonstrating the ability to conceive an innovative project

and see the project through to completion, including working with others in the process and despite obstacles, is a valuable skill for a prospective dean. Such pro jects are excellent examples of one's leadership skills and can be high lighted in the application and interview process.

For the occupational therapist educator who wishes to consider a dean posi

tion, from being

an occupational therapist to being a dean who represents multiple disciplines is

very important in the decision-making process. As an occupational therapy edu

cator, one focuses primarily on the importance and value of occupational ther

apy and advocates for the profession via a high level of professional activity and

direct involvement in the education of occupational therapists. In contrast, the

dean typically does not have ongoing, sustained involvement with specific stu

dents, faculty, or the profession. The dean's involvement is broader and more

policy-related, rather than focused on a single discipline. Connections with the

profession are possible, but are more difficult to sustain at a high level.

However, while a shift in perspective may be the greatest challenge for the

occupational therapist considering a dean position, this shift in perspective

must occur for a dean to be a powerful advocate for all disciplines in the col

lege. This shift is more easily accomplished if one has been involved in mean

ingful interdisciplinary work. It cannot occur unless one can sincerely take on

the perspective that disciplines other than occupational therapy are absolutely

vital to the highest quality of health care possible, and thus, the education of

future professionals in these disciplines is as important as the education of fu

ture occupational therapists.

If the occupational therapist holds this perspective, the dean position be

comes an outstanding way to contribute to the quality of health care delivered in

two key ways: (1) via education of students and (2) via faculty scholarship in

support of high-quality health care and health care education. The dean position

inherently enhances access to resources and people and provides abundant op

portunities to facilitate key initiatives. The interdisciplinary nature of the posi

tion is exciting; valuing the diversity of professions allows the dean to create

opportunities that support interdisciplinary education of students and scholar

ship-service projects and activities that enhance the community and meet health

care needs. The dean has the opportunity to personify the values of the health

professions in representing the college to the university, to the community, and

beyond. In this process, the occupational therapist as dean has the opportunity to

use her/his grounding in occupational therapy principles to affect the university

in innovative and important ways and to influence the quality of education for a

broad range of students. The dean position can be an outstanding vehicle for im

plementing the values of occupational therapy in a university setting to benefit a

large number of individuals and systems on the campus, in the community, and

through work in the various professional organizations.

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What Does the Move to Master's Level Education for the Occupational Therapist Mean for Occupational Therapy Assistant Education?

AOTA Commission on Education. "Position Paper: The Viability of Occupational Therapy Assistant Education." OT Practice, April 10, 2000. Adopted by the Representative Assembly 2002M113.

The American Heritage Dictionary of the English Language. 4th Edition. Houghton Mifflin Company, New York, 2000.
OTA-OT PARTNERSHIPS: OFFERING EDUCATIONAL OPTIONS AND OPPORTUNITIES We see the change to post-baccalaureate degree entry level for the occupa

tional therapist as a renaissance for occupational therapy assistant (OTA) educa

tion. Although an OTA curriculum is typically not found in a comprehensive

university that offers 55 undergraduate majors and 10 master's degrees, the

University of Southern Indiana (USI) has an educational program for the occu

pational therapy assistant (initially accredited in 1998) as well as a program

tors, we have determined that the change in professional entry level has had a

positive impact, which has effected a clearer demarcation between the types of

practitioners, resulting in new options and opportunities for people who wish

to enter the occupational therapy field. The new demarcation between types of practitioner education is primarily a

timing issue. Before the change in entry level for occupational therapists, USI

offered a 4-year baccalaureate degree for people who wanted to be occupa

tional therapists and a 2.5-year associate degree for those who desired to be oc

cupational therapy assistants. (At USI, the OTA curriculum is approximately

six months longer than expected because of the university's 25-credit general

education requirement for all associate degrees.) Although OTA majors are el

igible to begin practicing in less than three years, we found that because USI is

a comprehensive university, more than half of the OTA graduates continued

taking undergraduate courses to earn a bachelor's degree in health services

(BHS), a completion program designed for students holding associate degrees

in a professional field. Thus at commencement, OTA grads earning the BHS

sat intermingled with occupational therapy majors who also earned a bacca

laureate degree. The two types of practitioners earning a seemingly similar de

gree resulted in confusion in the university and the surrounding geographical

area. With the entry-level change, the timing is clearly a 2.5-year versus a

5-year option. Even if OTA students opt for a baccalaureate completion pro

gram, there is a clear difference between a bachelor's and a master's degree. The clear demarcation has resulted in new options and opportunities at all

levels. At the student level, faculty who are cross-trained in recruiting and ad

vising for both curricula can offer options that provide an

optimal matching of

student and program from the first advising session. Students who want to be

come occupational therapists, but have circumstances that require a faster op

tion, have an opportunity to graduate from the OTA curriculum first, allowing

them to enter the field and earn a good living while pursuing courses in the oc

cupational therapist curriculum on a part-time basis. At the program level,

these options and opportunities have positively effected improvements in stu

dent numbers, particularly in the OTA curriculum. The improved student

numbers have in turn positively affected program budgets, which has resulted

in additional equipment shared by both curricula. Indeed, the clear degree de

marcation has allowed USI to realize the true OTA-OT partnership envisioned

when the two educational programs were started. At the university level, the

new opportunities offer a more suitable alignment with the university’s mis

have improved student retention, especially if students begin as occupational

therapy majors, but are more suited for the OTA curriculum. To experience this rebirth of OTA education, we recommend that OTA cur

ricula form partnerships with area occupational therapy programs. Within the

partnership, faculty could become adept at advising and recruiting for both

programs. The prospective student who inquires at either curriculum could be

matched with the optimal program. Students who wish to enter the field more

quickly could complete the OTA curriculum first. Finally, the occupational

therapy major who is more suited for the OTA curriculum could easily transfer

to a different program. As occupational therapy educators, at USI, we are afforded the opportunity

to continue with our goal of assisting our clients, who are our students, in

achieving maximal occupational role performance by fitting the program to

the individual.

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IMPLICATIONS OF THE MOVE TO MASTER'S LEVEL EDUCATION FOR THE OCCUPATIONAL THERAPIST AND FOR OCCUPATIONAL THERAPY ASSISTANT EDUCATION The Occupational Therapy Assistant (OTA) educational process has pro

gressed just as the Occupational Therapist (OT) educational process has ad

vanced. If anything, the move to a master's level education for the OT has

increased the content value and necessity of the two-year technical education

for the OTA. Also, when considering the costs of education, occupational

therapy education is enticing. The two-year associate degree has also grown and developed with a greater

depth of the education required to practice. This technical education focuses

mainly on direct care skill development leading to excellent patient care. An

and strong interpersonal relationship abilities for working with patients or cli

ents of all ages, with a wide diversity of diagnosis. Additionally, they have the

skills to participate collaboratively in innovative practice. Many community

colleges have smaller class sizes and more direct student faculty contact than

the larger colleges and universities, thus allowing high-quality practice skill

development. It takes more years and more educational funding to earn a master’s degree.

How many people can afford this greater educational cost? Meanwhile, the

Certified Occupational Therapy Assistant (COTA) can earn an associate de

gree in a two-year community college, probably living at home, at a signifi

cantly lower cost. In conclusion, from my observations of the COTAs currently in practice,

there appears to be a new and increased demand for them. Therefore, just as

the educational preparation for OTs extends, it behooves those of us in OTA

education to continue to set high standards and goals for our students to meet

the needs of the work environment today. Clearly, this change in entry for the

OTs will ripple into opportunity for OTAs.

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