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A Capstone in Education: Current Challenges For Occupational Therapist Clinicians Transitioning To Role Of Academician

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Abstract

The doctoral capstone I participated in for my entry-level Doctor of Occupational Therapy program was in a focus area of education with a mentor who was a professor in a master's program. I supported my mentor in her role as a professor of a physical dysfunction intervention course and had the opportunity to present a module to students on wheelchair seating interventions. Using experience gained during my capstone as well as information learned during the review of literature, I created a guide for OTs interested in making the transition into academia to meet the capstone project requirement.

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Dr. Christina Finn Ed.D OTR/L was capstone mentor, and she is currently an established professor in the Master of Occupational Therapy (MOT) program at the New York Institute of Technology (NYIT). Dr. Finn has had a diverse career prior to academia, focusing on adult neurorehabilitation. She has published many evidence-based works as well as made several platform presentations on her work. The focus area of my capstone experience was education. Throughout my experience, I developed an understanding of the requirements for a career in academia, which is a future professional goal of mine.

Literature Review

The field of Occupational Therapy (OT) has encouraged students to pursue doctorate degrees to further the profession. Recently, the profession has debated requiring a doctorate for entry level practice, which has rapidly increased the number of entry level Doctor of Occupational Therapy (OTD) programs. The American Occupational Therapy Association (AOTA, 2012) noted that only four accredited entry level OTD programs and 145 accredited MOT programs existed in 2012. In 2020, AOTA (2020) reported that 36 accredited entry level OTD programs and 127 MOT programs are currently in existence. A deficiency of available doctoral level faculty impedes many master's programs conversions into entry level OTD programs (Griffiths & Padilla, 2006). The dramatic increase in the number of programs specifically entry level OTD programs coupled with the push for doctorate degrees in the profession is in part due to the demand for more Occupational Therapists to enter academia.

Faculty shortages are not problematic for the OT profession alone but in all allied health professions around the world, which may be caused by unified push in health professions for higher degree requirements (Murray et al., 2014b). For example, Physical Therapy recently transitioned from requiring a master's degree for entry level practice to a doctorate degree, raising the standards for practice (Collora, 2020). Increased education standards and the growth of entry level OTD programs has created an ever-increasing demand for faculty. Increased demand for qualified faculty has been a problem since 1995 (Crepeau et al., 1999). According to the AOTA (2019), 69% of OT programs had one or more faculty vacancies. AOTA contended that faculty shortages resulted from candidates being unqualified due to lack of experience or required education level. The demand will also increase as 35% of current OT faculty plan to retire by 2024 (Lockhart-Keene, 2018). Faculty shortages cannot be solved quickly; however, resources providing support for transitions into academia may encourage more clinicians to make the transition.

The qualifications for a MOT and entry level OTD professor have several distinct differences. According to the Accreditation Council of Occupational Therapy (ACOTE, 2018), entry level OTD programs require that all full-time core faculty have a doctoral degree; whereas, MOT programs only require that a majority of faculty have a doctoral degree. Entry level OTD programs require 50% of faculty to have a post professional doctorate, but MOT programs only require that 25% of full-time core faculty have a post professional doctorate (ACOTE, 2018). Students who graduate with an entry level doctorate can teach in either program however a master's student would only be able to teach in a master's program. In both situations, it is likely the clinician would be required to earn a higher degree, such as a Doctor of Philosophy or Education. Given this information combined with the fact that academic and research pathways

are not traditionally promoted to students, it is clear why there is a shortage in qualified faculty (Murray et al., 2014a). Full-time OT faculty positions on Indeed require an average of three to five years of clinical experience, and the experience must be relevant to the courses being taught. Most programs require additional experience in research prior to entering academia. Once an OT has earned the required degree and clinical research experience, they can begin a career in academia.

After becoming a clinician, changing career paths and entering academia can be challenging. The available literature on this transition is limited to firsthand accounts or literature reviews that are outdated. This literature review will synthesize information on this subject as well as highlight the need for more resources. Major themes that emerged in the reviewed literature include motivation to transition into academia, challenges transitioning from clinical roles to academia, and a gradual progression into academia.

The motivation to go beyond clinical practice and into academia may be due to a need to expand their role as a clinician and share knowledge learned in practice. According to a survey of OT faculty, the two most popular reasons for transitioning to a career in academia was a desire and preference for teaching and a desire to share their clinical experience (Vassantachart & Rice, 1997). Transitioning into academia creates a shift in identity for an OT that is is made easier by the intrinsic reward of sharing their passion for the profession with future OTs and the intellectual stimulation of contributing to the curriculum (Murray et al., 2014b). Work in academia is often seen as giving back to the profession that has given them so much (Chiariello et al., 2020). The intrinsic reward gained during teaching is often enough to offset the challenges faced during this transition.

The progression from clinician to professor is not sudden and can begin with taking on more responsibilities, administrative roles, or short-term teaching positions. Martinez (2018) described the transition from a clinician in a rehabilitation setting to becoming a respected professor. The author gradually began to assume more responsibilities through advocacy, continuing education, and involvement in administrative projects. This gradual progression develops leadership skills and the knowledge necessary to overcome the challenges of transitioning into academia. Prior to teaching full time, many choose to teach workshops, guest lecture, or attend education courses (Vassantachart & Rice, 1997). An adjunct position is a short term or limited faculty position in which an OT is hired for a specific course due to their expertise (Lockhart-Keene & Potvin, 2018). Many clinicians are aware of short-term positions but do not see them as an introduction to a career in academia and as a method to assist in bridging the gap in knowledge and skills required to teach. Opportunities to engage in education are not only beneficial for the clinician but also stand out on resumes when applying for academic positions

Occupational therapists understand how occupation plays a significant role in identity. Transitioning from the role of clinician to professor means a dramatic change in occupations, which can significantly impact an OT`s sense of identity. The first few years as a professor are a period of adjustment to the academic culture, new roles, and responsibilities, which requires proper support and peer mentoring (Crepeau et al., 1999). The adjustment period is exacerbated by the transition from being an experienced OT who is seen as a clinical expert to a professor that is no longer considered an expert (Murray et al., 2014b). In this new role OTs are expected to learn to teach and research with less structure or guidance than previously received in the clinical environment (Murray et al., 2014b). Clinical cultures are often team-based with heavy

monitoring of work; however, academic culture is competitive with increased workloads that can be intellectually draining (Murray et al., 2014b). A change in culture means different expectations of work and behavior, which is not always clearly expressed when entering the field of academia. Researchers found that faculty mentoring facilitated success during transition due to the guidance provided and sharing of teaching/learning methods (Lockhart-Keene & Potvin, 2018). Mentorships provide guidance and exposure to the new role and culture as well as to assist in the acquisition of teaching skills.

Murray et al. (2014a) identified four phases of transitioning from clinician to academia: feeling new and vulnerable, encountering the unexpected, doing things differently, and, evolving into an academic. During the first phase, an OT is described as a beginner in a profession that they were previously an expert who was able to build on previous knowledge (Murray et al., 2014a). The loss of expertise can create a sense of lost identity that negatively impacts the confidence required to move forward. Often OT adjunct faculty are specialized clinicians who are hired for a specific course, although they have no formal education in evidence-based teaching or learning strategies (Lockhart-Keene & Potvin, 2018). New faculty members often feel unprepared to effectively teach causing feelings of uncertainty not previous felt in clinical roles. The second stage of encountering the unexpected is often due to the unclear and complex structure of higher education (Murray et al., 2014a). Academic culture lacks specific roles or tasks with deadlines, which is something clinicians are accustomed to in the clinical environment. Adjusting to academic culture leads to the third phase by changing the way they perform their work, which leads to the fourth phase of evolving into an academic (Murray et al., 2014a). The period of adjustment caused by contrasting cultures and expectations along with a significant change in identity is a challenge that must be overcome to succeed in academia.

There are several personal qualities described throughout the literature that can be developed to increase chance of success in academia such as work ethic, ability to communicate openly, and being a "high achiever". (Murray et al., 2014b). As discussed previously the academic setting is less structured and therefore a good work ethic is required to perform responsibilities effectively and efficiently. Given the hierarchical nature of academia being a "high achiever" is necessary to progress an academic career. Mentorship can support success in academia so having the ability to openly communicate with peers and mentors is crucial. Developing these skills prior to entering academia can assist OTs in learning new skills, refreshing knowledge, and navigating the competitive and hierarchical structure in academia (Murray et al., 2014b). Receiving a post graduate certificate in teaching can also facilitate effective teaching due to a well-rounded understanding of higher education (Murray et al., 2014a). Preparing for the transition to academia prior to beginning by developing personal qualities and skills can increase the chance of success.

Needs Assessment

In the field of Occupational Therapy, there are a wide variety of career paths for a new graduate or practicing clinician to take. For many of these career paths there are clear expectations and procedures. For example, for an OT to become a Certified Hand Therapist, there is a required 4,000 hours of experience in hand therapy gained through CEUs and work in an outpatient hand clinic in order to be eligible to take the certification examination (Stromsdorfer, 2020). A career in academia does not have such a clear path. There is a clear need for more readily available and current resources on the transition from clinician to educator due to the increasing demand for qualified faculty. Many of the resources that are available are descriptive and do not provide a clear guide of how to start and successfully complete a career

path in academia. If there was a guide that could provide helpful suggestions and clarify expectations, it could attract more clinicians into the academic setting. Using the experience gained from my capstone as well as literature reviewed, I created such a guide for my capstone project.

Goals & Objectives Achieved during the Capstone Project and Experience

The first goal that I set to accomplish through my capstone experience was to facilitate a future career in education by developing and instructing in a course while learning from and supporting my mentor. For this goal my first objective was to determine requirements and engage in activities that would support a future career in education. I completed this objective with guidance and feedback from Dr. Finn while creating a teaching philosophy, resume geared toward academia, general reference questions for students, developing a case study and through my research for the literature review and capstone project.

A teaching philosophy is a narrative that describes your unique perspective on teaching and learning in a way that is meaningful and can communicate your goals, values, and beliefs regarding teaching (Cornell University, n.d.). A teaching philosophy is usually required when applying for a position in academia. Creating my teaching philosophy required researching various teaching methods and ideas and then synthesizing my own ideas and how I would implement my ideas in a classroom (see Appendix A).

I developed my resume by first reviewing Dr. Finn`s resume which she had created for her current position as a faculty member at NYIT. Reviewing Dr. Finn`s resume allowed me to see the various areas in which she developed her skills prior and during her academic position. I created two versions of my resume. One version was based on my current experiences (see

Appendix B). The second resume had the same headings as Dr. Finn, however, most were not filled in but as I gain experience as an OT I can begin to fill in this resume for a future position in academia (see Appendix C). This experience benefited me because it allowed me to see areas such as publications and service that I will need to develop during my career to one day become a professor. This is supported by information I gathered in my literature which talked about the expectation to engage in service and scholarly work when working in academia.

Each week I created a General Reference Question (GRQ) review sheet for material covered that week in class (see Appendix D for an example). I had this idea from a previous course that I had taken in which the professor provided us with similar review sheets. I built upon this idea by making the review sheet more interactive with links to useful videos and articles. Students will often perform a web search for resources on a specific topic on concept. By providing them with links that have been vetted for accuracy and utility I supported their engagement and acquisition of the course material.

I created two case studies for the students to work through in the wheelchair and seating lab and a documentation lab. The wheelchair and seating case study was created based on the formatting from Dr. Finns previous labs and from experience I had with a client. The students actively engaged with this case study and I believe the reason for that was because it was a real client and the resources they needed to address the case were in my lecture. During the documentation lab I created a case study based on a real client but also tailored to areas in which the students were struggling (see Appendix E). For example, I had noticed that for most case studies presented students responded that the use of a sock aid or a tub transfer bench would be appropriate. These adaptive devices are not appropriate for every patient, so I presented a case in which a sock aid or tub transfer bench was not appropriate to ensure a deeper understanding of

these adaptive devices. The students were able to be more creative in the strategies they used as well as incorporate the social history into their intervention plan.

The second objective I created to accomplish my first goal was to facilitate and teach a module in the course. I accomplished this objective by teaching a lab module in the course on the subject of wheelchairs and seating. I had experience in this area during my level one placement in a wheelchair clinic. To prepare for teaching this module I first began by taking three continuing education courses on occupationaltherapy.com on this subject. Taking the courses refreshed and expanded the knowledge I had learned during my fieldwork experience. During the weeks prior to teaching the module I observed and took note of Dr. Finn`s presentations and teaching style. I used what I learned and feedback from Dr. Finn to develop a PowerPoint presentation (see Appendix F).

The lab portion of this course is split into 2 sections, so I was able to present my material on wheelchair and seating twice. It was a good opportunity because being able to teach for the first time and then present the same material again with more confidence allowed me to develop the presentation and learn from both experiences. Having completed all of my clinical experiences and course work I feel confident in my knowledge as an entry level clinician however as a professor I did not feel confident in my presentation and teaching skills. Comparable experiences were described in the literature review in which clinicians experience a transition from being an expert in the clinical setting to a novice in the academic setting. The experiences I gained by having a mentor in the academic setting prepared me to teach which highlights the importance of having a mentor when entering the academic setting.

The third objective for this first goal is to develop a guide for myself and occupational therapists who are interested in a future career in education (See Appendix G). There is a gap in

resources for OT`s interested in academia as shown in my literature review. These types of resources are necessary because most OTs do not have a formal background or training in education. My training as an OT prepared me to be a clinician however it did not prepare me to be a professor. This was highlighted throughout my capstone experience. For example, I have created several PowerPoints during my time as an OT student; however, when I made a PowerPoint in the role of professor, I felt unprepared. The feedback I received from Dr. Finn was that I needed to think about how the students learn and perceive the information since it is new to them. Some strategies she suggested was the use of heading slides to introduce various topics, incorporating previously learned information and, to conclude by tying all the information presented together. These are strategies I had not previously learned during my education as an occupational therapy student. There is a clear need for a guide for those interested in academia.

Most of the literature I reviewed mentioned a common theme of therapists experiencing a loss of confidence and difficulty learning skills required to teach. As a clinician an individual is seen as an expert however when they transition into academia they are suddenly seen as a novice. This change in identity can be challenging; therefore, I believe a guide that can prepare clinicians to be better informed and prepared for this transition by providing the information in a succinct format is necessary.

The second goal of my capstone experience was to implement and refine leadership skills by supporting my mentor in her role as a leader and taking on responsibilities of a leader. This relates to my first goal because leadership skills are required for a career in academics and is a skill that prior to my capstone I felt deficient in. The first objective I set to fulfill this goal was to learn leadership skills from my mentor through assuming some of the responsibilities required in the educational setting. Responsibilities that I accepted included updating syllabus readings,

modifying PowerPoints and proctoring the midterm exam and practical. I reviewed the syllabus and noticed that chapters from the most recent edition of the textbook did not align with the weekly topics. I updated this section for Dr. Finn prior to the beginning of the course. Although many documents can carryover from previous years professors must still review and update them. One assigned reading was based on the Occupational Therapy Framework (OTPF) 3rd edition. I created a document that compared the language used in the 3rd edition to the language in the more recent OTPF 4th edition (see Appendix H). This was important because Dr. Finn wanted to ensure that students were aware of changes in language between the two documents. For the assistive technology module, I updated the instructions for using Microsoft software to navigate through various accessibility options on computers during the lab. This was important because the instructions on the PowerPoint were from an outdated version of Microsoft and there are many new features available. Engaging in responsibilities of a professor allowed me to better understand how much work and attention to detail goes into providing a course that is representative of modern best practice.

I had the opportunity to proctor the midterm exam and lab practical. The midterm exam was given virtually in small groups in breakout rooms on Zoom. The students were required to have the camera facing them and their work area while they took the exam on a separate device. This was a difficult test to proctor for the first time because when watching students through a camera it was hard to tell if they were possibly cheating. The lab practical was in person. The students were asked to assist a patient with an orthopedic condition to don a sock and shoe using adaptive equipment and then transfer from bed to wheelchair using a rolling walker. I was the patient in the scenario giving me a unique perspective and the ability to provide accurate feedback. It was interesting to see how each students style varied slightly and the various

strategies they employed. The lab has two sections, so I was able the proctor two practical exams. One was with my mentor Dr. Finn and the other was with another professor. I was able to observe two different grading styles as well as strategy for providing feedback. I learned that my grading style was like my mentors however the strategies I use for providing feedback was like the other professor. Proctoring all three exams facilitated the development of my teaching style while also showing me various learning styles of a diverse group of students.

The second objective for this goal was to implement and refine leadership skills. There were several opportunities to take on a leadership role during my capstone experience. During the virtual lecture and lab portions I was able to circulate through breakout rooms to assist students and answer any questions they had. Being a virtual experience meant that I had limited in person time with the students. Interacting virtually was a learning experience due to a lack of connection in this format. As I became more confident in my knowledge and my abilities as a leader to guide students these virtual and in person interactions became easier. During in person lab I supervised students during lab activities, provided demonstrations and feedback as well as answered questions. In person student interactions were easier because I was able to physically demonstrate and observe the student performing the skills being taught allowing me to provide accurate immediate feedback.

The most profound leadership opportunity I had was while teaching the lab module on the topic wheelchair and seating. I had to interact with the class while presenting and found it difficult at times to encourage students to actively participate. As I progressed through the lecture portion, I implemented what I had learned from observing Dr. Finn with more confidence and was able to engage the students. During the lab the students were able to trial two power wheelchairs. I supervised their use of the power wheelchair and demonstrated how to access the

various power seating options. We were practicing in the common space of the lobby and at one point an administrator informed me that the students were being loud and disruptive. I had to assure her I would handle the situation and instructed students to go back to the classroom and come back in small quiet groups. This was the first time that in a leadership role I had to handle an issue and guide students to address the problem. I felt my previous experiences helping during lab activities and interacting with the students allowed me to be confident and handle the situation effectively.

The second influential leadership opportunity I had was when I conducted an in-person lab while my mentor attended virtually. The program is usually 100% in person but due to the pandemic the program has temporarily converted into a hybrid program. This means that opportunities to meet in person are crucial for the students to gain hands on experience that is not possible in the virtual format. My mentor was unable to attend in person due to quarantine protocol and requested that I lead the class in hands on experiences while she provided guidance virtually. Having already taught the module on wheelchairs and seating I felt more confident when interacting with the students and in my knowledge of OT. I came prepared with helpful videos and techniques about grooming, dressing and feeding with a stroke and spinal cord injury. I enjoyed assisting the students when practicing techniques and seeing “aha” moments. Having been with the class for several weeks at this point it has amazed me to see their progression. It was surprising to me that many students felt anxious about the midterm and lab practical when I had so much confidence in their knowledge and level of preparation. Reflecting on my time as a student I remember feelings of anxiety about tests but now that I am finished with all of my course work I am grateful for my professors who challenged us so that we may become the best OT`s possible.

The third goal I selected for my capstone experience was to engage in qualitative client centered research to provide evidence-based strategies in concussion education for college athletes and faculty. This is a research topic that Dr. Finn has been working on with two groups of her students. My objective for this goal was to engage in research in the area of concussion to expand available evidence for preventative education on the topic facilitated by the field of occupational therapy. I reviewed and provided feedback on the literature review completed by the research group. They are currently preparing to present a poster during an interdisciplinary conference hosted by the university. I advised them on the formatting of the poster and preparing a script based on my experience presenting a research poster virtually. Going forward the research groups plan was to pursue Internal Review Board approval to survey athletes in NYIT sport programs. Due to the current pandemic NYIT decided to cancel all sport programs. The research group now must pivot and find a new population with similar qualities to survey. I provided a suggestion to use a local community athletic program. The change in timing of my capstone experience and operational limitations for research due to the pandemic meant that I was unable to engage in a larger role in the research.

Summary

My capstone experience was unique, and enriching in various ways. As OTs we are trained to look at the whole person including their environment and context. The environment and context for my capstone experience dramatically shifted due to the global Covid-19 pandemic. The timeline of my level 2b fieldwork, capstone and graduation was pushed back a whole semester. The state of New York where I reside as well as the location of my capstone was heavily affected by the pandemic. My capstone experience was originally going to be a primarily in person experience but shifted to a primarily virtual experience. The pandemic

allowed not just me but everyone to see just how much our daily occupations mean to us and why being able to engage in them is so important. This gained perspective influenced my capstone experience because it helped me to understand that the students had to go through a sudden change in the way they engage in their occupation as a student.

The educational setting allowed me to develop areas of experience relevant to teaching that showed me what skills and knowledge are necessary for a career in academia. The development of lecture material highlighted the importance of understanding learning styles and using strategies that can be understood by a wide variety of students. Lectures need to be formatted in ways that are easily understood and progress a student's knowledge gradually. Labs are hands on educational experiences for the students and when instructing a lab its important to incorporate feedback immediately so that students leave feeling comfortable performing the skill being taught. Virtual engagement with students is an aspect of education that I expect will continue in the coming years. Learning to engage students in a virtual environment is challenging due to a lack of feelings of connection. I learned to keep asking questions to understand what the students are interested in and how to pique their interest. Seeing the teaching side of the educational setting I realized how much is done that students aren't aware of. Even simple things like deciding to use break out rooms and if it was better to let the student problem solve on their own or to circulate throughout the breakout rooms was important to ensure engagement. Having the opportunity to observe and engage in education showed me areas that I need to develop, which highlights the importance of clinicians having some experience in education prior to working full time in academia.

Prior to my capstone experience, I was interested in a career in academics; however, I soon came to realize that my knowledge of how to become a professor was very limited. My

mentor sent me her resume for me to review and create my own. From reviewing her resume and accomplishments prior to and during her time as a professor I realized there were several areas I would need to develop to transition from clinician to professor. I was encouraged by my mentor to pursue the subject of how to make this transition. While reviewing the literature I realized that most of the resources were either not easily found, unclear and I required several resources to understand. This inspired my capstone project of creating a guide for OTs interested in academia. The process of making the guide for clinicians interested in academia started with my literature review but also required further investigation. Concepts I learned or was exposed to during my capstone experience such as the various academic positions (ex: tenure vs adjunct), technology such as Zoom and PowerPoint, professional development and institutional service, required additional research. By synthesizing the information that I had learned as well as the experiences gained during my capstone, I provided a clear, easily understood resource on this transition. The guide will be provided to the NYIT OT students as an additional resource for students interested in a career in academia. I will also pursue publication of this guide in the coming months.

My recommendations for future work with this site include research on the influence of the pandemic on students, student's knowledge of transitioning to academic career as well as research at the clinic provided by the university for clients with Parkinson's. I think given the dramatic shift in format of in person to online to hybrid learning current students had a unique experience. Research on this topic could be useful in understanding the influence of format on students as well as ways the virtual format can be used to enhance learning. I was unable to experience the on-campus clinic due to its closure caused by the pandemic. The OT department has plans to reopen the clinic in the future and I believe it would be a great resource for a capstone project. Future work in a capstone in education should include research on students'

knowledge of transitioning to academic career. Providing research that highlights the need for more resources on this subject will facilitate the creation of more resources such as my guide. This will encourage more OTs to make the transition into academia and solve the growing demand for graduate OT faculty members.

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Appendix A

Teaching Philosophy

This appendix contains the teaching philosophy I developed during my capstone experience.

I believe the ideal learning environment is one that is constructed in a way that trains a student's mind to think critically. Instead of just dictating information a teacher needs to encourage innate curiosity in the student so that learning becomes a self-motivated task. This type of learning environment allows the curriculum to be accessible to all students who come from diverse backgrounds and have unique learning strategies. A student-centered classroom like this place a teacher in the role of guide or mentor to students forming a more collaborative experience as student and teacher discover a subject together.

In a teacher centered classroom, the information being taught is conveyed through lecture and note taking and students can easily become disengaged. The use of various modalities such as hands-on, collaborative, or individual experiences creates an engaging, well-rounded understanding of a subject therefore allows a student to easily apply the knowledge gained in real-world experiences. The way students engage in these modalities should be fun and inspire creativity because this makes learning more approachable and motivating.

Active engagement through assignments or activities are those that require exploration of a subject and discovery through critical thinking. Critical thinking is a higher-level cognitive process that requires a student to use the knowledge and resources they have to reach a goal or solve a problem presented to them. This interpreting and analyzing information is a skill that can be transferred from one course to another and into real-life situations. Authentic learning occurs

when a student connects what is learned in a classroom and real-life experiences. Involving interest and experiences students have outside of school can help to intrinsically motivate the student to participate. When information learned in a course is actively understood in real-life situations it makes it easier to apply the knowledge as well as think critically about it during standardized assessments.

Collaborative experiences with peers encourage conversations that actively facilitate the expression of ideas and understanding as well and challenge and refine their knowledge. I believe students will more readily ask questions or help each other understand unfamiliar concepts when working together in groups rather than when alone or one on one with the teacher.

Expectations that are set for students should present a "just right" challenge. This means that expectations are difficult however achievable and therefore will inspire confidence as the course continues. When students experience failure, it can be motivating to do better however it can also be damaging to one's motivation and confidence. If a student has difficulty a teacher should work with the student to identify strategies to overcome barriers to meeting expectations. Teachers must take the time to understand students, past curriculum, experiences, learning styles as well as expectations the students have for the course and the educator. A teacher should always give clear and sufficient feedback from students as well as take time to listen and understand feedback from the students. In preparation for future careers as well as general life goals professional behavior should always be expected. Students need to be present and engaged during class time, this means attending daily class, turning in assignments on time and communicating with teacher and fellow classmates appropriately. Assessments should evaluate the practical application of knowledge as well as an understanding of foundational concepts. The

assessment format should align with a standardized test such as NBCOT to encourage relevant test-taking skills.

Especially during times like these, technology has become even more important. Teachers need to embrace and integrate technology into the learning environment. Students now have a good understanding of simple technology (ex: googling) but have never had to use technology in a goal driven academic setting. By using technology in this setting, they are learning how to use their electronic resources effectively which facilitates development of skills required in most future careers.

Appendix B

Resume

This appendix includes my current resume that I developed with my mentor during my capstone experience.

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EDUCATION AND TRAINING

Doctor of Occupational Therapy May 2021
Nova Southeastern University, Tampa, FL
Graduate Cumulative GPA: 3.71
Bachelor of Science, Minor of Business January 2016
Long Island University Post, Brookeville, NY
Undergraduate Cumulative GPA: 3.44

CERTIFICATION/LICENSURE

Registered Occupational Therapist – NBCOT Certification Number: XXXXXXX
Licensed Occupational Therapist – NYS License Number: XXXXXX

CAPSTONE ACADEMIC EXPERIENCE

- Capstone experience with Dr. Christina Finn, Ed. D OTR/L, An Assistant Professor in the Department of Occupational Therapy, School of Health Professions, New York Institute of Technology, Old Westbury, NY (December 2020 – April 2021)
    - Assisted with Course OCTH 750 Interventions in Physical Dysfunction

CLINICAL EXPERIENCE

- July 2018 – Level I Fieldwork – 3 Full Time Weeks – Psychosocial
    - Inspira Medical Center Woodbury - 509 North Broad Street, Woodbury, New Jersey(NJ) - 08096
- November 2018 - Level I Fieldwork – 3 Full Time Weeks – Children and Youth

    - Manhattan Children Center - 111 West 92nd Street, New York, New York (NY) - 10025
- April 2019 - Level I Fieldwork – 3 Full Time Weeks - Adult
    - Cerebral Palsy Association of Nassau, 380 Washington Ave, Roosevelt, New York (NY) - 11575
- June 2019 - Level II Fieldwork – 12 Full Time Weeks - Inpatient Adult
    - Montefiore Medical Center/Wakefield Campus - 111 East 210th Street, Bronx, New York (NY) - 10467
- September 2020 - Level II Fieldwork – 12 Full Time Weeks - Pediatric
    - Sensory Street Pediatric OT - 1055 Bedford Ave, Brooklyn, NY 11216
- December 2020 – Capstone – 16 Full Time Weeks – Academic
    - Department of Occupational Therapy, School of Health Professions, New York Institute of Technology, Old Westbury, NY

SPECIALTY CERTIFICATIONS

- CITI Training

HONORS AND AWARDS

- Deans List 2011-2016
- Chancellors list 2017-2021
- Pi Theta Epsilon Honor Society Member – Lifetime

COMPLETED ACTIVITIES IN FIELD OF EXPERIENCE

PUBLICATIONS

Reinoso, G., Rzepkoski, T., Cupano, K., Dingus, T., Farris, M., **Schneider, J.,** Watkins, A., and Yu, M. (Under Review). Proper Straight Cane Positioning to Decrease Upper Extremity Force on the Targeted Lower Extremity While Reaching in Preparation for an ADL Task. *International Journal of Therapy and Rehabilitation.*

PROFESSIONAL AFFILIATIONS

- American Occupational Therapy Association (AOTA)
- New York State Occupational Therapy Association (NYSOTA)

PROFESSIONAL SERVICE TO THE COMMUNITY

- June 2018 - Jamaica Medical Outreach Trip - Kingston and St. Mary, Jamaica
    - 50 hours of volunteer clinical experience
    - Interprofessional development with physical therapy, medical doctors, physician's assistants, nurses, dentists and optometrists.

- Worked in a school for children with disabilities such as Cerebral Palsy, Autism and ADHD
- Worked in clinic with clients with physical disabilities, stroke and burns

Appendix C

Academic Resume

This appendix includes a resume specifically for an academic position that I will continue to fill in as I gain experience.

CURRICULUM VITAE
Jacie Schneider OTD-S

Business:

Personal:
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FULL TIME ACADEMIC APPOINTMENTS/EXPERIENCE

- Capstone experience with Dr. Christina Finn, Ed. D OTR/L, An Assistant Professor in the Department of Occupational Therapy, School of Health Professions, New York Institute of Technology, Old Westbury, NY (December 2020 – April 2021)
    - Assisted with Course OCTH 750 Interventions in Physical Dysfunction

PART TIME ACADEMIC EXPERIENCE

CLINICAL EXPERIENCE

- July 2018 – Level I Fieldwork – 3 Full Time Weeks – Psychosocial
    - Inspira Medical Center Woodbury - 509 North Broad Street, Woodbury, New Jersey(NJ) - 08096
- November 2018 - Level I Fieldwork – 3 Full Time Weeks – Children and Youth
    - Manhattan Childrens Center - 111 West 92nd Street, New York, New York (NY) - 10025
- April 2019 - Level I Fieldwork – 3 Full Time Weeks - Adult
    - Cerebral Palsy Association of Nassau, 380 Washington Ave, Roosevelt, New York (NY) - 11575
- June 2019 - Level II Fieldwork – 12 Full Time Weeks - Inpatient Adult
    - Montefiore Medical Center/Wakefield Campus - 111 East 210th Street, Bronx, New York (NY) - 10467
- September 2020 - Level II Fieldwork – 12 Full Time Weeks - Pediatric
    - Sensory Street Pediatric OT - 1055 Bedford Ave, Brooklyn, NY 11216
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SPECIALTY CERTIFICATIONS

- CITI Training

HONORS AND AWARDS

- Deans List 2011-2016
- Pi Theta Epsilon Honor Society Member – Lifetime

COMPLETED ACTIVITIES IN FIELD OF EXPERIENCE

PUBLICATIONS

Reinoso, G., Rzepkoski, T., Cupano, K., Dingus, T., Farris, M., **Schneider, J.,** Watkins, A., and Yu, M. (Under Review). Proper Straight Cane Positioning to Decrease Upper Extremity Force on the Targeted Lower Extremity While Reaching in Preparation for an ADL Task. *International Journal of Therapy and Rehabilitation.*

POSTER PRESENTATIONS
PLATFORM PRESENTATIONS
RESEARCH GRANTS

PROFESSIONAL AFFILIATIONS

- American Occupational Therapy Association (AOTA)

- New York State Occupational Therapy Association (NYSOTA)

INSTITUTIONAL SERVICE

SERVICE TO THE DEPARTMENT
SERVICE TO THE SCHOOL
SERVICE TO THE INSTITUTION
PROFESSIONAL SERVICE TO THE COMMUNITY

- June 2018 - Jamaica Medical Outreach Trip - Kingston and St. Mary, Jamaica
    - 50 hours of volunteer clinical experience
    - Interprofessional development with physical therapy, medical doctors, physician's assistants, nurses, dentists and optometrists.
    - Worked in a school for children with disabilities such as Cerebral Palsy, Autism and ADHD
    - Worked in clinic with clients with physical disabilities, stroke and burns

PROFESSIONAL SERVICE

Appendix D

Week 3 GRQs

This appendix includes an example of the GRQ worksheets I provided for the students each week to review material covered during lecture and lab.

Neurologic disorders

Where can lesions occur in the lower motor neuron system? And what do they result in?

Guillain Barre - https://youtu.be/4omfTbiB0kk

Define clinical presentation of each phase and appropriate evaluation and intervention in each phase

Polio

Define post-polio syndrome and each of the 3 types. List interventions to address each symptom.

MG - https://youtu.be/1nsRqTqn2r8

Define, symptoms and interventions to address each symptom.

Myopathic disorders

What is the primary goal? What kind of intervention approach is appropriate?

Multiple sclerosis - https://youtu.be/XSY2iK7njUA

What are early symptoms of MS and some interventions for these symptoms

What are advanced stages symptoms? How can you help client to prepare? What do you need to consider when creating intervention plan?

What intervention strategies are appropriate? Is Exercise?

Computer Adaptations

Define Sticky keys vs. Filter keys vs. Toggle keys – for each type identify diagnoses or limitations that would benefit from using each type of keys.

Why would an on screen key board be beneficial?

List the types of mouse adaptations/hardware and how they could be useful.

List visual adaptations and how they can be useful.

List auditory adaptations and how they can be useful.

Helpful Videos:

Windows 10 Accessibility Features For The Blind And Visually Impaired - https://youtu.be/uGPowvUrYFk

Windows accessibility - https://youtu.be/BseTf-4q9GA

Accessibility features on windows - https://youtu.be/dUzmTA4goPw

Mac OS Accessibility for Vision Impairment- https://youtu.be/qpyDOGuF1mA

Keyboard accessibility - https://youtu.be/jt5r7EWkKsE

Phone accessibility

Samsung Galaxy - https://youtu.be/uPwRw6tNuoU

Apple - https://youtu.be/nH7hbMEHi2M

Appendix E

Case Study for Documentation Lab

This appendix includes a case study created by me for the students to analyze during a documentation lab.

Follow Intervention Plan Template:

Sasha is a 27-year-old female who suffered a Spinal Cord Injury (SCI) in a motor vehicle accident. The SCI level was C6 and was an incomplete injury. She uses a motorized wheelchair and requires moderate to Max assistance from her husband with ADLs and IADLs. Prior to the SCI she was elementary school teacher and enjoyed swimming. She lived with her husband in Boston on the 5th floor of an apartment building with no elevator. After her Spinal Cord Injury, she has not been able to return to work or swimming. She moved with her husband into a small house. The house is not fully accessible to her with the wheelchair. For example, her bathroom is very small and has a tub shower as well as a low toilet. She hopes to be able to save up enough money to remodel but they have been struggling financially due to Sasha not working and her medical bills. Sasha has become depressed because of her limited freedom. She feels her husband has now become her caretaker and she has lost her independence. Her goals are to become more independent and to one day return to work as a teacher.

Levels of assistance:

Grooming – Max Assistance

Shower transfer - Max assistance

Bathing – Moderate assistance to bath all areas of body.

Toilet Transfer – Max Assist

Toileting – Moderate assistance to clean perineal area.

Upper Body dressing – Moderate assistance with loose over the head clothing.

Lower body dressing – Max assistance

Feeding – Max assist, unable to prepare or cut food in a safe manner and unable to hold fork or spoon and food to mouth.

Tenodesis: She has some training but is not using tenodesis grasp consistently

Appendix F

Wheelchair and Seating Lecture

This appendix includes text from slides from presentation. Original presentation used Microsoft PowerPoint software. For the purpose of this appendix these slides were converted to text only.

Powered Wheelchair

Provide alternative means of moving throughout the environment for people who are unable to ambulate or self-propel any manual wheelchair

Power seating

Bluetooth mouse emulation or switch output – control devices outside of wheelchair (communication devices)

Charging port for USB devices

Information provisions – battery status, speed, miles, clock, diagnostics, monitoring and notifications or reminders

Limitations

Transportation – heavy (350lbs) and requires accessible transportation

Accessibility – getting in and out of buildings or crowded places

Efficiency – after turning casters can be skewed and driver has to compensate.

Safety – collision with obstacles, going over drop off or tipping over. Reliance on driver to navigate safe

Expensive

Requires Maintenance

Battery Life

SMART Wheelchairs – Self-Monitoring Analysis Reporting Technology

Environmental surveillance – obstacles, steps, curbs, slope of incline

Modifies navigation and speed automatically – Full or partial automated driving

Stores and reports information about user

Collision sensor

Back up camera

Terrain sensors

Not common yet however wheelchair industry is moving towards this

SMART Wheelchair

Powered Scooter

Used for long distance mobility – parking lot, grocery store, sidewalk

Person is likely to be ambulatory but fatigues easily or has poor balance when navigating through a crowd.

No custom seating

Used primarily outdoors or in large indoor spaces

Power Seating

Tilt in Space – Allows for weight shifting as well as improving positioning. For example, someone with extreme fixed kyphosis when tilted can look forward and see people or communication devices

Recline – Only back moves, allows for weight shifting, rest and catheterization. May also be used to improve positioning of LE by opening seat to back angle. Must be used with elevating leg rests

Elevating leg rests – Manage edema

Seat elevators – Reach high surfaces such as counters or access machines such as ATMS. Can also lower client closer to the floor to reach objects on low shelf or with Reacher items on floor.

Switches

When first turned on PWC is in driving mode

The reset or mode switch changes the mode of operation

Reverse, speed, power seating, mouse emulation (BT), IR Transmission, Control of an interfaced AT device

Using method of driving to control multiple functions streamlines access and eliminates need for separate controls

If unable to visually navigate switches can program to work in a predictable sequence that the user can memorize

Can connect using Bluetooth (BT) or Infrared (IR)

Switches

Appendix G

An Occupational Therapists Guide to Transitioning from Clinician to Academia.

This appendix contains my capstone project which was compiling information I had learned into a guide to provide a resource for new grads and clinicians interested in academia.

An Occupational Therapists Guide to Transitioning from Clinician to Academia.

What you need to know.

Jacie Schneider
Js4529@mynsu.nova.edu

Note from the Author

This guide was formed by a new graduate whose capstone focus area was education. The information gathered here is the result of research and experiences gained during capstone in a Master of Occupational Therapy program. Throughout the guide are hyperlinks to useful videos that expand on topics discussed.

Table of Contents

Type of faculty appointments

Adjunct

This is a part time position for clinicians who have specialized in a specific area and are hired to teach a specific course in that area (Lockhart-Keene & Potvin, 2018). It is a good position for a clinician interested in academia but not prepared to transition full time. The position could be for just one semester or a couple of years depending on the universities reasoning for not hiring this position as a tenure position (Berkley, n.d.).

Tenure Track

An academic career path that takes approximately 7 years to achieve and is the goal of most professors due to the promise of lifetime employment with the university (Berkley, n.d.).

Assistant Professor

A full-time position and the beginning of the process to becoming a tenured professor (The best Schools, 2018). Initially an assistant professor will be in a probationary period in which they will have a two to four-year contract and renewal of the contract depends on performance in a review (Berkley, n.d.).

Associate professor

A promotion from assistant, after five to seven years as an assistant professor the faculty member can earn tenure however this is not always a tenured position (Academia Stack Exchange, 2014). A non- tenured associate professor may be a person with significant experience and will often be considered for tenure in a few years (Berkley, 2018).

Full Professor

A promotion from associate, after five to seven years you are assessed for full professorship. (The best Schools, 2018). Some universities may simply require a tenured professor to continue achievements while others expect an expansion of achievements both scholarly and service (Whitaker, 2020).

Assistant vs. Associate vs. Full

Requirements for tenure and full professorship vary and you should always research requirements set by the university you're interested in working for.

Education

Degree Requirements (ACOTE, 2018)

To Teach in an OTD Program

- All full-time faculty must have doctoral degree
- 50% must have post professional doctorate

To Teach in a Master's Program

- All full-time faculty must at least have a master's degree and majority must have a doctoral degree
- 25% must have post professional doctorate

Doctor of Education (EDD) Vs. Doctor of Philosophy (PHD)

If you do not have a doctorate or a post professional doctorate most universities will require you pursue higher education. Below are two common doctorates commonly held by professors. Getting a degree in education can also help you learn foundational theories and skills required to be an effective professor.

Doctor of Education (EDD)

- Prepares for educational leadership roles, requires residency and applicable to a variety of settings (O`Connor, 2019).

Doctor of Philosophy (PHD)

- PHD in Education – Prepares for research and teaching roles without a residency and is applicable to academia only. (O`Connor, 2019).
- PHD in other areas are also acceptable, however based on literature reviewed many new teachers feel unprepared to teach due to a lack of training so a degree or taking courses in education should be beneficial.

Professional Development

Before and during a career in academia it is expected that you are a well-rounded and experienced occupational therapist. Professional development means engaging in opportunities to expand and further your career.

Create a Professional Development Plan

According to Indeed.com there are 5 steps to create a professional development plan: self-assessment, goals, strategies, resources, and timeline (Indeed, 2020).

Self-Assessment

This is an important step before entering academia. You need to assess your current knowledge and skills and identify areas that require more development. According to the ACOTE 2018 standards for qualified faculty you are expected to have expertise in the following areas which during a self-assessment you may want to identify any areas requiring further development

- Area of teaching
- Teaching assignments
- Curriculum design
- Content delivery
- Program evaluation

Personal Qualities to Develop

Assess the following personal qualities and identify areas that require improvement. These are specific qualities mentioned throughout available literature that facilitate success in academia.

- **Time Management** – There is an expected ability to balance time between teaching, research, grant writing and professional/institutional service.
- **Interpersonal skills** – Facilitating mentorship from experienced faculty as well as engaging with peers for support.
- **Work Ethic** – Academia is less structured with less feedback than in a clinical setting. Because of this professor must have good work ethic which means being able to self-regulate and fulfill responsibilities independently.
- **Communication** – In academia being able to openly communicate with peers and students and use feedback constructively is key to success.

Institutional, Professional, and Community Service

A history of providing service towards your facility, the profession, and the community is helpful and often required by most universities. Assess whether you provide service in each category and if there is an area in which you can provide more service outside your role as a clinician. (Tarleton State University, n.d.)

Institutional Service

- Joining a committee
- Taking on projects to improve services provided
- Developing a program
- Develop and present in-service trainings
- Advocating for OT services in your facility
- Providing support for student organizations
- Mentorship for students

Professional Service

- Presenting to the community, state and national associations
- Reviewer for evidence-based journal, textbooks or grants.
- Holding an office in a professional organization
- Advocacy in policy making, for example attending Hill Day for OTs.

Community Service

- Participation in nonprofit organizations
- Volunteering time and knowledge to support local groups
- Advocating for inclusivity for those with disabilities in the community

Scholarly Work

A history of scholarly work is often required to qualify for faculty positions. Assess if you have experience in areas such as publishing in a peer reviewed publication, platform presentations, and grant submissions. Also assess non scholarly work such as contributing to a blog because this type of work can elevate your resume.

Build Resume/CV

Updating and reviewing your resume can aid in the self-assessment process. Review your resume and specifically evaluate if areas discussed above are developed or require more development.

Portfolio

Keep track of experiences such as completed course work, service opportunities, publications. A portfolio should include examples of your work or documentation of achievements that highlight your skills (Loretto, 2019).

Goals

During your self- assessment you identified areas that require further development to reach your overall goal of transitioning into academia. Based on that create short- and long-term goals that are realistic and achievable. Be sure to update your resume as you make progress and complete goals. Examples of goals could include:

- Obtaining further education or certifications

- Providing service to institution, community or profession
- Engaging in research and publishing scholarly work

Strategies

Based on goals you will need to identify strategies such as the following:

Short Term Positions

Many new professors experience an identity shift from an expert in their field to someone who is considered a "beginner" again. This can negatively influence confidence levels and overall success. Short Term positions can allow clinicians to get a feel for what teaching is like and whether or not it is a good fit for them or if they need more experience and training in the area of education before committing to a full time position

- Guest lecturer
- Teach workshops
- Teaching assistant
- Fieldwork Supervision – Supervising fieldwork students provides clinicians with an opportunity to engage in a teaching role while still in clinical environment and can help develop ability to interact and facilitate learning in students.

Administrative/Leadership positions

Taking on more administrative roles can help develop skills in supervision, delegation, organization, communication, efficiency, and efficacy in work.

Resources

Continuing Education/Professional Certificates

- Courses in education can help develop understanding of areas such as teaching, curriculum design and leadership.
- For adjunct or new professors' courses to strengthen knowledge of course material can increase confidence when teaching due to well-rounded understanding of the subject
- Professional certificates are earned through courses that verify knowledge of a specific area of practice or topic (American Occupational Therapy Association [AOTA], n.d.). It is not the same as a certification but can help build a well-rounded knowledge base as well as be included on resume (AOTA, n.d.).

Mentorship

Mentorship can be crucial in the first years of teaching. If you are able to reach out to a peer with experience in academia. They may be able to offer helpful advice or hopefully provide mentorship during the transition from clinician to academia.

Teaching Philosophy

A teaching philosophy is a narrative that describes your unique perspective on teaching and learning in a way that is meaningful and can communicate your goals, values, and beliefs regarding teaching (Cornell University, n.d.). A teaching philosophy is usually required when applying for a position in academia. Creating a teaching philosophy requires researching various teaching methods and ideas and then synthesizing ideas and strategizing how to implement ideas in a classroom. The process of making the teaching philosophy can help to develop your identity in academia.

Technology

At the time of writing this guide majority of teaching is done virtually due to the COVID-19 pandemic. The pandemic has caused a surge in the use of programs such as Zoom and PowerPoint. I believe that the use of these technologies will continue and therefore familiarity with technology is essential for teaching.

Zoom

Virtual teaching through zoom is not ideal especially in health professions. Teaching through Zoom lacks real time supervision and ability to evaluate skills being taught (Domb et al., 2021). There are also advantages such as using the breakout room feature to have students engage in group work which you can then circulate through the rooms to provide feedback (Prince, C. H., & Clayton, J., 2020).

Resources for learning how to use video conferencing for teaching

- Linked In Video Conferencing Courses
- Zoom to create online course
- NYU best practices for teaching using video conferencing

PowerPoint

PowerPoint is a Microsoft presentation software that is used in the academic setting. It is a resource for teachers to present material that is expansive or project visuals that would be difficult to produce in person (Northern Illinois University Center for Innovative Teaching and Learning, 2020). PowerPoints need to be created and presented using specific strategies to ensure effective teaching. PowerPoints use design elements to enhance teaching and learning to better engage with the students (Northern Illinois University Center for Innovative Teaching and Learning, 2020).

Resources for PowerPoint

- Article on Teaching with PowerPoint
- Interactive PowerPoint Activities
- Video on PowerPoint basics
- Linked In course on PowerPoint

Timelines - Your timeline will likely be flexible and changes as you progress, but it can help to have deadlines for goals.

References

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Appendix H

Occupational Therapy Practice Framework (OTPF) 3rd edition to OTPF 4th edition

This appendix includes a document I made under the direction of my mentor. This document compares the language in the old and new edition of the OTPF document.

OTPF-3 – Quoted by Gately Chapter 12	OTPF-4
Evaluation	
The first part of the occupational therapy process involves a thorough evaluation, including development of an occupational profile as well as analysis of occupational performance. Through the evaluation process, problems are identified, client priorities are determined, and targeted outcomes are developed.	The evaluation process is focused on finding out what the client wants and needs to do; determining what the client can do and has done; and identifying supports and barriers to health, well-being, and participation. Evaluation occurs during the initial and all subsequent interactions with a client. The type and focus of the evaluation differ depending on the practice setting; however, all evaluations should assess the complex and multifaceted needs of each client
Intervention	
A plan that will guide actions taken and that is developed in collaboration with the client. It is based on selected theories, frames of reference, and evidence. The intervention strategies selected, and the terminology used to describe those interventions will vary depending on the frames of reference used for a particular setting or client	The intervention process consists of services provided by occupational therapy practitioners in collaboration with clients to facilitate engagement in occupation related to health, well-being, and achievement of established goals consistent with the various service delivery models Practitioners use the information about clients gathered during the evaluation and theoretical principles to select and provide occupation-based interventions to assist clients in achieving physical, mental, and social wellbeing; identifying and realizing aspirations; satisfying needs; and changing or coping with contextual factors
Approaches to Intervention	
Health promotion to create activities, enrich contexts, and enhance performance (Gately) OTPF 3- Same as OTPF 4	**Create, promote (health promotion)** – An intervention approach that does not assume a disability is present or that any aspect would interfere with performance. This approach is designed to provide enriched contextual and activity experiences that will enhance performance for all people in the natural contexts of life

Establishment of skills not yet developed or remediation/restoration of impaired skills (Gately) OTPF 3- Same as OTPF 4	**Establish, restore (remediation, restoration)** - Approach designed to change client variables to establish a skill or ability that has not yet developed or to restore a skill or ability that has been impaired
Maintenance of performance capabilities, assuming that performance would decrease without intervention (Note: The word maintain is a red-flag word for reviewers; when documenting this approach, it is essential to elaborate on how the lack of occupational therapy services would lead to a significant decrease in occupational performance for the client. Examples include interventions for individuals with progressive disorders, such as Parkinson's disease or macular degeneration, that help the individuals continue to function as independently as possible in the least restrictive environment.) (Gately) OTPF 3- Same as OTPF 4	**Maintain** - Approach designed to provide supports that will allow clients to preserve the performance capabilities that they have regained and that continue to meet their occupational needs. The assumption is that without continued maintenance intervention, performance would decrease and occupational needs would not be met, thereby affecting health, well-being, and quality of life.
Modification of context or activity through compensatory techniques or adaptation (Gately) OTPF 3- Same as OTPF 4	**Modify (compensation, adaptation)** - Approach directed at "finding ways to revise the current context or activity demands to support performance in the natural setting, [including] compensatory techniques . . . [such as] enhancing some features to provide cues or reducing other features to reduce distractibility"
Prevention of occupational performance problems for clients with or without a disability (Gately) OTPF 3- Same as OTPF 4	**Prevent (disability prevention)** – Approach designed to address the needs of clients with or without a disability who are at risk for occupational performance problems. This approach is designed to prevent the occurrence or evolution of barriers to performance in context. Interventions may be directed at client, context, or activity variables
Occupations and Activities	
Occupations - client centered daily life activities that match and support or address identified participation goals	**Occupations** – Broad and specific daily life events that are personalized and meaningful to the client
Activity – Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement. Activities often are components of occupations and always hold meaning, relevance, and perceived utility for clients at their level of interest and motivation.	**Activity -** Components of occupations that are objective and separate from the client's engagement or contexts. Activities as interventions are selected and designed to support the development of performance skills and performance patterns to enhance occupational engagement.

Gately - Components of occupations that hold meaning or relevance for the client. Examples include practicing tub and toilet transfers to determine best equipment options for home, creating a simulated monthly budget in preparation for transitional housing, and practicing making change to improve money management skills	
Preparatory methods/tasks - Methods and tasks that prepare the client for occupational performance, used as part of a treatment session in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance	**Interventions to support modalities -** Methods and tasks that prepare the client for occupational performance are used as part of a treatment session in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance
Education – Imparting of knowledge and information about occupation, health, well-being, and participation that enables the client to acquire helpful behaviors, habits, and routines *that may or may not require application at the time of the intervention session*	**Education** – Imparting of knowledge and information about occupation, health, well-being, and participation to enable the client to acquire helpful behaviors, habits, and routines
Training – OTPF3-Same as OTPF4 Gately - facilitation of the acquisition of concrete skills for meeting specific goals in a real-life applied situation….Skills refers to measurable components of function that enable mastery	**Training** - Facilitation of the acquisition of concrete skills for meeting specific goals in a real-life, applied situation. In this case, skills refers to measurable components of function that enable mastery. Training is differentiated from education by its goal of enhanced performance as opposed to enhanced understanding, although these goals often go hand in hand
Advocacy – Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level.	**Advocacy -** Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to support health, well-being, and occupational participation.
Group Interventions – OTPF3-Same as OTPF4 Gately - the use of the occupational therapy practitioner's leadership to facilitate learning and skill acquisition through the dynamics of group and social interaction	**Group Interventions**—Use of distinct knowledge of the dynamics of group and social interaction and leadership techniques to facilitate learning and skill acquisition across the lifespan. Groups are used as a method of service delivery.
NONE	**Virtual Interventions -** Use of simulated, real-time, and near-time technologies for service delivery absent of physical contact,

	such as telehealth or mHealth.