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Primary Care: A Service-Learning Environment for Occupational Therapy Students

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Primary Care: A Service-Learning Environment for Occupational Therapy Students

Abstract

This research provides evidence on occupational therapy (OT) students in primary care (PC). OT demonstrates the skills and knowledge to address chronic medical conditions in PC with entry-level education. Limited evidence of occupational therapists in PC demonstrates a need to examine OT services in this setting. In this emerging area of practice and ever-changing reimbursement models, additional evidence is needed to define the value and continuation of OT services in PC. A mixed-methods study aimed to answer the primary research question: How are OT students used in the PC setting in fieldwork or capstone experiences? A two-phase process was involved. A survey and interview enabled an in-depth exploration of how OT students are used in PC during fieldwork, experiential, and capstone experiences. The benefits identified were: providing holistic care because occupational therapists address social detriments and improvement of patient satisfaction with simple interventions. The top barriers were: limited number of occupational therapists and reimbursement for services. Common methods of student use in PC include: provide interventions, evaluate and screen for OT services, and report patient and provider satisfaction outcomes. Identification of these benefits, barriers, and methods of OT and OTA student use in PC can further advocate for the need of OT in PC while meeting ACOTE standards in education.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

OT and OTA student fieldwork; primary care

Credentials Display

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The American Occupational Therapy Association's (AOTA) *Vision 2025* states, "occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (2017, p. 1). By definition, occupation includes everyday activities people are expected to do, need to do, and want to do that provide meaning and purpose to their lives (AOTA, 2014a). Occupations are unique to each individual and can encompass caring for themselves and engaging in activities that bring purpose and meaning to their lives so that they can be a contributing member to their communities.

These tenets were emphasized with the change in health care with the Affordable Care Act (ACA). The ACA's Triple Aim meets its objectives by improving the health of populations, improving the patient experience, and reducing per capita cost of care for populations (Berwick et al., 2008). Under the ACA's Triple Aim, primary care standards require interprofessional, collaborative care with shared decision making, sustained relationships with patients, and quality improvement activities with an emphasis on chronic disease management to reduce costs and improve population health (AOTA, 2014b).

Occupational therapy (OT) in primary care is an emerging area that supports the use of OT in health promotion and wellness, prevention, and chronic disease management, as well as many other areas, while being cost-effective. Both practice and research involving OT in primary care are needed to provide evidence of OT's worth and value in this setting. Research supports the use of interventions with a client-centered focus to identify factors that support or impede clients' ability to participate in daily occupations to improve health and reduce disability (AOTA, 2014a). Occupational therapists on the interprofessional primary care team can address individuals with chronic conditions in regard to daily activity limitations.

The Accreditation Council for Occupational Therapy Education (ACOTE) developed standards that offer additional support and credibility to entry-level occupational therapists holding the skills needed for primary care. These include, but are not limited to, promotion of health and prevention, consultation, care coordination, effective communication, and understanding individual and population-based health (2018). The AOTA *Occupational Therapy Practice Framework* (2014a) clearly defines the scope of OT practice. By using the *Occupational Therapy Practice Framework*, OT value and expertise can provide a better understanding of the primary care setting and OT education.

To determine the advantages and barriers to students' fieldwork experience in the primary care setting, the literature review considers the role of OT; the culture of collaboration, communication, and education; and the use of screenings and assessments used in primary care practice. OT students are trained to be generalists to treat all ages with a broad range of diagnoses, which is a reflection of primary care itself (AOTA, 2018). OT fieldwork experiences can provide a way for students to be involved in educating team members in the primary care setting about the valued services OT can provide.

OT and Health Care Reform

AOTA (2018) defined primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community" (p. 1). With the ACA, reform efforts, such as accountable care organizations, have placed importance on primary care. Critical factors of accountable care organizations include incorporation and coordination of care, reduction of repeated services, medication error prevention, and chronic disease management (AOTA, 2013).

Treatment of chronic illness is a time consuming, collaborative process among patients and providers to develop a plan with goals, objectives, and a critical focus on the continuous follow-up. Many primary care physicians are overwhelmed by packed schedules, unproductive work environments, and unsatisfactory administrative tasks (Grumbach & Bodenheimer, 2002). OT can focus their interventions on the promotion of meaningful and productive activities to increase independence to prevent illness and disability in this at-risk population (Clark et al., 1997).

Primary Care Models

In the traditional primary care model, the physician, as the only provider, limits the skills offered to the patient because physicians are faced with limited time and resources (AOTA, 2013). Emerging models of primary care include patient-centered medical homes, federally qualified health centers, and accountable care organizations. All of these new models include a team-based care approach, both concurrent and co-located.

Three specific primary care models involving OT identified in AOTA's review of primary care delivery models consist of OT as part of a home services team, full-time OT, and a "Family Medicine – Occupational Therapist" team model at a university. With the last two models based at the university level, interprofessional clinical education is vital in establishing OT as part of team-based care in the primary care setting. However, barriers to effective teamwork include interprofessional rivalry, negative stereotyping, and ignorance of the role and contribution of other professions (Davidson et al., 2008). Through the use of clinical or fieldwork experiences, two or more disciplines can improve collaboration and quality of practice. Through the use of interprofessional clinical education, collaboration among students not only benefits the patient, but most of all, leads to a respect and appreciation of other health care professions.

Benefits to patients using a team-based model in primary care include communication, time, continuity of care, the competence of the health care professional, adequately receiving information, and location of services (Branson et al., 2003). Also, the risk of readmissions can be significantly decreased through the work of the occupational therapist to ensure follow-through of medical instructions given to the patient from the primary care provider (Dahl-Popolizio et al., 2016). OT can be a crucial factor in advancing national efforts to provide high quality, safe, and efficient care to improve overall health. Besides reduced readmission rates and maximizing independence, OT can additionally identify the need for early intervention during well-check visits, as well as delay the need for long-term care (Halle et al., 2018).

OT's Role in Primary Care

Reform creates an opportunity for occupational therapists and occupational therapy assistants to address interventions for individuals to improve occupational performance. Occupational therapy is often misunderstood, overlooked, or underutilized as a member of the primary care team. The OT role in this health care reform must be developed concerning multiple chronic conditions to ensure that the understanding, skills, and guidelines are used to improve health for all patients (Leland et al., 2017). Using a client-centered approach, occupational therapists can collaborate with the client, caregiver, and physician to promote the client's self-management skills into their daily routine to maintain a healthy lifestyle and minimize rehospitalizations or accidental falls (2017).

The Model of Human Occupation (MOHO) is a widely used practice model. The MOHO focuses on the interaction of these four outcomes: volition, habituation, performance capacity, and environment (MOHO; Taylor & Kielhofner, 2017). The interaction among these factors affects everyday

occupational participation, performance, and skills. With occupational therapy's focus on habits and routines, OT can support clients in self-management of chronic conditions to improve their health. For example, a 60-year-old woman may report to her primary care physician that she is unable to manage her hypertension and diabetes mellitus because of "too much going on." The intervention focus for this individual may include medication management, blood sugar checks, the establishment of healthy eating routines, and environmental changes in her daily life. The OT interventions, with collaboration between the client, family, and the interprofessional health care team, would include: (a) completion of an occupational profile to identify daily routines with any health-promoting and health-depleting habits (habituation); (b) increase client motivation by making lifestyle modifications (volition); (c) perform functional task analysis and activity modification to develop strategies for simple, nutritious meals (performance capacity); (d) identify ways to incorporate physical activity into daily routine (habituation and performance capacity); (e) identify environmental changes to reduce fall risk and improve home safety (environment); and (f) identify self-management tools and identify barriers or supports to reaching goals (AOTA, 2014b).

The occupational profile provides a "summary of the client's occupational history and experiences, patterns of daily living, interests, values, and needs" (AOTA, 2014a, p. S44). Through formal interview and conversation, the OT can determine the client's willingness and ability to manage and maintain their conditions by taking into account client factors, habits and routines, roles, and the context of environment and quality of life (Leland et al., 2017, p. 3). The occupational therapist can work alongside the physician for successful chronic disease self-management adherence. For example, a young female with obesity may visit her primary care provider for medical care regarding a skin rash. After a series of misdiagnoses, it is determined her rash is likely a reaction from stress. Through the occupational profile, the occupational therapist identifies that one of the client's occupations is caring for her 4-year-old child with delayed development. The occupational therapist notes that the client reports the inability to address her own health needs because of the care she provides for her child. By collaborating with the client, the occupational therapist can (a) educate the client on behavioral and developmental needs of the child, including appropriate expectations of the child's skills; (b) provide lifestyle modification interventions that include integrating sustainable activities of daily living and sleep hygiene routines; (c) provide weekly goal setting and review; and (d) give referrals to additional intervention services for the child (AOTA, 2014a).

The proposed role of OT in primary care includes explaining the medical diagnosis and providing practical ways to incorporate the physician's recommendations into the client's daily routine (AOTA, 2018). Other examples of interventions could include self-management of chronic diseases, lifestyle modification, safety and fall prevention, driving and community mobility, home modifications, and family and caregiver support. Interventions provided in primary care may include, but are not limited to, home modifications, adaptive equipment, activities of daily living, instrumental activities of daily living, energy conservation, coping strategies, and vocational interventions (Interprofessional Education Collaborative Expert Panel, 2011).

Barriers to OT in Primary Care

Although there are benefits, there are barriers that limit the use of occupational therapists in primary care. Identified barriers include reimbursement for services, narrow or unclear understanding of the value of OT, interprofessional and team-based considerations, and current educational preparation for occupational therapists (Halle et al., 2018). Therapists and students must educate the

interprofessional team on the scope of OT in primary care during daily interactions, team conferences, and in-services provided to the team. OT students can be the mechanism used to educate all involved team members (Donnelly et al., 2013). This allows the students to grow as therapists and reinforces their learning about the profession.

OT Student's Role in Primary Care

The preparation of OT students does not occur only in the classroom; education programs must provide fieldwork experiences for students in the primary care setting. It is critical that occupational therapists or faculty currently practicing in primary care seek out opportunities to provide experience to students through Level I fieldwork, Level II fieldwork, and capstone experiences. Halle et al. (2018) described specific strategies that could be used for student experiences: sharing students, having students at multiple sites with coordinated supervision, remote supervision, and placing OT students with non-OT providers (2018). Three main challenges of role-emerging fieldwork experiences are lack of direct occupational therapist supervision, lack of familiarity of OT role with related educational objectives, and lack of occupational therapists as a role model to students to help facilitate their learning (Mulholland & Derdall, 2005).

To determine the advantages and barriers to students' fieldwork experience in the primary care setting, the research considers the role of OT; the culture of collaboration, communication, and education; and the use of screening and assessments in primary care practice. OT fieldwork experiences can provide a way for students to be involved in educating team members in the primary care setting about the valued services OT can provide.

Method

This mixed-methods study aimed to answer the primary research question: How are OT students used in the primary care setting in fieldwork or capstone experiences? A two-phase process was involved in this study. The first phase was using an electronic survey to examine OT and OTA academic fieldwork coordinators (AFWC) and current occupational therapists who practice in a primary care setting in the United States. The second phase consisted of 20–30 min in-depth, semi-structured interviews. The use of survey and interview enabled an in-depth exploration of how OT students are being used in primary care during fieldwork, experiential, and capstone experiences.

Participants

The participants in this study included AFWCs from entry-level doctorate, master's, and associate's OT and OTA programs in the United States; occupational therapists in the Facebook group "Occupational Therapy in Primary Care and Health Promotion"; and self-identified practicing primary care occupational therapists through CommunOT. The participants for the in-depth interview were identified and recruited through completing the survey phase. The participants excluded from this study were those who do not currently practice in primary care and have not used primary care settings for OT student fieldwork or capstone experiences. Additional eligible participants were occupational therapists in primary care practice who were identified through snowball convenience sampling.

Materials

Informed consent was obtained from all of the participants. The survey instrument was a descriptive questionnaire to explore the use of OT students in primary care. It was distributed through the Qualtrics survey system. Before distributing the survey, its face validity was completed by one AFWC, one occupational therapist, and one primary care health professional for the clarity of questions and content.

The survey included multiple choice and multiple answer questions. Questions fall under five broad categories, including (a) benefits and barriers to the use of OT in primary care; (b) benefits and disadvantages of the use of OT students in primary care settings; (c) use of students in primary care settings during fieldwork and capstone experiences; (d) methods used to recruit or screen for patients that may benefit from OT services; (e) assessments and interventions provided to patients; and (f) demographics of the primary care setting and OT. General demographic questions, including education level, degree type, and years of experience were organized at the end of the survey.

The in-depth, semi-structured interview questions were open-ended format questions from the survey tool to further explore perceptions of using OT students in a primary care setting. The interviews took approximately 20–30 min.

Procedures

IRB approval was obtained through Indiana University. After the participants were recruited using the AFWC email address, Facebook, and CommunOT, the survey was sent via email to OT AFWCs, and the web-based link was posted on the Facebook group and CommunOT forum. The electronic survey was open for 4 weeks. All surveys were completed between February and March 2019 with one-time, weekly reminders delivered electronically for those emailed. The respondents expressing interest in participating in the in-depth, semi-structured interview completed the interviews between April and May 2019. With consent of the respondent, interviews were recorded.

Data Analysis

Descriptive statistics and frequency percentages were used through Qualtrics for forced-choice questions. Descriptive statistics provide summaries about the sample and the responses to questions (Fink, 2009). Interviews were transcribed and were analyzed using thematic analysis for the triangulation of data. The principal investigator and consultant independently completed thematic analysis to decrease researcher bias and interpretation of results.

Results

Of the 430 occupational therapists invited to participate, 90 responded, yielding a response rate of 20%. However, because of the inclusion criteria, 16 became the N. Respondent characteristics are shown in Table 1.

Table 1

Respondent Characteristics in Primary Care Settings

Characteristic	n	%
Highest degree held		
Associate	1	6.25
Bachelor	1	6.25
Master	8	50
Entry-level OTD	1	6.25
Post-professional OTD	4	25
PhD or EdD	1	6.25
Employment status in primary care		
Full-time (30+ hr/week)	4	25
Part-time (11–29 hr/week)	3	18.75
Limited part-time (1–10 hr/week)	9	56.25

Characteristic	n	%
Reimbursement for OT services		
Salary	3	18.75
Hourly & fee for service	3	18.75
Grant funds	4	25
Other (pro-bono/educational model)	6	37.5
Primary care setting		
Community health center/clinic	8	50
Physician's office	3	18.75
Private practice	2	12.5
Public health	1	6.25
Other	2	12.5
Methods for recruit/screen for OT services		
Physician referral	11	68.75
Other health care professional referral	8	50
Other (chart review/risk assessment)	4	25
Typical ages seen by OT		
Pediatrics	3	18.75
Adolescent/young adult	3	18.75
Adult/older adult	13	81.25

Note. n = 16.

Identified Benefits to OT in Primary Care

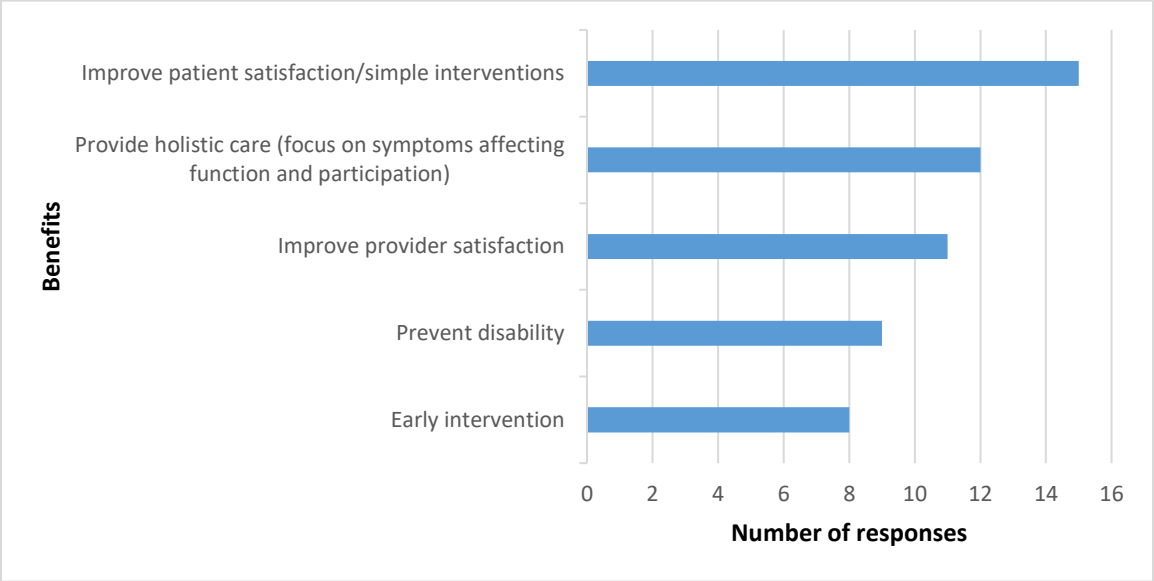
Improve patient satisfaction (98%), provide holistic care while focusing on the symptoms affection function and participation (75%), and improve provider satisfaction (69%) were identified as the top benefits to OT in primary care (see Figure 1). Prevent disability (56%) and early intervention (50%) were also identified as benefits. One occupational therapist stated, "OT serves as the bridge for communication between patient and provider. We help figure out HOW to implement provider recommendations." An interview respondent stated:

> Our holistic approach to the patient is really helpful. Like, sometimes the providers go in, and they might give us a quick recap. When we go in, we might find more to the story. The patient is only taking their medication in the morning because they keep forgetting at night. That is why they are not compliant with their medicine. So, I think really understanding the habits and routines and the overall functionality of a person, how they are functioning at home, and identifying the appropriate support they need to kind of promote appropriate participation is kind of what our benefit is. However, I think our purpose in the office is to really help the patients and their overall well-being, and I think we are just adding to the team. I don't think we're taking anything away.

Another participant described the benefit of OT in primary care as: "The ability to have the time with the clients to really assess what the underlying reason: cognitive, coping, what is it that we need to address to get them to be successful?"

Figure 1

Identified Benefits of OT in Primary Care



Identified Barriers to OT in Primary Care

Reimbursement for services (75%), a narrow or unclear vision of the value of OT (69%), and a limited number of occupational therapists in primary care (63%) were ranked as the top three barriers to OT in primary care (see Figure 2). Current education preparation for OT (31%) and interprofessional and team-based considerations (25%) were at the bottom of the list of barriers. One respondent stated,

> I think the greatest barriers are: How many OTs are willing to do the incredible amount of legwork to push into primary care and claim a place. We are very well educated to provide services under a primary care model, but it requires confidence in knowing and articulating our values. There is no place in primary care to hide behind any status quo, everything is self-generated, and this can be scary, but also incredibly powerful.

Space was indicated by a different participant who described the following:

> Some of the barriers are definitely space. Space when it is a busy clinic. If you have a lot of the providers working, space to actually see the patients when the doctors need to stay on their own schedule. If you take 20 to 30 min to see the patient, then we are taking up room. However, we have solved the problem and found other strategies like using the office manager's room or the psychiatrist's office. Another barrier is the provider's knowledge of occupational therapy. Another barrier is providers forgetting to let us know that the patient is available, so, kind of just the logistics of the flow of the office.

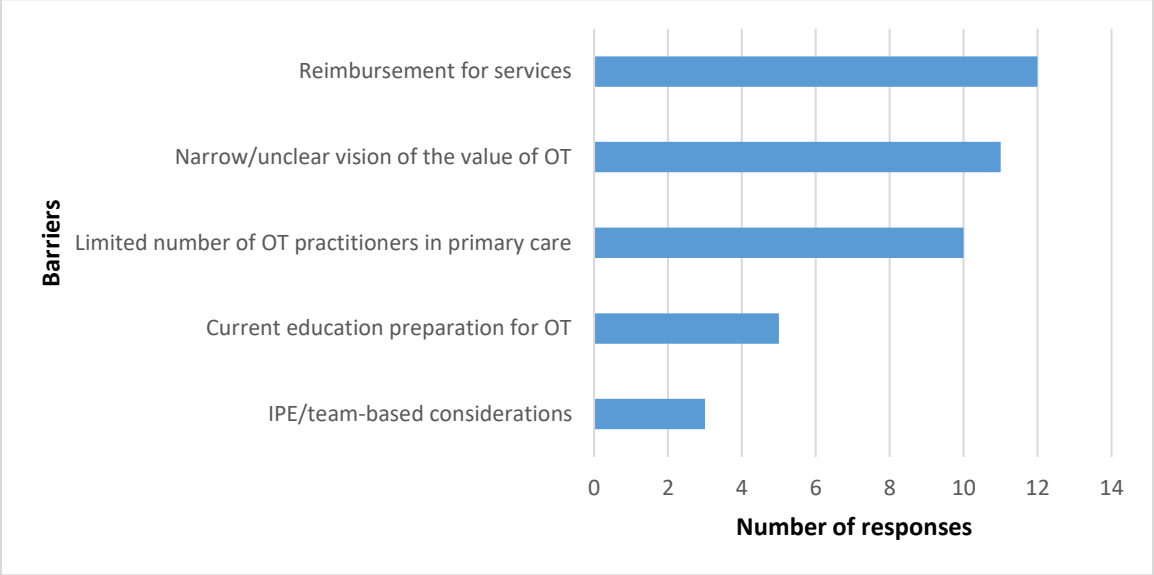
Another interview respondent stated that reimbursement is the number one barrier.

> Once we get in there and start working with clients and talking about modification of the home, the adaptation of activities, habits, and routines, they totally get it and value us and want us back. However, in most organizations, we have to be able to pay our way. That is the number one barrier. Actually, in community-based it's a little bit easier, for example, one of our community-based health organizations actually petitioned to the state to have occupational therapy classified

as family support services so they can actually get reimbursement from the state for some of the programs that the occupational therapist is doing with individual clients around integration and chronic pain management.

Figure 2

Identified Barriers in Primary Care



OT and OTA Students in Primary Care

Of the 16 respondents, nine identified themselves as fieldwork educators for OT and OTA students. The level of the student experience is shown in Table 2. No respondents identified supervising entry-level OTD capstone experiences.

Table 2

OT and OTA Fieldwork Educator Characteristics

Characteristics	n	%
OT and OTA fieldwork educator		
OT students	5	55.56
OTA students	1	11.11
Both OT and OTA students	3	33.33
Level of the student experience		
OTA Level I	2	22.22
OTA Level II	4	44.44
OT Level I	4	44.44
OT Level II	4	44.44
Post-fieldwork grant students	1	11.11

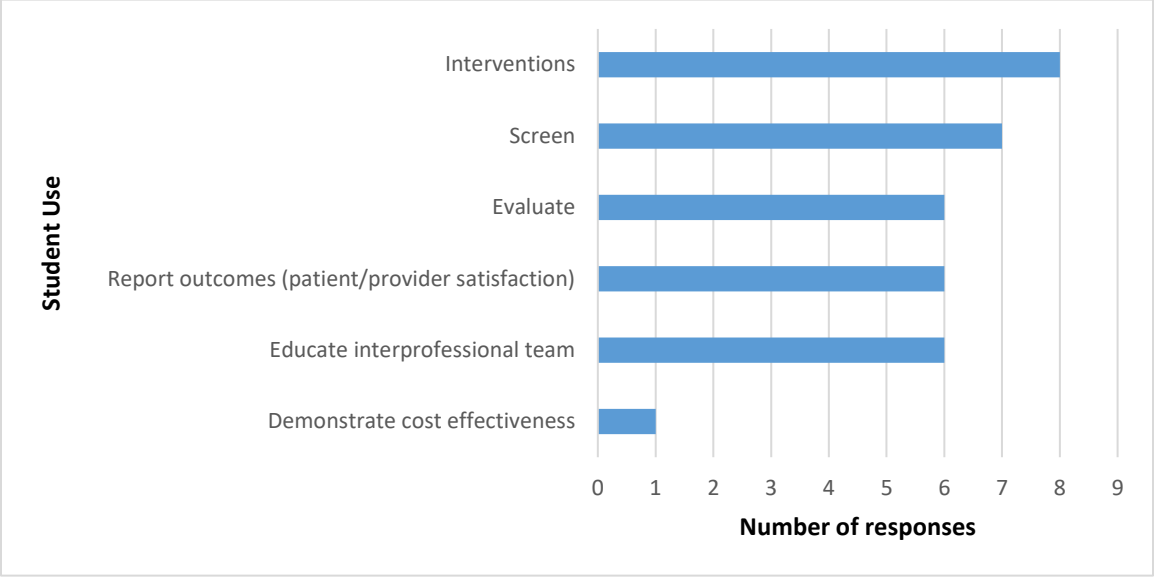
Note. n = 9/16.

Use of Students in Primary Care

OT and OTA students, overall, were used most often to provide interventions (89%) and screen for OT services (78%) while in a fieldwork experience (see Figure 3). Evaluate, report patient and provider satisfaction outcomes, and educate interprofessional team were identified by 67% of the respondents. The lowest reported use of OT and OTA students in primary care was to demonstrate the cost-effectiveness (11%).

Figure 3

Use of OT and OTA Students in Primary Care



Identified Benefits of Students in Primary Care

The top benefits for OT and OTA students in primary care were identified as providing holistic care and improvement of patient satisfaction with simple interventions (67%) (see Figure 4). Prevent disability and improve provider satisfaction were identified as benefits (56%), followed by current education preparation for OT (44%) and provide early intervention services (22%). All ranked similarly to the results of identified benefits of general OT services in primary care. One respondent stated, "It allows them to see how we communicate and establish our value from scratch; this is an incredible benefit that entices students to be bold in their future careers." Physician support and a holistic approach were identified:

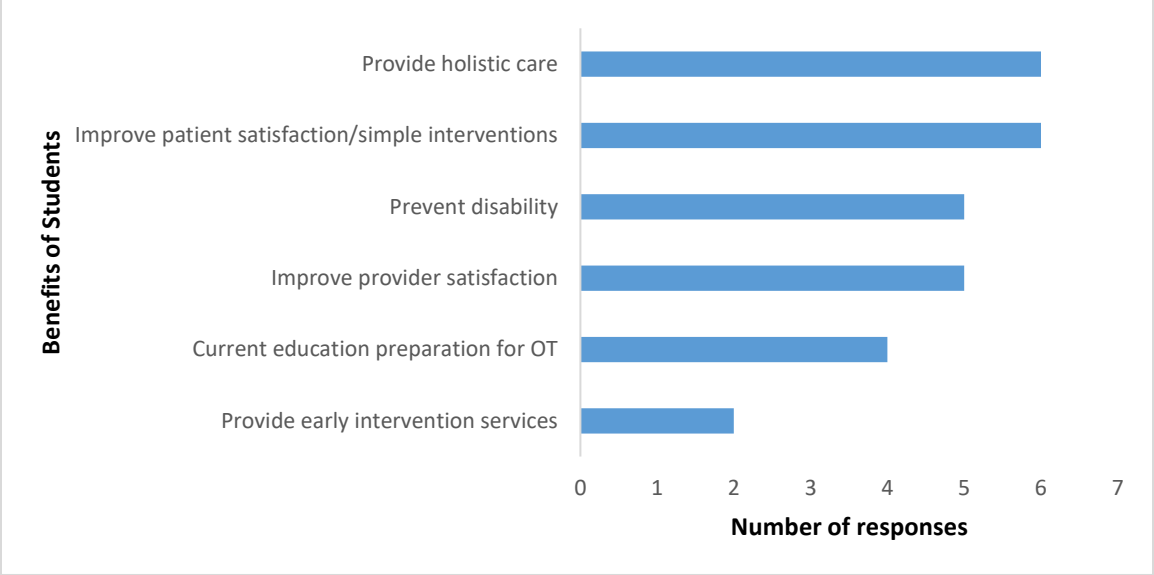
> I think, first of all, pushing doctors to view health and wellness more holistically and that health and wellness go beyond just diagnosis and that those everyday activities and behaviors significantly impact health outcomes and they have to be addressed. The second is supporting those providers. A lot of the providers just do not have the time, and then they feel completely unsure of what to do.

Student coursework benefits OT in primary care, as stated by this participant:

> I think the benefit of having a student is all of their coursework is very fresh in their mind, so they have the theories in their mind. They have different diagnoses and life span, interventions, and diagnoses throughout the life span, so that is all fresh in their mind. I think it is really great to have doctoral students in these settings because they are there to establish care and primary care as well as to conduct research.

Figure 4

Identified Benefits of OT and OTA Students in Primary Care



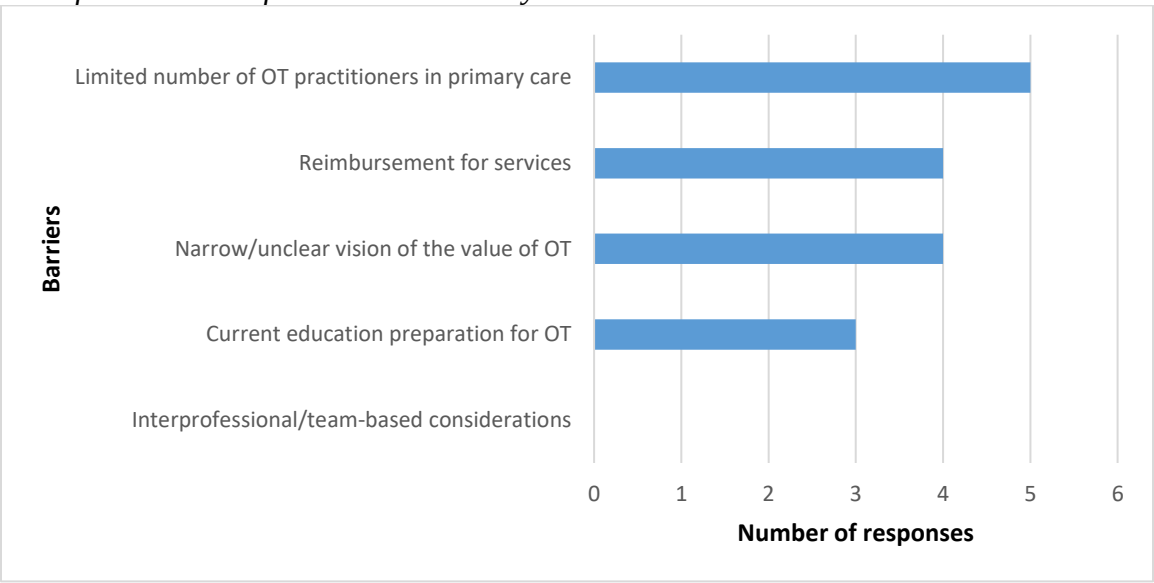
Identified Barriers of Students in Primary Care

A limited number of occupational therapists (56%) were identified as the number one barrier to the use of students in primary care (see Figure 5). Reimbursement for services and the narrow or unclear value of OT in primary care were identified by 44% of the respondents, followed by current education preparation for OT (33%). Zero respondents identified interprofessional or team-based considerations as a barrier to incorporating OT and OTA students in primary care. One respondent indicated no barriers to use of students in primary care: “I do not think there are any barriers as long as a well-informed OT is supervising the OT student.” Another respondent stated:

> Oftentimes, in primary care settings we are seeing the more difficult patients that are not compliant. They are not showing up. They might have cognitive deficits. So, I think as students, it is a skill that they are building, they might already be really good at, but how do you redirect a challenging client? Or how do you manage a tough client? I could see that as a barrier for a certain student. I am not saying all students, but it could just be something to keep in mind.

Figure 5

Identified Barriers of Students in Primary Care



Discussion

This study investigated the benefits and barriers of OT and OTA student use in primary care, which is essential because of the ACOTE standard B.4.27 (2018) to design community or primary care programs. The OT and OTA students identified in this study performed various screenings, evaluations, and interventions for clients in the primary care setting. In addition, these students provided education to the primary care health care team, as well as to the patient and provider outcomes resulting from OT services. This study showed that OT and OTA students in primary care can assist in improving patient and provider satisfaction, but they are
underused because of reimbursement for OT services and the limited number of occupational therapists practicing in primary care.

Of the 90 respondents to the survey, only 18% identified themselves as practicing in primary care at least 1 day a week. The percentage of those self-identified as a fieldwork educator to OT and OTA students in primary care was even lower at 10% of the respondents. This finding alone supports the barrier of limited experiential opportunities for OT and OTA students in primary care because of the limited availability of occupational therapists to provide supervision to students during the fieldwork of this nature.

In support of the barriers identified from this study, Mulholland and Derdall (2005) identified three main challenges of role-emerging fieldwork experiences as (a) lack of direct OT supervision, (b) lack of familiarity with the OT role with related educational objectives, and (c) lack of occupational therapists as a role model to students to help facilitate their learning. Occupational therapists with interest in primary care are encouraged to advocate for OT in the primary care team to support the value and benefits of OT in primary care. Using OT and OTA students in Level I and Level II fieldwork and capstone experiences in primary care could allow access to OT services. Occupational therapists practicing in primary care are encouraged to develop fieldwork experiences as fieldwork educators. OT educational programs are encouraged to build faculty-led or community-based relationships with

primary care settings to meet both ACOTE standards and fieldwork and/or capstone experience objectives to enhance OT and OTA student learning.

This study supports Donnelly et al.'s (2013) findings that OT and OTA students can be the mechanism used to educate team members in primary care with the top benefits identified from this study to be improved patient satisfaction, holistic care while focusing on the symptoms affecting function and participation, and improved provider satisfaction. Through OT and OTA student evaluations, the screening of patients, and education of the interprofessional team, the role of OT in primary care can be strengthened with the potential to increase reimbursement and the number of occupational therapists practicing in primary care. In addition, students reporting patient and provider satisfaction outcomes and quality outcome measures, such as clients understanding energy conservation and work simplification strategies, coping skills for stress, and or joint protection principles, can improve interprofessional primary health care team collaboration.

Strengths and Limitations

The variety of degrees, employment status, and OT service reimbursement among the respondents presents as a strength in this study. For the respondents who identified themselves as fieldwork educators of OT and OTA students, fieldwork supervision occurred in both the Level I and Level II experiences but not in the capstone experiences. The major limitation of this study was the limited number of respondents who were occupational therapists practicing in primary care at least 1 day a week. In addition, the primary author of this study has some bias toward the use of OT and OTA students in primary care from experience supervising OT students in a primary setting for 3 hr each week during the academic year.

Implications for Future Research

Further research needs to focus on the patient and provider satisfaction outcomes in order to support the role of occupational therapists and OTAs and payment of OT services in primary care. In addition, future research that specifically focuses on the use of OT and OTA students in a variety of fieldwork and/or capstone experiences can enhance OT and OTA primary care implementation. Last, research on measuring quality outcomes in primary care following implementation of OT and OTA services can provide additional support for the value of OT interventions in the primary care setting.

Conclusion

The results of this study suggest that the current number of occupational therapists practicing in primary care is limited and that OT and OTA students can have a positive impact on patient and provider satisfaction in primary care. This impact will also include demonstrating the ability to educate the interprofessional health care team on the value of OT services in primary care. The findings of this study may be beneficial to OT and OTA education programs by including primary care settings for Level I and Level II fieldwork or capstone experiential to meet ACOTE standards. In addition, the emerging role of occupational therapists and OTAs in primary care can be supported by incorporating OT and OTA students into these settings to highlight the distinct value of OT.

Brandi Andreae, OTD, MS, OTR/L*, is an assistant professor at Indiana State University. At the time of the study, she was a post-professional doctoral student at Indiana University-Purdue University, Indianapolis. Her research interests include occupational therapy in primary care, dementia care, and use of simulation in education.*

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***Thomas F. Fisher**, PhD, OTR, CCM, FAOTA, is professor and dean at Indiana University South Bend. His research interests include graduate professional occupational therapy education, occupational health, and neuro-musculoskeletal care.*

***Priya Bakshi, OTD, OTR, CHT**, is an assistant professor at Indiana State University and a practicing clinician at Indiana Hand to Shoulder Center. Her research interests include pain, cumulative trauma disorders, and pedagogical strategies for basic skills training of the occupational therapy student.*

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