



April 2023

## Understanding the Doctoral Capstone Coordinator Position: A Unique Faculty Role in Occupational Therapy Education

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### Recommended Citation

Harris, H. L., Kiraly-Alvarez, A. F., Costello, P. J., & Schmeltz, B. (2023). Understanding the Doctoral Capstone Coordinator Position: A Unique Faculty Role in Occupational Therapy Education. *The Open Journal of Occupational Therapy*, 11(2), 1-14. <https://doi.org/10.15453/2168-6408.2039>

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# Understanding the Doctoral Capstone Coordinator Position: A Unique Faculty Role in Occupational Therapy Education

## Abstract

The doctoral capstone coordinator (DCC) position is a required faculty position in U.S. entry-level OTD programs, but there is limited information about this role. This descriptive study aimed to explore the demographics of DCCs; their required workload, tasks, and responsibilities; and the supports available to DCCs. The researchers administered an online survey and analyzed the data using descriptive statistics and content analysis. The results revealed much variability in DCCs' experiences, workloads, and responsibilities across OTD programs. Of the DCCs survey, 74.0% previously held leadership positions in academia or clinical practice before taking the role, and 60.5% of the DCCs worked overtime for at least half of the previous year. Approximately half of the DCCs spent different percentages of time on teaching, research, service, and clinical responsibilities than expected by their universities. Common capstone tasks completed only by the DCC involved educating others about the capstone process, developing and evaluating the capstone processes, and teaching capstone courses. Tasks commonly completed with support include ensuring student completion of preparatory requirements, securing placements and affiliation agreements, and advising students. The responses varied regarding the individuals involved with mentoring and student assessment responsibilities. Overall, 67.7% of the DCCs were slightly to extremely satisfied with their existing workload.

## 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

capstone, doctoral capstone coordinator, workload

## Credentials Display

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DOI: 10.15453/2168-6408.2039

Despite the dramatic increase in entry-level occupational therapy doctoral (OTD) programs in recent years, there remains a paucity of information specific to a unique role in these programs: the doctoral capstone coordinator (DCC). Current OTD accreditation standards require the designation of a full-time faculty member to serve as a DCC and outline the general responsibilities of the DCC role (ACOTE, 2018). However, more detailed information about the role's specific responsibilities and workload expectations is lacking. Moreover, general demographic information pertaining to the characteristics of current faculty filling this role is non-existent in the literature. As a result, academic programs do not have the necessary data to support successful recruitment and retention efforts, develop necessary job descriptions or role delineation documents, or advocate for additional support to ensure the successful implementation of the capstone program. In addition, individuals interested in applying for the DCC role do not have access to important information that may influence the decision-making process and ensure an optimal fit for their professional goals in an academic setting. This study aimed to provide insight into the demographics and workloads of current faculty serving in the DCC role and describe the tasks and responsibilities required of the role in the current OTD education environment.

## **Background**

### **Faculty Workload Expectations**

The literature has long pointed out that traditional faculty in academic institutions work beyond the customary 40-hr workweek expectation (Yuker, 1984) and that workload models used to describe expectations and work tasks may not represent workloads in an adequate, accurate, or equitable manner (Papadopoulos, 2017). Studies investigating workload and responsibilities for faculty positions responsible for coordinating clinical education for athletic training, nursing, occupational therapy (OT), physical therapy, and physician assistant programs are consistent with these findings (Buccieri et al., 2012; DeJuliis et al., 2021; Radtke, 2017; Snyder et al., 2010; Sobralske & Naegele, 2001; Stutz-Tanenbaum et al., 2015). However, the role of the DCC is less defined when compared to experiential learning coordinator roles in other health care professions. It is less understood than other coordinator roles in OT education, such as the academic fieldwork coordinator (AFWC).

Historically, OTD programs have received guidance from ACOTE related to administrative roles, such as the program director and the AFWC outlining general requirements for these roles in the realms of release time, necessary support, and responsibilities of the faculty member assuming the role (ACOTE, 2006). The complexities of the AFWC position have been examined in attempts to enhance the understanding of responsibilities associated with the role beyond what accreditation standards provide, advocate for necessary training materials and resources, and improve clarity regarding the characteristics needed for success in the role (DeJuliis et al., 2021; Stutz-Tanenbaum et al., 2015). However, no research exists to support the understanding of the DCC's role in OT programs.

The roles and responsibilities currently associated with the DCC role were first included in the 2006 ACOTE *Standards and Interpretive Guide*. Since then, ACOTE has adopted two new sets of standards with updates eventually leading to the development of standards specific to the role and related responsibilities. The 2018 ACOTE *Standards and Interpretive Guide* indicates that programs must “identify an individual for the role of [DCC] who is specifically responsible for the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member” and that the “institution must document that the [DCC] has sufficient release time and support to ensure that the needs of the capstone program are being met” (ACOTE, 2018, p. 10). The 2018 ACOTE Standards also ushered in the separation of doctoral capstone standards from those related

to fieldwork education, clearly outlining that a specific faculty member is to be responsible for each section of standards (ACOTE, 2018). Despite the increased information provided by ACOTE emphasizing the value of the capstone for OTD student preparation and the need for a specific faculty role devoted to the capstone program, there continue to be limited resources available for potential or new DCCs.

### **Tasks Associated with the DCC Role**

Presently, accreditation standards and the academic institution outline the tasks and responsibilities of the DCC. The DCC is responsible for numerous tasks specific to the design, implementation, and monitoring of the capstone program process (ACOTE, 2018). In addition, DCCs often have additional core faculty expectations consistent with academic settings, including teaching, scholarship, service, and clinical practice (AOTA, 2010). These core faculty expectations, the release time, and the support needed to ensure the capstone program needs are met may vary between institutions, similar to the AFWC role (DeJuliis et al., 2021; Stutz-Tanenbaum et al., 2015). Other variables, including years of experience, faculty rank, cohort size, and total credit hours in the program, may also influence expectations.

There has been limited evidence describing the roles of the DCC (DeJuliis & Bednarski, 2020; Stephenson et al., 2020); however, emerging data related to similar clinical education roles in OT education provide some guidance for further analysis of this complex role (DeJuliis et al., 2021; Stutz-Tanenbaum et al., 2015). Teaching responsibilities of the DCC role may include designing and teaching capstone-specific and other courses in the curriculum based on the individual's area of expertise, providing guest lectures in courses, and student advising responsibilities. Administrative tasks for the DCC role, commonly associated with release time, include activities such as establishing and maintaining affiliation agreements with capstone sites; educating the OT faculty, students, and capstone partners regarding the capstone program; designing and implementing capstone-related courses in the curriculum; and developing processes, policies, and systems to maintain necessary information for accreditation purposes (DeJuliis & Bednarski, 2020; Stephenson et al., 2020). Considering the complexity of the DCC role and the lack of current resources available, the workload associated with this role may look different compared to other faculty roles and warrants further investigation.

### **Method**

This study used a univariate descriptive research design, which is beneficial for analyzing a series of single variables using descriptive statistics (Nelson et al., 2017). Descriptive methodologies are appropriate when little is known about a topic, and the purpose of the research is exploratory (Nelson et al., 2017). The research questions included: (a) What are the demographics of DCCs related to years in the role and previous experiences? (b) What are the demographics of the OT programs where DCCs work? (c) What are typical workload expectations and realities for DCCs? (d) What capstone-related responsibilities do DCCs perform independently and/or with assistance from others? (e) How are capstone programs designed in OT programs related to the distribution of responsibilities? and (f) How satisfied are DCCs with their workloads? The researchers asked additional questions related to the impact of the Coronavirus pandemic on the DCC workload and factors impacting DCC satisfaction, but the results related to those research questions are beyond the scope and purpose of this article. The researchers obtained Institutional Review Board approval from the first author's institution, and all of the participants provided informed consent before participating.

### **Participants**

When the survey was distributed, 172 OT programs were in one of the three accreditation phases described by ACOTE, with 37 programs being fully accredited (ACOTE, 2020). Because the researchers

represented four of those programs, there were 168 programs eligible to participate. The researchers recruited participants through convenience sampling using the American Occupational Therapy Association (AOTA) CommunOT public forums, existing professional connections of the research team, and individual emails to current DCCs and OTD program directors using publicly available email addresses. The inclusion criterion was currently serving in the DCC role in an OTD program at any level of accreditation. Those not in the DCC role were excluded from participation.

### **Instrumentation and Data Collection**

The researchers developed a 48-question online survey tool using Qualtrics Survey Software. Questions were based on the researchers' experiences as DCCs, a review of current accreditation standards, and an exhaustive literature review. The first author, who had 3 years of experience as a DCC, initially developed the survey. The remaining researchers, who were DCCs with 1, 2, and 3 years of experience, respectively, piloted the survey. The first author made revisions based on feedback from the other researchers. All of the researchers reviewed the survey a second time for clarity and formatting, after which additional revisions were made before they finalized the survey instrument.

The instrument included 43 close-ended questions (e.g., Likert scale, multiple choice, and multiple responses) and five open-ended questions designed to understand variability between mentorship responsibilities, the challenges and supports before and during the COVID-19 pandemic, and the perceived impact of the pandemic on workload. Some questions sought to understand demographics specific to the individual, sponsoring institution, OTD program, and capstone program. Other questions addressed the DCC's workload; capstone tasks and responsibilities; and other teaching, scholarship, service, and clinical practice tasks in the last year. Questions asked the participants to indicate both the percentages of time as expected by the university, as well as their perceived percentages of the time spent on each task before the pandemic. Doctoral capstone tasks and responsibilities were divided into four categories: (a) capstone data management, (b) capstone site management, (c) capstone program development, and (d) capstone teaching and mentoring. The researchers chose categories to align with similar tasks for AFWCs outlined in Stutz-Tanenbaum et al. (2015) but to reflect the specific tasks of DCCs as identified by the ACOTE Standards (ACOTE, 2018) and DeJuliis and Bednarski (2020). In each category, the participants were asked to indicate if the activity was the sole responsibility of the DCC, if support currently exists, and, if so, from whom. Questions also investigated DCC involvement in mentoring capstone students, teaching capstone-specific courses, assessing student performance, and assigning student grades throughout capstone preparation, experience, and project dissemination courses. A 7-point Likert scale was used for a question about overall satisfaction with workload.

The survey was open from May 2020 through July 2020. Consistent with recommendations for online surveys (Sischka et al., 2020) and to reduce potential stressors related to the survey deployment during the Coronavirus pandemic, responses were not forced, allowing the participants the ability to skip questions or discontinue participation at any point.

### **Data Analysis**

The researchers used descriptive statistics to determine averages, ranges, and percentages related to demographic information for the individual participant, institution, OTD program, capstone program, and workload category data (Nelson et al., 2017). The researchers used a content analysis approach to analyze data collected by open-ended questions to classify, summarize, and provide a descriptive account of the data (Hsieh & Shannon, 2005). Two of the researchers separately used an inductive process to

identify categories. The research team then examined the identified categories, discussed discrepancies, and reached a consensus.

## Results

Fifty DCCs consented to participate in the survey, met the inclusion criterion, and completed the survey, resulting in an overall response rate of 29.7% of OTD programs at any level of accreditation. The response rate for fully accredited entry-level OTD programs was 76.4%. Not all of the participants answered all questions resulting in some data sets for certain questions representing fewer than 50 of the participants.

### DCC Demographics

Responses from DCCs represented 20 states across all regions. Forty of the participants (80.0%) indicated the highest degree held as a post-professional doctoral degree (e.g., PPOTD, Ed.D., Ph.D., Sc.D.), and eight (16.0%) indicated their current degree as an entry-level clinical doctorate. Six of the participants (12.0%) indicated they were pursuing an additional degree. Additional participant demographics are listed in Table 1.

**Table 1**  
*Participant Demographics*

Attribute	N	%	Years Mean	Years Range
Time in current DCC role	-	-	1.9	0.08 – 12.83
Previous leadership/administrative experience				
DCC in another program	3	6.0	2.8	2–4
AFWC or Assistant AFWC in current or another program	19	38.0	6.6	1–17
Program Director	5	10.0	7.8	1–17
Clinical Site FW/Student Coordinator	15	30.0	5.3	1–21
Senior Clinician	14	28.0	8.1	1–30
Rehab Manager, Assistant Rehab Manager, or Clinical Director	10	20.0	4.2	1–10
Other	12	24.0	11.7	1–18
None	13	26.0	-	-
Faculty appointment				
12-month	41	82.0	-	-
11-month	2	4.0	-	-
10-month	2	4.0	-	-
9-month	2	4.0	-	-
No response	3	6.0	-	-
Faculty rank				
Professor or clinical professor	8	16.0	-	-
Associate professor or clinical associate professor	6	12.0	-	-
Assistant professor or clinical assistant professor	31	62.0	-	-
Instructor	1	2.0	-	-
Faculty clinical specialist	1	2.0	-	-
No response	3	6.0	-	-

### OTD Programs and Sponsoring Institution Demographics

Institution types represented by the participants included private for-profit (n = 10), private not-for-profit (n = 19), and public (n = 16). The largest concentration of the participants indicated accreditation status for their program as fully accredited (n = 26), while nine indicated candidacy status and ten indicated pre-accreditation status. Program length ranged from 30–40 months, with an overall average of 35 months. The average cohort size reported was 43, ranging from 15 to 116 students. Twenty-four respondents indicated no cohorts had successfully graduated from the program at the time of survey completion. The remaining 21 responses ranged from one to more than ten cohorts having completed all requirements necessary for degree conferral successfully.



### Capstone Program Demographics

An average of 14.9% of the total curriculum credit hours were reported as capstone-specific courses, ranging from 7.7% to 23.9% overall (n = 31). The average number of capstone-specific courses reported in the curriculum, including the capstone experience, was four, ranging from one to 11. Some of the respondents noted they did include non-credit seminar-type courses and research courses without capstone in the title in their count of capstone courses.

### Workload Expectations for the DCC

Twenty-nine (74.4%) DCCs indicated that workload calculations within their institution were based upon a 40-hour work week. Responses indicated an average of 29.5 weeks out of the previous year were spent working more than 40 hr per week, with 83% of DCCs reporting they worked overtime more than 11 weeks out of that year. Of the weeks in which DCCs worked beyond 40 hr, the average reported was 9.6 hr per week, ranging from zero to 25.

Wide variances were noted in the percentage of expected time spent on duties related to core faculty responsibilities, with the greatest range represented in teaching (10%–100%). Responses related to perceived time spent on capstone administrative responsibilities also varied significantly (0–90%). Average percentages of expected and perceived time spent in each category are presented in Table 2.

**Table 2**

*Average Percentage of Time Spent in Faculty Responsibility Categories (N = 39)*

Responsibility	Expected Percentage	Perceived Percentage
Teaching	41.6	44.6
Service/Leadership	12.1	12.3
Research/Scholarship	12.1	9.7
Capstone Administration	31.6	29.7
Clinical Services	2.1	2.6
Other	0.5	1.1

Despite similarities in the percentages of expected and perceived time spent on the responsibilities, there was much variability among the participants. Approximately half of the participants reported spending more or less time than expected on each responsibility. Figure 1 depicts the number of participants for each of these categories. Clinical services are not represented in this figure because 82% of the respondents reported that they were not expected to perform this responsibility.

### Tasks and Responsibilities of the DCC Role

Of the 23 capstone-related tasks and responsibilities, data for 19 indicated that greater than or equal to 50% of DCCs were solely responsible for completing the task. Table 3 presents the percentage of tasks completed only by the DCC, with administrative or faculty staff, or solely by an additional support role. In addition to capstone-specific responsibilities, Table 4 presents the percentage of respondents who indicated participating in other traditional full-time faculty responsibilities.

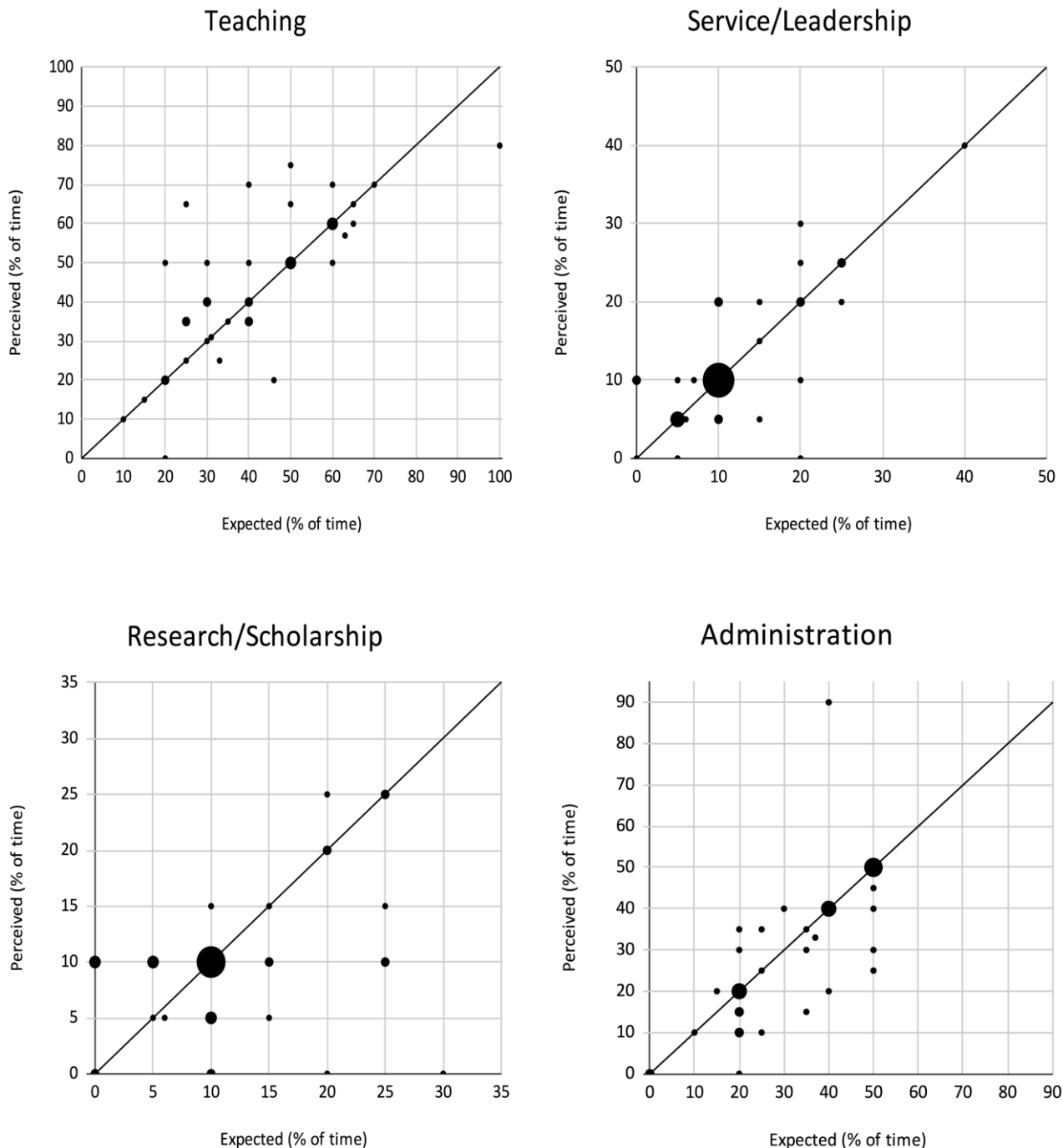
### Capstone Teaching and Mentoring Responsibilities of the DCC

Twenty (60.6%) DCCs indicated that teaching capstone courses was solely their responsibility. The remaining responses indicated the task is a shared responsibility among several faculty, with an average of four additional faculty providing support teaching these courses. Regarding the responsibilities of assessing student performance and assigning grades in the capstone-specific courses, responses (n = 34) indicated 85% of DCCs are involved in project and experience preparation courses, 88% are involved during the experience, and 76% are involved during the project dissemination phase. Table 5 provides

additional detail regarding the involvement of DCCs in assessing students and assigning grades throughout the capstone.

**Figure 1**

*Percentage of Expected versus Perceived Time Spent on Faculty Responsibilities (N = 39)*



*Note.* The smallest dots in the figures above represent one respondent. Incrementally larger dots represent incrementally more participants. Dots that fall on the diagonal line represent the participants whose perceived expected percentage of time spent on a responsibility matches the expectation for that category. Dots that fall above or below the diagonal line represent the participants who perceive they spent more or less time, respectively, than expected on that responsibility.



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**Table 3**

*Percentage of Respondents Indicating which Parties are Involved in Capstone Tasks*

<b>Task</b>	<b>DCC only (n)</b>	<b>DCC &amp; AS or OF (n)</b>	<b>AS/OF Only (n)</b>
<b>Capstone Data Management</b>			
Verify successful student completion of all didactic coursework, fieldwork experiences, and required preparatory activities defined in ACOTE standards prior to the start of the capstone experience (N = 37)	40.5 (15)	37.8 (14)	21.6 (8)
Provide student support for completing site requirements and prerequisites (i.e., background check, HIPAA training, health requirements) (N = 36)	33.3 (12)	27.8 (10)	38.9 (14)
Manage records and database for the capstone (N = 37)	54.1 (20)	35.1 (13)	10.8 (4)
Develop and distribute documents necessary for mentor CEUs (N = 37)	59.5 (22)	27.0 (10)	13.5 (5)
Collect data and evaluate the program's capstone processes, including student evaluation of site, mentor, and capstone courses (N = 37)	73.0 (27)	24.3 (9)	2.7 (1)
<b>Capstone Site Management</b>			
Secure placements/reservations and develop, negotiate, and manage affiliation agreements with sites (N = 35)	37.1 (13)	54.3 (19)	8.6 (3)
Develop and conduct site/mentor education and training, including the creation of necessary resources and presentations (N = 35)	80.0 (28)	17.1 (6)	2.9 (1)
Develop new and maintain current relationships with sites and mentors via various methods, including site visits (N = 35)	74.3 (26)	25.7 (9)	0.0 (0)
Ensure site mentors possess relevant expertise (N = 35)	77.1 (27)	20.0 (7)	2.9 (1)
Ensure a valid MOU is in place prior to the start of all capstone experiences (N = 36)	61.1 (22)	30.6 (11)	8.3 (3)
<b>Capstone Program Development</b>			
Ensure the experience and project align with the program's curricular design (N = 36)	61.1 (22)	36.1 (13)	2.7 (1)
Conduct student orientation or education sessions pertaining to the capstone outside of coursework (N = 36)	83.3 (30)	16.7 (6)	0.0 (0)
Develop and manage capstone related policies (e.g., drafting policies and/or a capstone manual) (N = 36)	69.4 (25)	27.8 (10)	2.8 (1)
Establish processes, gather data, and create documents necessary for ACOTE reports (N = 36)	63.9 (23)	33.3 (12)	2.8 (1)
Develop and provide education and resources to other academic faculty (N = 36)	91.7 (33)	8.3 (3)	0.0 (0)
Develop and modify the program's overall capstone process (N = 36)	69.4 (25)	30.6 (11)	0.0 (0)
Establish and conduct the faculty mentor matching process (N = 35)	65.7 (23)	31.4 (11)	2.9 (1)
<b>Capstone Teaching and Mentoring</b>			
Serve as the primary instructor for capstone related courses (N = 36)	75.0 (27)	22.2 (8)	2.8 (1)
Serve as a support for other faculty teaching capstone related courses (N = 31)	67.7 (21)	29.0 (9)	3.2 (1)
Support sites, students, and faculty during the on-site portion of the capstone (N = 36)	55.6 (20)	41.7 (15)	2.8 (1)
Coordinate and implement capstone dissemination events (N = 36)	44.4 (16)	50.0 (18)	5.6 (2)
Advise students throughout capstone process, from determining site preferences and project focus to problem-solving during project implementation (N = 36)	44.4 (16)	47.2 (17)	8.3 (3)
Correspond with capstone students and mentors throughout the capstone process (N = 36)	58.3 (21)	36.1 (13)	5.6 (2)

*Note.* DCC = Doctoral Capstone Coordinator; AS = Administrative Staff; OF = Other Faculty

**Table 4***Percentage of DCCs Completing Other Responsibilities as a Part of their Workload (N = 36)*

Task	% (n)
Teaching courses unrelated to the capstone	86.1 (31)
Advising research groups	66.7 (24)
Writing letters of recommendation for students	83.3 (30)
Supervising students during fieldwork or other experiential learning opportunities	38.9 (14)
Attending program, college, and university faculty meetings and events	100 (36)
Serving as an academic advisor for students in each cohort	80.6 (29)
Completing service activities related to the program or institution (committees, admissions process)	94.4 (34)
Writing letters of recommendation for peers (promotion and tenure)	63.9 (23)
Participating in form or informal peer mentorship	86.1 (31)
Serving in a leadership role for a professional association	50.0 (18)
Serving on committees for a professional association	80.6 (29)
Serving on a board for a non-profit organization	33.3 (12)
Serving as a journal editor or on an editorial board	25.0 (9)
Conducting original research	72.2 (26)
Presenting at the local, national, or international level	83.3 (30)
Pursuing professional publication	75.0 (27)
Writing/submitting/implementing grants	44.4 (16)
Providing OT services in a clinical or community-based setting	41.7 (15)

**Table 5***Individuals Involved in Assessment and Assignment of Grades in Capstone Courses (N = 34)*

Phase of Doctoral Capstone	DCC Only	DCC & FM	FM Only	DCC & SM	DCC, FM, & SM	FM & SM	Other
Preparing for the Capstone	16	10	4	1	2	0	1
During the Experience	5	3	1	8	14	2	1
Project Dissemination	10	10	5	2	4	1	2

Note. DCC = Doctoral Capstone Coordinator; FM = Faculty Mentor; SM = Site Mentor

On average, 49.5% of full-time core faculty, including the DCC, in an OT program serve as a capstone faculty mentor, with a range of zero to 100%. Responses indicated that the DCC carries the highest average minimum (n = 6) and maximum (n = 12) number of capstone mentees (n = 6) per cohort, and the program directors carry the lowest minimum (n = 2) and maximum (4) average. The maximum average of capstone mentees supported by the DCC with all cohorts enrolled was reported as 20, ranging from 0 to 138.

### Satisfaction with DCC Workload

Overall, 67.7% of the respondents (n = 34) were at least slightly satisfied with their typical workload. Furthermore, 11.8% of DCCs were extremely satisfied, 32.4% were moderately satisfied, 23.5% were slightly satisfied, 14.7% were neither satisfied nor dissatisfied, 14.7% were slightly dissatisfied, 2.9% were moderately dissatisfied, and 0% were extremely dissatisfied with their typical workload.

### Discussion

This study examined the experience, educational background, workload expectations and perceptions, and overall satisfaction of current DCCs as well as the demographics of current entry-level OTD programs, capstone program structure, and sponsoring institutions.

### Demographics

The majority of DCCs in this study possess prior experience in leadership or administrative roles both in clinical and academic settings, indicating prior experience may be a supporting factor during the hiring process and valued by faculty search teams. The significant range of time in the role and variable faculty status likely indicates the drastic increase in new entry-level OTD programs in the last 6 years (ACOTE 2016, 2021). The data collected indicated that most programs have yet to graduate a cohort of

students, further emphasizing the early stage of development in which many entry-level OTD programs are presently. This correlates with the low average length of time in the position reported by existing DCCs and indicates that most DCCs have yet to experience the full workload of the position. Other allied health clinical coordinators have similar levels of experience within their roles (Lyter, 2012) and see their position as an entry point for academia (Stutz-Tanenbaum et al., 2015). Clearly defining and understanding the role of DCC is needed to attract qualified faculty for transition to academia to meet the faculty demand of increasing OTD educational programs. Sustained satisfaction and retention of DCC faculty are needed to support positive outcomes for OTD education.

The innate flexibility allowed by ACOTE standards creates an optimal environment for each sponsoring institution, regardless of institution type, to develop a unique capstone program. The variability in cohort size, length of the program, and structure of the capstone program courses identified in this study reflect that flexibility. All aspects of the sponsoring institution and capstone program are likely to contribute to the workload and overall satisfaction of DCCs. Available resources allocated to the capstone program and the balance of expected workload categories for the DCC may vary depending on the type of institution. The size of the cohort and the number of capstone courses supporting the capstone program were also found to be variable. Evidence from the field of athletic training found that median cohort size significantly impacted and could predict workload: the percentage of time designated for clinical education workload increased as class size increased (Radtke, 2017). Clinical coordinator roles continue to evolve, and there is a need to understand the tasks and responsibilities associated with the position to ensure that the appropriate resources and strong support needed to fulfill the role are available (McCallum et al., 2018).

### **Workload Expectations and Realities**

Consistent with the literature about faculty workload (Papadopoulos, 2017; Yuker, 1994), DCCs often work beyond the typical 40-hr work week. Potential factors contributing to time spent working beyond what is expected may include the accreditation phase of the program, length of time in the DCC role, prior experience, cohort size, lack of understanding of the tasks and responsibility associated with the role, and misunderstanding regarding the entry-level OTD capstone (Stephenson et al., 2020). Expectations compared to perceived time spent while serving in the role of the DCC varied for several categories. Many DCCs feel they are spending more time than expected on teaching responsibilities and spending less time on administrative responsibilities than expected. Institutional and program-specific infrastructure has been shown to impact the workload for clinical educators (McCallum et al., 2018). While working overtime is commonplace in academia, perhaps this accepted expectation should be re-examined and reconsidered to support meaningful work-life balance and, ultimately, satisfaction and retention of individuals serving in the DCC role.

ACOTE requires the DCC to have sufficient release time; however, the definition of what constitutes sufficient is vague (ACOTE, 2018). Poorly defined release time is evident across various clinical coordinator roles (Radke, 2017). Not only is release time ill-defined, but the responsibilities related to ensuring the “needs of the capstone program are being met” (ACOTE, 2018, p. 10) overlap between teaching and administration. This leads to challenges in determining whether administrative tasks alone comprise the release time or if the release time should also include teaching responsibilities related to the capstone program. Like the call for a greater definition of release time for the AFWC role (DeIuliis et al., 2021), more clearly defining what constitutes sufficient release time would support DCCs in

delegating tasks to other appropriate faculty and staff in the program, freeing the DCC up for responsibilities beyond teaching and administration.

All DCCs reported having responsibilities and expectations beyond teaching and administration; however, no standard methodology exists across clinical coordinator positions to determine an optimal disbursement of these additional faculty roles (McCallum, 2018). Expected time allocated to scholarly endeavors for DCCs reflects a small percentage of workload expectations and is often perceived to be an even smaller portion of time. The implications for this limited time likely contribute to the lack of understanding of the role and awareness of needs in the academic community and may be a factor in the reduced evidence related to doctoral capstone programs and outcomes. There is a need for research and scholarly activity to report the outcomes, improve efficiencies, and maintain excellence in clinical education across allied health (McCallum et al., 2018; McLaughlin et al., 2019). In addition, there is often a need to produce scholarly work to maintain appointments in academia, which may be a factor in the retention of clinical coordinator faculty. Similarly, service and leadership are also a relatively small percentage of the overall faculty workload for the DCC and factor into faculty performance evaluation and appointment. Both perceived and expected average time allocations were similar for engagement in service and leadership. There is no consistent definition of service or leadership related to faculty performance across academic institutions. Given the changing landscape of health care services and systems that DCCs need to navigate while also representing the needs of students, sites, and other stakeholders, translating the curriculum threads to clinical and community practice settings is an important task for the DCC (McCallum et al., 2018; McLaughlin et al., 2019; Stutz-Tanenbaum et al., 2015). Having the opportunity to maintain clinical practice and to develop problem-based learning or service-learning activities in community settings supports the development of strategic clinical partnerships and educational practices for optimal student performance in these settings (McLaughlin et al., 2019).

### **Tasks, Responsibilities, and Satisfaction of the DCC**

The tasks and responsibilities of the DCC role are highly complex and variable across the different OTD programs represented by the participants. There is a diversity in tasks across the categories of *Capstone Data Management*, *Capstone Site Management*, *Capstone Program Development*, and *Capstone Teaching and Mentoring*, suggesting a broad range of required knowledge and skills, including critical thinking, planning, and prioritization to manage the DCC role efficiently and effectively.

#### ***Capstone Data and Site Management***

DCCs spend considerable time engaged in site and data management for the capstone. Establishing and maintaining site relationships and managing legal and document requirements while also ensuring sites and mentors have sufficient expertise and are aligned with the program curriculum requires organizational, public relations, and interpersonal skills to skillfully represent the interests of the institution, sites, students, and faculty and act as a “bridge” between these capstone stakeholders (McCallum et al., 2018). Many of the identified tasks are procedural or administrative, yet, except for managing site requirements, less than 20% of the participants reported having support for these tasks, indicating the majority of DCCs are managing these tasks and responsibilities independently in addition to other faculty role expectations. Given their sole responsibility for these tasks, it is not surprising that workloads exceed expectations. To attract and retain DCC faculty, administrators may consider offering more administrative support for procedural tasks, similar to the case for retaining AFWC (Stutz-Tanenbaum et al., 2015).

### *Capstone Program Development and Responsibilities*

DCCs are a newly designated role in OT education and, therefore, also spend time developing capstone program policies and procedures. DCCs with previous leadership experience, such as in an AFWC role, can draw on this experience for capstone program development but have few resources or evidence to guide this process (Stephenson et al., 2020). DCCs are often the only faculty involved in providing education and resources for the capstone; matching faculty, sites, and students for the experience; and developing the overall capstone process. There is a need for more evidence and demonstration of models and implementation of successful capstone programs (Whitney & McCormack, 2020).

### *Teaching and Mentorship*

In addition to program management and development, DCCs spend time teaching, both capstone courses and other curricular content. The percentage of time teaching varies widely between programs as well as the workload balance between teaching and administrative release time for DCC roles and responsibilities. The majority of DCCs are solely responsible for teaching and grading capstone courses, including assessing and mentoring students. Unlike other OT coursework that uses models and theoretical frameworks that guide student learning, the capstone has no single framework or model around which to build course development and requires more self-directed or learner-focused learning (DeJuliis & Bednarski, 2020). There is a need for scholarship and evidence to support OT andragogies effectiveness in the development and implementation of the doctoral capstone (Whitney & McCormack, 2020).

The unique mentorship model used in the capstone requires additional tasks in relation to supporting and mentoring faculty, students, and sites. Although core faculty often share the responsibility of student mentorship for capstone, DCCs often carry a higher number of mentees than other faculty with comparable administrative duties. Unlike AFWCs, who rely on fieldwork educators for grading student performance and managing the majority of student interactions in daily experiences, DCCs are actively involved as part of the “capstone team” (DeJuliis & Bednarski, 2020).

Although there are models and evidence to support peer mentoring of faculty and mentoring of graduate students in higher education and in OT (Doyle et al., 2019), there is a need to develop mentoring resources around the capstone, particularly for site mentors. Other professionals have reported the need for quality training of preceptors and clinical educators (Drayton-Brooks et al., 2017; McCallum et al., 2018), and there is certification for OT fieldwork educators (AOTA, n.d.). However, the skills needed for mentoring rely less on skill training and evaluation and more on fostering personal and professional development (Eby et al., 2013). There is a need to develop capstone mentoring training resources to support sites and expand opportunities for capstone placements (Kemp et al., 2020). The mentoring of students for individualized capstone experiences and projects with increasing cohort sizes needs to be monitored for faculty workload while still meeting accreditation requirements (Kemp et al., 2020).

The description of the DCC tasks and responsibilities in this study parallel those reported for OT AFWCs (Stutz-Tanenbaum, 2015) and clinical education coordinators in other allied health professions (Buccieri et al., 2012; Radtke, 2017; Snyder et al., 2010; Sobralske & Naegele, 2001). Further guidelines for defining release time, a streamlining of procedural tasks to advocate for administrative support, resources for capstone development, and mentor training are needed. The survey task categories and items were developed by the researchers with expertise in this area; however, there is a need to validate further the tasks used to operationalize the role. This would help develop a clearer understanding of the DCC job



responsibilities to assist in the recruitment and retention of and satisfaction with this position for established and new entry-level OTD educational programs.

### ***DCC Satisfaction***

Despite the complexity of the DCC role and the burden of workload often beyond expectations, DCCs are generally satisfied with their roles. Slightly less than 70% of the participants reported some level of satisfaction. Clinical education coordinators in other disciplines report similar satisfaction with their role, identifying intrinsic factors, such as reward and student success, and external factors, such as being valued faculty members (Radtke, 2017; Stutz-Tanenbaum et al., 2017).

### **Limitations**

This study was conducted during the initial months of the COVID-19 pandemic, which likely impacted the workload of DCCs and may have resulted in a reduced number of participants. Despite the researchers' various recruitment efforts, some DCCs may not have been aware of the study or, depending on accreditation status, a DCC may not have been appointed yet. Although the response rate was high for fully accredited programs, the overall sample size was small, providing a limited picture of the participant population. In addition, because responses were not forced, this also resulted in missing data from many of the participants.

The survey was piloted among the research group, all of whom served as the DCC for their respective programs at the time of the study. However, the survey was not reviewed or piloted by additional experts outside of the research team, potentially impacting the validity. Furthermore, the researchers did not operationally define the categories of faculty responsibilities (e.g., teaching, capstone administration, service) in the survey. The flexibility allowed by ACOTE regarding curriculum design and faculty roles and responsibilities, paired with the variable interpretation of what tasks fall into each category, may impact the reliability of some of the data. Although the researchers used ACOTE standards and the limited current literature to identify the capstone tasks and responsibilities, there may be additional tasks not included in this study that directly impact DCC workloads.

The researchers did not ask specific questions about the tasks and responsibilities resulting in overtime. Therefore, there is no data to support if DCC overtime is directly related to capstone-related tasks and responsibilities or other faculty responsibilities. In addition, it is important to highlight that more than half of the DCCs represented programs that had not graduated a cohort of students. DCCs who had not gone through an entire capstone cycle with students may have had a limited understanding of tasks or responsibilities they had not yet completed. This could have resulted in incomplete, inaccurate, or limited data.

### **Future Research**

Further research is needed to enhance awareness and understanding of the DCC role. With the consistent increase in the number of entry-level OTD programs applying for accreditation and individuals in the role of DCC, another attempt at gathering data sought in this study from a larger participant pool is recommended. The researchers also recommend an exploratory study to confirm existing and identify additional tasks and responsibilities associated with the role, including further investigating which tasks and responsibilities are determined to be in each category (e.g., teaching, scholarship, service, and administration). Additional exploration investigating potential variables impacting workload satisfaction, such as type of sponsoring institution, tenure versus non-tenure track positions, previous experience, and available supports in the program, institution, and outside entities, would be a significant contribution to the understanding of this role and the development of reasonable expectations.



## Implications for OT Education

Understanding the tasks and responsibilities associated with the DCC position may be useful for developing workload expectations and job descriptions that will accurately represent the scope of the role for interested applicants and support programs by identifying candidates possessing the skills and background necessary to fulfill the role. Current DCCs may find the data regarding capstone courses, credit hours allocated to the capstone program, and mentorship and grading responsibilities useful when negotiating workload expectations or collaborating with the faculty team to design a new or enhance an existing capstone program. Program directors and DCCs may find the description of DCC responsibilities and supports beneficial when advocating for resources to support the capstone program and be in compliance with ACOTE Standard A.2.5. regarding sufficient release time (ACOTE, 2018).

There is limited information pertaining to entry-level clinical doctorate capstones and the DCC role in OT education. Therefore, enhancing the understanding of the role across entry-level OTD programs is an important first step to developing or obtaining the necessary support and resources for individuals serving in this role to be successful. Raising awareness among the academic community may also result in additional support from valuable state and national organizations. Such supports may include formal training, mentoring programs, and shared resources among programs that could significantly impact satisfaction and retention. The evidence and resources necessary to meet this need are strongly linked to scholarship, service, and leadership activities. The DCC position is a complex role that requires problem-solving, networking, administrative, teaching, and research skill sets to be successful and achieve longevity. Programs may wish to take this into consideration when determining the percentage of workload allocated to each responsibility for this position.

## Conclusion

The DCC position is a relatively new and evolving role in OT education, only recently identified and defined in the 2018 ACOTE standards. This study examined the experience, educational background, role tasks and responsibilities, workload expectations and perceptions, and overall satisfaction of existing faculty fulfilling this role. The majority of DCCs reported previous experience in leadership or administrative roles either in academia or in the clinical setting as well as possessing a postprofessional degree. Workload expectations and perceived time spent is variable in the teaching and administrative categories, with nearly 50% of the participants indicating that the perceived time spent on tasks in these categories is different from expected. The majority of DCCs indicate that their roles cannot be fulfilled in the 40-hr work week that is the basis for their program's workload expectations. Supports indicated by the participants include administrative staff and additional faculty members helping to facilitate the successful implementation of the capstone program. Overall, the majority of capstone grading and teaching falls in the realm of the DCC position. Lastly, despite the variability of expectations, the majority of DCCs report being satisfied with their current workload. Additional research and resources surrounding the unique DCC role are warranted to support the success of all current and future individuals fulfilling this role, students enrolled in OTD programs, and current and future OTD programs.

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