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# Status of the Entry-Level Clinical Doctorate in Occupational Therapy Education

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### **Abstract**

Occupational therapy education has accepted two degree paths for entry-level practice since 2007 – the Masters in Occupational Therapy (MOT) and the Clinical Doctorate in Occupational Therapy (OTD). A national debate exists about this approach, with strong voices on each side but there is a gap in the research supporting either side. A cohort study was used to gather data from program directors of entry-level occupational therapy programs in the U.S. to determine if there are trends, common perceptions, or predictive factors regarding which degree is supported by a program. Trends were identified, as were some common perceptions regarding the advantages of both degrees. There were conflicting views regarding the disadvantages and actual barriers associated with the OTD. Results of this study were compared to results from a similar study completed in 2006 (Griffiths & Padilla, 2006). This study contributes to the historical account of the ongoing debate regarding occupational therapy education.

**Key words:** occupational therapy education, entry-level OTD, clinical doctorate, MOT, occupational therapy degree selection, dual entry

## Introduction

Occupational therapy education has been evolving for nearly a century. The first occupational therapy education programs were accredited in 1931 and provided bachelors degree preparation (Runyon, Aitken, & Stohs, 1994). This academic design was the standard for many years, until 1998 when the Accreditation Council for Occupational Therapy Education (ACOTE) decreed that all entry-level occupational therapy programs should provide post-baccalaureate education by 2007 (Griffiths & Padilla, 2006). Most schools at that time moved to a Masters in Occupational Therapy (MOT) degree. ACOTE established educational standards for the entry-level clinical doctorate degree (OTD) in 2006 (American Occupational Therapy Association, 2016). Since then, all occupational therapy education programs have chosen between these two different pathways for entry-level practice: through either a combined bachelors-to-masters or post-baccalaureate MOT program, or through an OTD program. ACOTE reaffirmed this approach in 2015, clearly stating that the two degrees would continue to be accepted for entry-level practice (American Occupational Therapy Association, 2015a). Occupational therapy is one of the few allied health professions that accepts two different educational degrees for all entry-level practitioners.

There has been a running debate in the field of occupational therapy regarding the appropriateness of this varied approach to the profession, with many voices stating that the OTD should be the single point of entry for the profession (American Occupational Therapy Association, 2014; Brown, Crabtree, Mu, & Wells, 2015a; Case-Smith, Page, Darragh, Rybski, & Cleary, 2014). The rationale behind this support had multiple factors: that a single point of entry would clarify the competencies and educational expectations; that the OTD degree would promote evidence-based practice and research; the OTD would facilitate professional identity,

autonomy, and interprofessional collaboration; and this level of preparation would keep occupational therapy practitioners in stride with their rehabilitation and health care colleagues. However, there is little current research regarding the reasoning of occupational therapy education programs for the selection process of which degree to offer (Brown, Crabtree, Mu & Wells, 2015b; Coppard, Berthelette, Gaffney, Muir, Reitz, & Yarett Slater, 2009).

The purpose of this study was to explore the status and perceptions of entry-level occupational therapy education programs. It was hypothesized that there would be common themes and predictive factors regarding the preference for the MOT over the OTD and vice versa. The main questions this study aimed to address were:

1. What was the current status of entry-level occupational therapy education in regards to which clinical degree was offered as of 2017? How many programs were planning to transition to the entry-level OTD or had already transitioned?
2. Were there predictive factors in the demographics of programs that had transitioned or planned to transition?
3. Were there common themes in the perceptions of OT Education Program Directors in regard to the selection process of clinical degree options?
4. Were there any common barriers to transitioning to the entry-level OTD?
5. Was there a majority opinion amongst OT program directors in regards to entry-level practice preparation?

By understanding the status, perceptions, and experiences of occupational therapy education programs in regard to clinical degree selection at this point in time, we may better understand the needs of occupational therapy education for the future.

## Literature Review

### Evolution of Occupational Therapy Education

The Association of Schools of Allied Health Professions stated that the allied health professions “deliver services involving the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management” (Association of Schools of Allied Health Professions, 2016). Occupational therapy is one of many fields that fall under the umbrella of allied health practitioner. Many of these professions, including audiology, pharmacy, and physical therapy, transitioned to a clinical doctorate degree as the single point of entry into the field. The field of occupational therapy has been exploring the benefits of the clinical doctorate since at least 1994 (Runyon, Aitken, & Stohs, 1994), and the first post-professional OTD degree programs were introduced in 1994 (Griffiths & Padilla, 2006). The first entry-level OTD program was opened in 1999, and by 2006 there were seven OTD programs throughout the country (Griffiths & Padilla, 2006).

The AOTA Commission on Education released a document that addressed frequently asked questions regarding the two degree programs (American Occupational Therapy Association, 2015b). In defining the difference between the MOT and the entry-level OTD degrees, this report acknowledged the potential for confusion between the two degrees, and explained that individual programs had the choice to decide which degree and what curriculum to provide. The report cited the specific standards that had been established for both programs that aim to “maintain consistency of content among programs” (American Occupational Therapy Association, 2015b, p. 2). It pointed out that the differences between the MOT and entry-level OTD were primarily related to length of the program and that entry-level OTD degrees involve a third fieldwork experience of 16 weeks in length in addition to the 24 weeks required for the

MOT. This report did highlight that the entry-level OTD had “greater expectations for...student outcomes related to technology; program development; staff development; synthesis and practice of advanced knowledge; and demonstrated competency in clinical practice skills, research skills, administration, leadership program and policy development, advocacy, education, or theory development.” (American Occupational Therapy Association, 2015b, p. 3).

An ad hoc committee of the Representative Assembly of the American Occupational Therapy Association was formed in 2007. This committee was charged with completing an objective and thorough review of the entry into the field. This committee published a discussion of their resulting support of continuing dual entry into the field (Coppard, Berthelette, Gaffney, Muir, Reitz, & Yarett Slater, 2009). The main points were that the dual-entry approach would facilitate greater access and diversity in occupational therapy education, which would create more practitioners to meet the increasing demand for the field. The choice would also give students more options for length and cost of education. Dual-entry also allowed students to choose programs that meet their individual goals and allows programs to design curriculum that best fits their institution. The committee pointed out that there was no clear evidence regarding the outcomes of doctorate-level versus masters-level education, and that both degree types entered the field through a single national board exam. This committee also noted that the standards defining OTD and MOT education were similar, making it difficult to identify the benefit of one over the other. Additionally, the general risk of confusing the public by use of the term “doctor” and degree inflation are two other concerns frequently cited in the argument between MOT and OTD programs (Brown, Crabtree, Mu, & Wells, 2015b).



## **Trends in Occupational Therapy Education**

Griffiths and Padilla (2006) studied accredited occupational therapy programs in the United States between April and June of 2004 in order to establish the status of the entry-level OTD. 111 out of 150 program directors participated in the multifaceted survey (74% response rate). One of the survey questions focused on reasons why occupational therapy programs were deciding to move to an entry-level OTD degree. 23.4% of the respondents indicated that they were considering a switch to the OTD, but only 2.7% had initiated the transition as of 2004. Another 10.8% of the respondents indicated that while they were not currently pursuing a transition, they would seriously consider it in the future. Of the programs that were considering the transition, 53% were part of intensive doctoral or research-based universities. A majority of those considering the transition were part of private institutions (84%), and 66% of programs that had initiated the transition were part of private institutions. All respondents were asked to provide qualitative input regarding the factors that supported or impeded the decision to transition to the OTD.

The common themes identified in support of the decision were as follows: presence of physical therapy doctorate programs in the same or nearby universities, anticipated improvements in clinical preparation for students, and increased marketing for enrollment if the OTD was offered. The results from this survey also indicated that there were three common themes identified as impeding factors to transitioning to the OTD: limited resources for properly trained faculty and fieldwork education, generalized philosophical objections to the OTD, and perceived lack of demand for the entry-level OTD (Griffiths & Padilla, 2006).

Smith (2007) completed a survey of practicing occupational therapists regarding their perceptions of the post-professional OTD. It should be noted that post-professional OTD

programs are separate from entry-level programs, and are not accredited in the same manner. However, this study did give some insight into the perceptions of practitioners regarding the entry-level OTD. The targeted population were 353 graduates from the same midwestern university, and all graduated between 1995 and 2005. This study achieved a 62% response rate, all of the respondents had less than 10 years of clinical practice, and 91% of respondents had bachelors degrees in occupational therapy. Respondents agreed that the post-professional OTD should “assist in career advancement (57%), obtaining a higher salary (52%), and professional competence (65%)” (Smith, 2007, p. 139). Respondents to this study were in strong agreement (83%) that entry-level occupational therapy programs should not move to the OTD. This study did not explore the reasoning behind this opinion.

There are multiple opinion pieces regarding the entry-level OTD, with a wide variety of reasoning both for and against transitioning to the OTD as a single point of entry to the profession. One commonly cited piece by Fisher and Crabtree (2009) explored the debate from the perspective of the next generation of occupational therapists. The authors cited two commonly held beliefs against moving to the entry-level OTD: “the possibility of increasing the gap between associate’s degree programs and doctoral-level program, [and]...the possibility of placing a [racial or socioeconomic] barrier to our educational programs” (Fisher & Crabtree, 2009, p. 659). The authors go on to identify data, both qualitative and quantitative, that negated those two theories. The authors conclude that these arguments were not sufficiently valid to stand in the way of advancing the profession to the entry-level OTD.

A similar opinion piece was penned by Case-Smith, Page, Darragh, Rybski & Cleary (2014). These authors stated that the entry-level OTD would benefit the profession by producing occupational therapists who have advanced clinical training, increased understanding and ability

to implement evidence-based interventions and translational research, and improved abilities to serve as leaders in an ever-changing health care environment. Through the perspective of specific health care issues, the authors outlined the benefits of doctoral prepared occupational therapists and the impact these professionals could have in the current health care environment. They also cited the increased potential for improved health and wellness education through practitioners with OTD training, which were growing areas of need in the health care arena.

Brown, Crabtree, Mu and Wells authored two influential articles in support of the entry-level clinical doctorate (2015a & b). They examined the issue through both national and international considerations, and point out that the progression to an entry-level clinical doctorate represents a “natural maturation of a profession” (Brown, Crabtree, Mu, & Wells, 2015a, p. 2). Some of the factors influencing their position regarding the entry-level OTD are the increasing complexity of the profession, increased expectations for clinical reasoning and research use, demand for interprofessional collaboration skills, and increased leadership training. These authors also point out that “no health care profession exists in a vacuum” (Brown, Crabtree, Mu, & Wells, 2015a, p. 3), and that the adoption of clinical doctorate education by other related health care professions has a direct impact on the perception and demands of occupational therapy.

One of the most commonly cited reasons given by proponents of entry-level OTD as the singular point of entry into the field is that physical therapy has already made this transition (American Occupational Therapy Association, 2014; Brown, Crabtree, Mu & Wells, 2015a). Occupational and physical therapists are closely associated in many health care environments, and work side by side with some of the same clientele. The evolution of physical therapy education is similar to that of occupational therapy, both in age of the professions and development of education preparation. Physical therapy moved from an undergraduate

preparation to masters-level preparation in 1999, after debating this transition for many years (Plack & Wong, 2002). The debate surrounding this transition shared many points that occupational therapy encountered during its similar transition: “insufficient supply of trained faculty, educational funds curtailed by inflation, shortage of therapists, and the uncertain impact of pending health care reforms” (Plack & Wong, 2002, p. 51). Seven years later after moving to graduate-level education, the profession moved to requiring the DPT as the single point of entry into the field, citing better preparation of clinicians for diagnosis and treatment in the contemporary health care environment (Domholdt, O’Reel Kerr & Mount, 2006). The physical therapy profession acknowledged many issues both for and against the transition to the clinical doctorate degree: degree inflation versus degree confusion; public perceptions of the field; amount of time and training required to meet educational standards; and institutional qualifications and availability of properly trained faculty (Plack & Wong, 2002). There are many correlations between the evolution of physical therapy education and occupational therapy education.

### **Stance of National Organization**

As mentioned previously, the Board of Directors of the American Occupational Therapy Association released a position statement regarding the entry-level degree debate (American Occupational Therapy Association, 2014). This paper outlined six specific reasons as to why the OTD should be the single point of entry for the profession by 2025:

1. The presence of two pathways into the profession leads to confusion amongst healthcare practitioners and health care consumers regarding the value and competency of occupational therapy.

2. The increased need for health care providers to be consumers and producers of high-quality research and scholarship in order to stay abreast of the dynamic United States health care environment could be better met through doctoral preparation.
3. The OTD would lead to greater professional autonomy and presence in leadership positions within health care teams, which would aim to avoid “de-professionalization” (American Occupational Therapy Association, 2014, p. 1) of the discipline.
4. The “high credit load” (American Occupational Therapy Association, 2014, p. 2) and excessive length of current MOT programs in order to fulfill all of the areas of education necessary for occupational therapists to be contributing members of interprofessional care teams.
5. Many other health care professionals have moved to clinical doctorate degrees.
6. The final reason supporting the entry-level OTD by the Board of Directors of the AOTA was “the move to a single doctoral-entry-level degree will best position the profession to meet the growing needs of society and fulfill its potential in the 21<sup>st</sup> century” (AOTA, 2014, p. 2).

While it was apparent that the Board of Directors for American Occupational Therapy Association were in support of the single entry-level OTD program design in 2014, the final decision in this debate rested upon the Accrediting Council for Occupational Therapy Education (ACOTE). Only ACOTE can mandate that programs change to a specific degree structure, such as when the profession moved to graduate-level preparation in 2007.

ACOTE released a statement in August 2015 (American Occupational Therapy Association, 2015a) regarding entry-level occupational therapy training. In this report, the intent

to continue to acknowledge the two degree paths into occupational therapy was clearly stated and defended. The specific reasons for this decision were (American Occupational Therapy Association, 2015a, p. 1):

1. Limited outcomes differentiate the master's and doctoral prepared graduates.
2. The academic infrastructure of many institutions is not sufficient to meet the occupational therapy doctorate standards, especially with respect to faculty resources and institutional support.
3. The readiness and capability of institutions to deliver quality fieldwork and experiential components of the program is constrained.
4. Retaining two entry levels allows for flexibility of the profession to assess and address the changing health care needs of individuals and populations.

### **Status of Occupational Therapy Education Degrees**

A review of the AOTA webpage on occupational therapy education was utilized to ascertain the current number of reported professional programs, both accredited and developing. As of April 2017, there were 15 accredited entry-level OTD programs and 180 accredited MOT programs in the United States (American Occupational Therapy Association, 2017). The current number of schools accredited to offer the OTD was therefore 7.7% of all entry-level occupational therapy education programs. Another 22 programs were in Step 2 of the accreditation process for an OTD program, and 25 additional programs were listed in Step 1 of the OTD accreditation process. Altogether the number of schools that offer the entry-level OTD degree could increase by 75.8% of current programs, and the OTD could be offered at one out of every three programs. Furthermore, there were 16 programs in Step 2 and 13 programs in Step 1 of developing a Master's degree program as of April 2017. Therefore, 47 of the 76 (61.8%)

schools entering into the accreditation process with the American Occupational Therapy Association decided to offer the OTD rather than the MOT (American Occupational Therapy Association, 2017).

These statistics indicate a trend in the support of the OTD degree over the MOT degree when considering which degree new programs decided to offer. However, there is limited publication regarding the reasons behind why programs choose to offer the MOT or the OTD degree. An exploration into the perceptions of occupational therapy education Program Directors regarding the perceived benefits and disadvantages of both entry-level degrees could contribute to the ongoing national discussion regarding occupational therapy education. Additional insight into the matter could be gained in future studies that focus on the perceptions of OT employers, practitioners, and clientele as well. A cohort study that surveyed occupational therapy program directors was carried out in March 2017 to gather insight about the perceptions of the two occupational therapy degrees.

## **Methods**

### **Participants**

This cohort study was conducted through structured, threaded web-based survey sent to program directors of 219 entry-level professional occupational therapy programs in the United States. Program directors were selected as the target population due to the direct influence this position holds in determining the direction and degree type offered by an institution. Program contact information was accessed through the American Occupational Therapy Association “Find a School” website as of January 2017. From this population, 189 programs were accredited and 30 were developing. Exclusion criteria for this study were programs outside of

the United States, post-professional programs (i.e. PhD or post-professional OTD), and occupational therapy assistant programs. All entry-level OT program directors were contacted via email in an attempt to reach a clinically significant and geographically diverse sample population. Due to inability to access a comprehensive program director contact list, a database was created by accessing occupational therapy program information through the internet or by calling programs directly to obtain the proper email address of the program director.

Program directors received an email with information about the study and a link to the web-based survey with a specific end date specified for responses. They also received two separate reminder emails prompting them to complete the survey at weekly intervals. The survey was open for a total of three weeks in March 2017. Completion of the survey implied consent to participate in the research study, and this was specified in the original and follow-up emails. The George Washington University IRB reviewed and approved this study prior to disbursement.

### **Study Design**

The survey was developed in SurveyMonkey.com, which allowed threaded responses based on the type of degree offered by the programs. The web-based format for the survey was selected in order to enhance participation, for the ease of access, to track response rates, ensure confidentiality, and for fiscal management (Dillman, Smyth & Christian, 2014). The survey gathered some demographic information regarding region of the institution, control of the institution, and other allied health professions offered at the institution. Program directors were also asked about age of the program, total credits to complete the degree, and number of graduates on an annual basis. No identifiable information was gathered, and the web-based survey was programmed for anonymity to protect confidentiality of respondents. The data was



downloaded and reviewed by a third party to ensure anonymity of respondents prior to statistical analysis.

The threaded survey consisted of closed-ended items to gather quantitative data and to promote ease of completion for the respondents. Respondents were able to provide qualitative comments on every item. Refer to Appendix A to review the survey in its entirety. Participants were first asked to identify which entry-level occupational therapy degree was offered at their institution. Programs that offered the MOT were then asked to identify one of five statements that best described their program:

1. The accreditation process to transition to the OTD degree had been initiated and this will be the only entry-level degree offered once accreditation is complete.
2. This program would like to transition to the OTD within the next 5 years but has not formally started the process.
3. This program will continue to offer the MOT degree and does not anticipate changing this within the next 5 years.
4. This program is a new MOT degree program awaiting accreditation.
5. This program is planning to offer both the OTD and MOT degrees for entry-level practice.

The participant's response to these questions led to different sets of items that further explored the influential factors, perceived advantages, disadvantages, and barriers related to their current degree status. Program directors were allowed to answer about multiple entry-level programs if appropriate. All participants were asked to provide their opinion regarding the future of occupational therapy education. Participants answered 14-26 items for this survey,

depending on their responses, but responses were only forced for the demographic content. Therefore, the subsample response rate varied for some factors.

### **Data Analysis Procedures**

Data files were downloaded from SurveyMonkey.com in Excel format. After confirmation of de-identification by a third party, the data was analyzed for frequencies, tests of independence, and goodness of fit using IBM SPSS software. In order to achieve statistical analysis of some concepts, items had to be combined in order to reduce the number of variables. Specifically, the responses from MOT programs regarding the future path of their program were reduced to identify which degree type was primarily supported. Furthermore, the items related to perceived advantages, disadvantages, and barriers were combined to facilitate analysis. A thematic reduction was completed for each of these areas as well. This process involved identifying themes about the items from these questions, and they having these themes reviewed by a third-party for objectivity. The original data from SurveyMonkey.com included a summary of each survey item as well as figures for some data, all of which facilitated analysis of the survey results. However, all figures presented in this report are original work of the author and not from the survey summary provided by SurveyMonkey.com.

## **Results**

### **Characteristics of Respondents**

Of the 194 program directors who were invited to participate in this study, 54 responded (28.7% response rate). After analysis, two respondents were removed due to exclusion criteria and incomplete information ( $n = 52$ ). The demographics of the remaining respondents are presented in Table 1 in Appendix B. The majority of participants came from the Midwest region

of the United States (33.3%). The representation of public and private institutions was nearly equal (51.9% of respondents were from private institutions). The majority of respondents indicated that their institution also offered a clinical doctorate in physical therapy degree (70.4%), while all but two respondents indicated that some other type of graduate-level health care program was offered. The sample population indicated that 75.9% of programs offered the MOT degree and 22.2% offered the OTD. Of these 52 programs, five institutions indicated that they had two entry-level occupational therapy programs. Two of these programs identified that they would eventually offer both MOT and OTD degrees, and three others were transitioning to the OTD from a Master's.

Figure 1 in Appendix B shows the results of the question exploring the status of MOT programs, as well as how program directors were sorted by type of degree supported. From the six possible options presented to describe programs, two themes of support were identified. Programs either indicated support of the OTD or support of the MOT based on the intended direction of their program. When considering the respondents who had an OTD program, ( $n = 12$ ), and the programs that had two programs ( $n = 5$ ), the total number of programs that supported the OTD was 33, and the total number that supported the MOT was 24 ( $n = 57$ ). More programs indicated support of the OTD (57.9%) over the MOT degree (42.1%), however this difference was not statistically significant,  $p = .233$ .

Chi square tests of independence were used to compare support of degree type to region, control of the institution, and the presence of the DPT. Neither the region nor the control of the institution were significant in indicating support of one degree over another,  $p = .257$  and  $.933$  respectively. However, the presence of a clinical doctorate in physical therapy program was a significant factor in programs that supported the OTD,  $\chi^2 (1, n = 57) = 7.182, p = .007$ .

## Perceptions of Occupational Therapy Degrees

Program directors were presented with questions regarding their perceptions of the entry-level occupational therapy degrees based on which degree type they supported. Program directors that supported the OTD answered questions about their perceived advantages and actual or anticipated barriers to the OTD degree. Program directors that supported the MOT answered questions about the perceived advantages of the MOT as well as perceived disadvantages of the OTD. Program directors that were considering the OTD but had not yet started the transition process were asked about perceived advantages of both degrees. Figures 2, 3, and 4 in Appendix B show the results of the perceived advantages of the OTD, the perceived advantages of the MOT, and the perceived disadvantages of the OTD from various perspectives.

A post hoc thematic reduction was completed to condense the information about the perceptions of the different degrees. This analysis resulted in four different themes about advantages of the OTD, three themes related to advantages of the MOT, and three themes related to the disadvantages of the OTD. Table 2 in Appendix B represents how each survey item was categorized into each theme.

The responses of program directors that supported of the OTD degree were utilized to analyze the themes about the advantages of the OTD ( $n = 29$ ). This analysis found that 77.6% of respondents believed the OTD degree would enhance the skills of graduates, and 67.2% believed that the OTD degree would improve alignment of education and practice. The other two themes had less consistent validation, with 52.8% agreeing that the OTD would advance the profession and 37.2% believing that the OTD degree would lead to increased benefit for their institution. Two items from the latter theme were related to increased marketing and enrollment for the institution, and responses to these items indicated that 31% of respondents in this subgroup

agreed with these benefits. Respondents were able to leave comments on these items, and some added other factors that influenced their support of one degree over another. One comment that highlighted the theme about advancement of the profession was “[r]esponsibility to the profession to assure professional advancement and alignment with other healthcare professions.

Program directors who supported the MOT or who had not yet started the transition to the OTD provided clarification regarding their perceptions of the advantages of the MOT degree ( $n = 31$ ). Of the three themes in this category, the majority of respondents in this subgroup (86.2%) agreed that the MOT sufficiently meets the demands of clinical practice. A comment that highlights this theme was “[m]eets the great need for more practitioners in the state”. 56.9% of respondents indicated that the stability of their current program was an advantage of keeping the MOT, and 43.1% indicated that the MOT was in better alignment with the structure of their institutions.

Program directors that planned on keeping the MOT degree were also asked about their perceptions of the disadvantages of the OTD degree ( $n = 18$ ). Just over one-third (35.2%) reported that the availability of appropriate resources was a disadvantage. Half of the respondents agreed that the presence of philosophical objections (54.2%) and the accreditation process (51.4%) explained why they would not support the OTD. Some respondents indicated that state-level regulations were unsupportive of the OTD. One respondent indicated that employers “see no difference” between a graduate with an MOT or OTD degree.

Respondents who indicated support of the OTD were asked to identify barriers they had experienced or anticipated experiencing in the process of moving to the OTD ( $n = 25$ ). Figure 5 in Appendix B shows the responses to all items. Many of the factors presented to this sub-group were similar to those posed to the MOT program directors subgroup when asking about

perceived disadvantages of the OTD. There were three themes identified regarding the items presented to respondents. These themes were availability of resources, philosophical objections, and institutional impact. Only 4% expressed concern regarding potential negative impact on the institution, and 14% identified philosophical objections from stake-holders. 38.4% of respondents indicated that the availability of appropriate resources were barriers for the transition. Comments provided in this section indicated that work load increase of faculty was a concern. One respondent stated “the proposed update to the ACOTE standard for at least 50% of faculty OTD programs to hold a research doctorate has been viewed by faculty to be prohibitive.”

The themes identified as barriers to the OTD were the same as the themes identified about the disadvantages of the OTD. Therefore, the responses to these three themes could be compared ( $n = 43$ ). See Figure 6 in Appendix B for graphical representation of this comparison. While program directors who supported the OTD and program directors who supported the MOT were in close agreement on one theme, there was a significant difference in perceptions of the other two themes. 38.4% who supported the OTD and 35.2% who supported the MOT agreed that the access to proper resources to provide an OTD degree were potentially problematic. Some of these resources included faculty with required credentials to teach at clinical doctorate level, ratio of students to faculty, physical resources of the institution, and access to fieldwork sites. However, these two subgroups did not agree with the other two identified themes. 54.2% of those that supported the MOT identified philosophical issues with the OTD degree, while only 14% of program directors that supported the OTD had encountered philosophical objections. Similarly, 51.4% that supported the MOT reported concern about potential negative impact on

the institution whereas only 4% of those that supported the OTD reported this concern as relevant to their experience.

### **Opinions about the Future Direction of Education**

The last two questions of the survey sought to gather the opinion of the respondents regarding the future of occupational therapy education. The first question asked if respondents believed that the profession should offer only one entry-level degree. 58.5% answered “yes” to this question ( $n = 41$ ). There was not a statistically significant difference in opinion,  $p = .274$ . These respondents were led to one additional question which asked them to identify which occupational therapy degree should be the single point of entry to the profession: the OTD or the MOT. The response rate dropped with this question ( $n = 23$ ). Of those that did answer, 60.8% indicated that the OTD should be the single accepted degree into the field rather than the MOT. However, due to small sample size, this finding was not significant based on goodness of fit test,  $p = .297$ .

These two questions had 23 comments posted by respondents. A thematic reduction and thorough analysis of these comments was outside of the scope of this paper, but could yield beneficial information in the future. Examples of contrasting comments regarding entry to the field are: “I understand the difficulty many programs have in making the transition but 2 entry levels is very confusing to employers and consumers” compared to “Masters degree is sufficient considering current state of healthcare, projected growth and profession”. One argument for making the MOT the single-point of entry to the field was “Doctorates should remain post graduate work and involve people who had worked a few years in the practice of OT. There is no reason [emphasis removed] for a doctorate degree to provide basic occupational therapy services”. A contrasting argument in support of the OTD was “The need for OTs to participate

in research and policy development is essential to evidence based practice and shaping health care. Student outcomes for the entry level or post professional degree are higher for leadership, research, and advocacy. Professional recognition for interprofessional practice and policy development are essential with the doctoral degree”. The opinions presented in this survey were nearly equally divided, highlighting the ongoing debate about entry-level occupational therapy education.

## **Discussion**

### **Occupational Therapy Program Selection**

This study sought to gain insight into the status of occupational therapy education from the perspective of entry-level program directors. While most respondents oversaw MOT programs, a greater number of respondents indicated support of the OTD degree (57.9%) over than the MOT degree (42.1%). This finding was in alignment with the posted status of programs seeking accreditation on the American Occupational Therapy Association website as of April 2017. According to this source, 61.8% of new programs had chosen to support the OTD degree (American Occupational Therapy Association, 2017). This selection frequency is significant based on goodness of fit Chi square test,  $\chi^2(1, n = 76) = 4.263, p = .039$ .

There were many more programs that offered the MOT than the OTD in the United States as of the date of this study, with 180 MOT programs and 15 OTD programs (American Occupational Therapy Association, 2017). However, multiple factors indicated that the OTD degree was gathering support. The number of program directors supporting the OTD had more than doubled between 2006 and 2017, when 26.1% of program directors indicated support of the OTD degree (Griffiths & Padilla, 2006) compared to 57.9% in this study. Additionally, more new or developing programs were choosing to develop an OTD program than a MOT program



(American Occupational Therapy Association, 2017). While these findings help to identify trends, they do not explain the reasoning why program directors support either of the degrees.

This study found that program directors were more likely to support the OTD degree type when they were a part of an institution that also had a DPT program. This fits with the previous study by Griffiths & Padilla (2006). However, the previous study also found a correlation between private institutions and institutions in the northeast region of the country being more supportive of the OTD degree. These findings were not replicated in this study. The relatively small sample size of this study may have skewed the results from these two characteristics. It does hold to reason that institutions that offer the DPT, the only point of entry into the physical therapy field, would tend to support the OTD since the two fields hold much in common. This finding lends support to the argument supporting the OTD posed by some authors that state occupational therapy education is influenced by the direction of other allied health professions (American Occupational Therapy Association, 2014; Brown, Crabtree, Mu, & Wells, (2015a).

There are many potential reasons why the MOT degree may be the best option for occupational therapy education. The most frequently cited reason in this study was that the MOT adequately meets the demands of clinical practice. When debating whether to change from a baccalaureate degree to graduate degree, an influential article from 1987 concluded that the higher level of education would provide better foundational knowledge for practice and political advocacy of the profession (Pierce, Jackson, Rogosky-Grassi, Thompson, & Menninger, 1987). The findings from this study continue to support this sentiment 30 years later. Other advantages of staying with the MOT degree are related to the stability and success of current programs. The re-accreditation process, in combination with the success of the program, were two factors frequently cited by MOT program directors. It is quite likely that many programs will not

consider the transition to the OTD unless definitively told to do so by the accrediting body of occupational therapy education.

There are many arguments in support of the entry-level OTD. This study found that many program directors (77.6%) valued the enhanced clinical, leadership, and research skills that graduates of OTD programs would receive. This finding was consistent with the similar study completed in 2006 (Griffiths & Padilla, 2006). Many program directors (67.2%) also supported the belief that the OTD degree would provide even better alignment of education to clinical practice, similar to the point posed by Pierce, Jackson, Rogosky-Grassi, Thompson and Menninger about the transition from baccalaureate to graduate degrees (1987). These beliefs are represented throughout the literature as well (American Occupational Therapy Association, 2014; Brown, Crabtree, Mu, & Wells, 2015a & b; Case-Smith, Page, Darragh, Rybski, & Cleary, 2014; Fisher & Crabtree, 2009).

The literature offers some arguments against the entry-level OTD (American Occupational Therapy Association, 2015b; Coppard, Berthelette, Gaffney, Muir, Reitz, and Yarett Slater, 2009; Fisher & Crabtree, 2009; Smith, 2007), and this study sought to identify quantitative data related to these views. Some themes about barriers or disadvantages of the OTD identified in this study were concerns about limited availability of resources, philosophical objections to degree advancement, and potential for negative institutional impact. The only area of agreement between the two subgroups of this study was related to access of appropriate resources. The main concern was related to the proper training of occupational therapy faculty. There is discussion that ACOTE may require that up to 50% of faculty are trained at the research level for entry-level OTD programs, which would be difficult for many programs to meet. This study found that 68% of programs that supported the OTD agreed that faculty preparation was a

barrier. Another area of concern where moderate validation was provided by this study was related to the need for more fieldwork placement sites due to the longer third fieldwork experience required for the entry-level OTD degree. This concern was validated as a barrier by 32% of programs that supported the OTD degree. These findings lend some support to the reasoning provided by the ACOTE for keeping the dual-entry approach to the field (American Occupational Therapy Association, 2015b).

However, other concerns cited in the literature related to increased length or cost of the program for the graduates (American Occupational Therapy Association, 2015b; Coppard, Berthelette, Gaffney, Muir, Reitz, & Yarett Slater, 2009) were not validated by programs that had selected the OTD degree in this study. While most program directors who supported the MOT cited these factors as a disadvantage of the OTD, these factors were not identified as barriers by developing or accredited OTD programs. This difference is likely related to the fact that programs that offered the OTD had already come to terms with the increased length and cost to students, and perhaps countered this with the explanation that the OTD would enhance the graduates' clinical skills in a proportionate way. There was disparity about concerned institutional impacts related to the OTD between the two groups. The group that supported the MOT expressed concern about decreased enrollment and time required for development of new programs. These views were not shared by the group that supported the OTD. In fact, 37.2% of OTD program directors identified that the program was a benefit for their institution.

The final factor that this study explored was related to the future of occupational therapy education. It was interesting that the respondents to this survey were nearly equally divided in regard to single-entry versus dual-entry into the field, with no significant difference between the two opinions (58.5% agreed with a single-point of entry). Similarly, even among the sample that

agreed with a single-entry approach, a consensus could not be achieved about which degree should be supported (60.8% supported the OTD, 39.2% supported the MOT as the single-point of entry). While the samples of these two items were low ( $n = 41$  and  $n = 23$  respectively), this nearly equal spread of opinion apparently mimics the general population. Both sides of the argument have strong voices of support, and since neither side can definitively prove that one degree type is better than the other, the debate continues.

### **Limitations of Study**

There were some limitations to this study that prevented generalization, with the main one being the small sample size. This limitation could have been addressed through variations to the design of the web-based survey. While efforts were made to ensure reliability and validity of the survey using the tailored design method (Dillman, Smyth & Christian, 2014), it is possible that leaving the survey open longer or increasing the awareness of the pending study through physical or electronic mail may have increased the response rate. Response rates to electronic surveys are difficult to secure, especially due to the fast-paced daily lives of this target population and the high frequency of requests to participate in research surveys that program directors receive. Some kind of incentive to participate in the study may have helped increase response rate (Dillman, Smyth, & Christian, 2014). Additionally, forcing responses on all items, rather than leaving the option to skip questions, may have increased the response rate on the items related to perspectives and opinions. However, this approach can also cause respondents to drop out of survey studies, which is why the decision was made to keep these items optional (Dillman, Smyth, & Christian, 2014).

Another limitation to this study was the relative difficulty encountered with obtaining contact email addresses for the program directors of entry-level programs. The only program

information that was easily obtainable came from the American Occupational Therapy Association's "Find A School" website, where programs were listed by accreditation status, type of degree, and state of residence. The contact information posted here was physical address only, so obtaining the name and specific email address of the program director was difficult and time consuming. A running contact list of program directors could improve the capabilities of contacting this population for additional assistance with research. This type of national contact list could give program directors the option whether or not to make their contact information available for research in order to respect privacy.

A final limitation of this study could be potential bias by the researcher. This bias was recognized prior to the implementation of the study and all attempts were made to prevent this bias from influencing design of the study or the interpretation of the results. However, a researcher with a different perspective of the topic may have achieved slightly different conclusions than those presented in this study.

### **Importance of Findings and Future Implications**

Despite these limitations, this study does hold important findings that may prove to be beneficial in the historical account of the ongoing evolution of occupational therapy education. This study did identify factors that are leading to trends in support of the entry-level OTD degree, and gained insight about the perceived advantages and disadvantages of both degree types.

Similar cohort studies regarding the perceptions about the two entry-level degrees from the various perspectives of occupational therapy employers, managers, and practitioners would lend even further understanding to the educational demands of the profession. The literature reviewed in this study also pointed to a need for more definitive studies regarding the outcomes

and entry-level skills of graduates from MOT programs compared to those from OTD programs (Coppard, Berthelette, Gaffney, Muir, Reitz, and Yarett Slater, 2009).

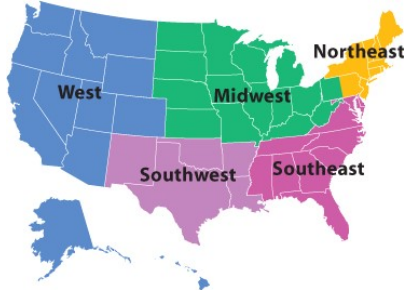
### **Conclusion**

Occupational therapy education has been evolving for nearly a century, and will continue to change over time. As the complexity of health care continues to change, so do the demands of the occupational therapy profession. A debate continues to exist about the best way to educate future occupational therapists to produce effective practitioners for a complex health care arena. The realm of occupational therapy education evolved from baccalaureate to graduate training after 76 years. Hopefully, it will not take quite as long to settle the current debate about the level of graduate training necessary for the profession. Historical data does show that there are trends supporting the entry-level OTD degree in the United States. Results from this study support this and provide an additional historical account of the ongoing evolution in occupational therapy education.

## Appendix A: Survey Tool

### Demographic Information

#### 1. Region of school



- a. West
  - b. Midwest
  - c. Southwest
  - d. Southeast
  - e. Northeast
2. Control of Institution: Private or public
3. Are there other graduate-level health programs in health care offered at your school?
- a. Clinical Doctorate of Physical Therapy
  - b. Masters in Nursing
  - c. Masters in PA
  - d. Masters in SLP
  - e. Clinical doctorate in Audiology
  - f. Medical Doctorate
  - g. No other health care programs at this institution
  - h. Other:
4. Current OT degree offered
- a. MS/MA/MOT (*leads to "MOT Status" thread*)
  - b. Entry-level OTD (*leads to "OTD Thread"*)
  - c. Post-professional OTD (*leads to "Multiple Programs" thread*)
  - d. PhD in OT (*leads to "Multiple Programs"*)

### MOT Status (from 4a)

5. Which of the following options best describes your program in regards to the degree being offered at this time? (Select one)
- a. We have initiated the ACOTE process to transition to an OTD program. The OTD will then be the only entry-level OT program at this institution. (*leads to "MOT to OTD transition" thread*).
  - b. We would like to transition to the OTD within the next 5 years, but have not formally started the process. (*Leads to "OTD Desired" thread*)
  - c. We will continue to offer the accredited Master's in Occupational Therapy degree at this time and do not anticipate any changes within the next 5 years. (*Leads to "MOT only" thread*)
  - d. We are developing a new Master's in Occupational Therapy program at this time and are awaiting accreditation. (*Leads to "MOT only" thread*)

- e. We have initiated the ACOTE process to open an entry-level OTD program at this institution and will continue to offer this Master's program as well. (*Leads to "MOT to OTD transition" thread*)

OTD Thread (from 4b)

6. What is the accreditation status of this program with ACOTE?
  - a. Accredited
  - b. Developing: Preaccreditation Status
  - c. Developing: Candidacy Status
7. If this program is accredited, in what year was it first accredited?
8. How many credits (or units) are required to complete this degree?
  - a. Less than 20
  - b. 20-30
  - c. 31-40
  - d. 41-50
  - e. 51-60
  - f. 61+
  - g. Other (please specify)
9. On average, how many students graduate from this program each calendar year?
  - a. 1-20
  - b. 21-40
  - c. 41-60
  - d. 61-80
  - e. 81-100
  - f. 101-200
  - g. 200+
10. Which of the following factors were influential in deciding to transition/add the entry-level OTD? Please elaborate in the Comments section. Select all that apply.
  - a. OTD would lead to increased clinical skills of graduates (disease management, health promotion, interprofessional collaboration)
  - b. OTD would increase leadership capabilities of graduates.
  - c. OTD would lead to increased autonomy for OTs in clinical practice
  - d. OTD offered Improved alignment with entry-level training of other allied health professions.
  - e. Length of OT education is in better alignment with clinical doctorate than Master's degree
  - f. OTD would enhance the perception of other health care providers and the general public hold regarding OT knowledge and skills.
  - g. Desire for improved alignment with AOTA's Centennial Vision and/or Vision 2025
  - h. Other: (open-ended)
  - i. Comments: (open-ended)
11. Which of the following factors describe the advantages of the entry-level OTD for your program? Select all that apply. Please elaborate in the Comments section.
  - a. Transitioning to the OTD lead to better alignment with the other allied health profession programs at this institution (i.e. Doctorate of Physical Therapy, Doctorate of Audiology, etc).
  - b. Improved competitiveness of OT program with other local or regional programs.
  - c. Increased enrollment into OT program after transitioning to OTD.



- d. Graduates and/or employers report enhanced preparation for clinical practice (i.e. greater autonomy, better recognition of skills, increased leadership skills, increased advancement of the field) with OTD training.  
The OTD was in better alignment with institutional mission
  - e. Increased support from institutional administration
  - f. Other: (please specify in Comments section)
  - g. Comments:
12. Were any of the following barriers or challenges encountered during the process of transitioning to the entry-level OTD?
- a. Academic preparation of faculty
  - b. Resistance from faculty regarding transition to OTD
  - c. Ratio of faculty to students
  - d. Availability of fieldwork placement sites
  - e. Physical resources and/or facilities at institution
  - f. Lack of support from institutional administration (i.e. financial, programmatic, philosophical)
  - g. Transitioning and/or accrediting process
  - h. Resistance from local employers or fieldwork sites
  - i. Resistance from graduates of the program
  - j. Decline in enrollment as a result of transitioning to OTD
  - k. Other: (please specify in Comments section)
  - l. Comments:

*LINK TO QUESTION #34*

MOT to OTD transition thread (from 5a)

13. What is the accreditation status of this entry-level Master's program?
- a. Accredited
  - b. Developing: Preaccreditation Status
  - c. Developing: Candidacy Status
14. If this Master's program is accredited in what year was it first accredited?
15. How many credits (or units) are required to complete this degree?
- a. Less than 20
  - b. 21-30
  - c. 31-40
  - d. 41-50
  - e. 51-60
  - f. 61+
  - g. Other (please specify)
16. On average, how many students graduate from this program each calendar year (actual or anticipated)?
- a. 1-20
  - b. 21-40
  - c. 41-80
  - d. 81-100
  - e. 101-200
  - f. 200+
17. Which of the following factors were influential in deciding to transition to the entry-level OTD? Please elaborate in the Comments section. Select all that apply.
- a. Entry-level OTD better addresses the clinical skills required for OT (disease management, health promotion, interprofessional collaboration)

- b. Improved leadership training
  - c. Increased autonomy for OTs in clinical practice
  - d. Improved alignment with entry-level training of other allied health professions
  - e. Length of OT education is in better alignment with clinical doctorate than Master's degree
  - f. Impact on perception of OT knowledge base for other health professionals and general public
  - g. Improved alignment with AOTA's Centennial Vision and/or Vision 2025
  - h. Other: (open-ended)
  - i. Comments: (open-ended)
18. Which of the following factors describe the advantages of the entry-level OTD for your program? Select all that apply. Please elaborate in the Comments section.
- a. Transitioning to the OTD lead to better alignment with the other allied health profession programs at this institution (i.e. Doctorate of Physical Therapy, Doctorate of Audiology, etc).
  - b. Improved competitiveness of OT program with other local or regional programs.
  - c. Increased enrollment into OT program after transitioning to OTD.
  - d. Graduates and/or employers report enhanced preparation for clinical practice (i.e. greater autonomy, better recognition of skills, increased leadership skills, increased advancement of the field) with OTD training.
  - e. The OTD was in better alignment with institutional mission
  - f. Increased support from institutional administration
  - g. Other: (please specify in Comments section)
  - h. Comments:
19. Has your program encountered any of the following barriers or challenges during the process of transitioning to the entry-level OTD? Select all that apply. Please elaborate in the Comments section.
- a. Academic preparation of faculty
  - b. Resistance from faculty regarding transition to OTD
  - c. Ratio of faculty to students
  - d. Availability of fieldwork placement sites
  - e. Physical resources and/or facilities at institution
  - f. Lack of support from institutional administration (i.e. financial, programmatic, philosophical)
  - g. Transitioning and/or accrediting process
  - h. Resistance from local employers or fieldwork sites
  - i. Resistance from graduates of the program
  - j. Decline in enrollment as a result of transitioning to OTD
  - k. Other: (please specify in Comments section)
  - l. Comments:

*LINK TO #34*

Want to Transition to Entry-Level OTD (from 5b)

20. What is the accreditation status of this entry-level Master's program?
- a. Accredited
  - b. Developing: Preaccreditation Status
  - c. Developing: Candidacy Status
21. If this Master's program is accredited in what year was it first accredited?
22. How many credits (or units) are required to complete this degree?
- a. Less than 20

- b. 21-30
  - c. 31-40
  - d. 41-50
  - e. 51-60
  - f. 61+
  - g. Other (please specify)
23. On average, how many students graduate from this program each calendar year (actual or anticipated)?
- a. 1-20
  - b. 21-40
  - c. 41-80
  - d. 81-100
  - e. 101-200
  - f. 200+
24. Which of the following factors are influential in the desire to transition to the entry-level OTD? Please elaborate in the Comments section. Select all that apply.
- a. OTD would lead to increased clinical skills of graduates (disease management, health promotion, interprofessional collaboration)
  - b. OTD would increase leadership capabilities of graduates
  - c. OTD would lead to increased autonomy for OTs in clinical practice
  - d. OTD offered Improved alignment with entry-level training of other allied health professions at this institution
  - e. Length of OT education was in better alignment with clinical doctorate than Master's degree
  - f. OTD would enhance the perception that other health care providers and the general public hold regarding OT knowledge and skills.
  - g. Desire for improved alignment with AOTA's Centennial Vision and/or Vision 2025
  - h. Other: (please specify in Comments section)
  - i. Comments:
25. Which of the following factors describe the anticipated advantages of the entry-level OTD for your program? Select all that apply. Please elaborate in the Comments section.
- a. Transitioning to the OTD lead to better alignment with the other allied health profession programs at this institution (i.e. Doctorate of Physical Therapy, Doctorate of Audiology, etc).
  - b. Improved competitiveness of OT program with other local or regional programs.
  - c. Increased enrollment into OT program after transitioning to OTD.
  - d. Graduates and/or employers report enhanced preparation for clinical practice (i.e. greater autonomy, better recognition of skills, increased leadership skills, increased advancement of the field) with OTD training.
  - e. The OTD was in better alignment with institutional mission
  - f. Increased support from institutional administration
  - g. Other: (please specify in Comments section)
  - h. Comments:
26. Has your program encountered any of the following barriers or challenges during the process of transitioning to the entry-level OTD? Select all that apply. Please elaborate in the Comments section.
- a. Academic preparation of faculty
  - b. Resistance from faculty regarding transition to OTD
  - c. Ratio of faculty to students
  - d. Availability of fieldwork placement sites
  - e. Physical resources and/or facilities at institution

- f. Lack of support from institutional administration (i.e. financial, programmatic, philosophical)
  - g. Transitioning and/or accrediting process
  - h. Resistance from local employers or fieldwork sites
  - i. Resistance from graduates of the program
  - j. Concern about decline in enrollment as a result of transitioning to OTD
  - k. Other: (please specify in Comments section)
  - l. Comments:
27. Which of the following factors are perceived advantages for your program to remain at the MOT? Select all that apply. Please elaborate in the Comments section.
- a. Success of current program (i.e. enrollment, board pass rate, job placement of graduates)
  - b. Master's degree meets knowledge required for entry-level OT practice
  - c. Master's degree is in alignment with institutional mission
  - d. Master's degree is in alignment with other allied health programs offered at institution
  - e. Adequate availability of fieldwork sites
  - f. Timing of ACOTE re-accreditation visit
  - g. Program is competitive in local market
  - h. Other: (specify below)
  - i. Comments:

*LINK TO #34*

#### Offer the MOT Entry Degree

28. What is the accreditation status of this entry-level Master's program?
- a. Accredited
  - b. Developing: Preaccreditation Status
  - c. Developing: Candidacy Status
29. If this Master's program is accredited in what year was it first accredited?
30. How many credits (or units) are required to complete this degree?
- a. Less than 20
  - b. 21-30
  - c. 31-40
  - d. 41-50
  - e. 51-60
  - f. 61+
  - g. Other (please specify)
31. On average, how many students graduate from this program each calendar year (actual or anticipated)?
- a. 1-20
  - b. 21-40
  - c. 41-80
  - d. 81-100
  - e. 101-200
  - f. 200+
32. Which of the following factors are advantages of the entry-level Master's degree for your program? Select all that apply. Please elaborate in the Comments section.
- a. Success of current program (i.e. enrollment, board pass rate, job placement of graduates)
  - b. Master's degree meets knowledge required for entry-level OT practice in an appropriate length of time for graduates
  - c. Master's degree is in alignment with institutional mission
  - d. Master's degree is in alignment with other allied health programs offered at institution

- e. Adequate availability of fieldwork sites
  - f. Timing of ACOTE re-accreditation visit
  - g. Program is competitive in local market
  - h. Other: (specify below)
  - i. Comments:
33. Which of the following factors are disadvantages of the entry-level OTD for your program?  
Select all that apply. Please elaborate in Comments section.
- a. Required credentials of faculty to teach OTD
  - b. Availability of fieldwork placement sites
  - c. Philosophical issues with entry-level OTD within the OT department (i.e. degree inflation, impact on diversity within the field, misrepresentation of OT knowledge base)
  - d. Physical resources or facilities at institution
  - e. Resistance/lack of support from institutional administration regarding the OTD
  - f. The time requirements of developing and applying for accreditation of a new OTD program.
  - g. Resistance from local employers or fieldwork sites in regards to the OTD
  - h. Resistance from fieldwork placement sites
  - i. Potential for decline in enrollment if current program would change.
  - j. Cost of entry-level OTD for students compared to salary rates for OT
  - k. Increased length of program
  - l. Minimal differences between Master's and entry-level clinical Doctorate accreditation standards
  - m. Other: (please specify)
  - n. Comments:

*LINK TO #34*

#### Multiple Programs thread

34. Is there another Occupational Therapy program at your institution, either accredited or in development, besides the one just discussed in the previous questions?
- a. Yes (*link to Demographics: Additional Programs*)
  - b. No (*link to Summary*)

#### Demographics: Additional Programs

35. Are you the program director/chair for this other program?
- a. Yes
  - b. No (*link to Summary*)
36. What other Occupational Therapy degree is offered at your institution?
- a. Masters in Occupational Therapy (*link to MOT Status #2 – same as MOT Status above*)
    - *The electronic survey will then lead the participant to pages similar to “MOT to OTD transition”, “OTD Desired”, or “MOT Only” sections above in order to gather information about the 2<sup>nd</sup> program.*
  - b. Entry-level Occupational Therapy Clinical Doctorate (*link to OTD Thread #2 – same as OTD Thread above*)
  - c. Post-professional Occupational Therapy Clinical Doctorate (*link to Summary*)
  - d. PhD in Occupational Therapy (*link to Summary*)
  - e. Occupational Therapy Assistant program - Associates or Bachelor's degree (*link to Summary*)
  - f. Other (please specify)

Summary

37. In your opinion, should OT require only a single degree for entry into clinical practice, rather than the current practice of accepting two different degrees? Please elaborate in Comments section.
- a. Yes – *link to question 38*
  - b. No (*link to End of Survey*)
38. In your opinion, which degree should serve as the only point-of-entry into clinical practice? Please elaborate in the Comments section.
- a. Master's in Occupational Therapy
  - b. Clinical Doctorate in Occupational Therapy

**Appendix B: Tables and Figures***Table 1 - Demographics of Respondents*

<u>Characteristic</u>	<u>Frequency</u> (N = 54)	<u>Percentage</u>
<b>Region:</b>		
West	6	11.1%
Southwest	6	11.1%
Midwest	18	33.3%
Southeast	13	24.1%
Northeast	11	20.4%
<b>Control:</b>		
Private	29	53.7%
Public	25	46.3%
<b>Presence of other allied health programs<sup>a</sup>:</b>		
DPT	38	70.4%
MN	36	66.7%
MPA	29	53.7%
MSLP	20	37.0%
Au.D.	10	18.5%
MD	20	37.0%
None	2	3.7%
Other	19	35.2%
<b>Type of entry-level OT degree offered:</b> (n = 52)		
Masters	40	76.9%
Clinical doctorate	12	23.1%
<b>Presence of 2 entry-level OT program:</b> (n = 47)		
Yes	5	10.6%
No	42	89.4%
<b>Plans of MOT programs:</b> (n = 42)		
Transitioning to OTD	6	14.2%
Considering OTD	11	26.1%
Keeping MOT	22	52.4%
New MOT	2	4.8%
Offer both degrees	1	2.4%

*Note* – All respondents answered about region, control, other programs, and type of occupational therapy degree offered. Responses were optional for other items so sample size varied on those items, and exclusion of two respondents changed sample size of Type of Degree.

<sup>a</sup> DPT = clinical doctorate of physical therapy; MN = Masters in Nursing; MPA = Masters in Physician Assistant; MSLP = Masters in Speech Pathology; AuD = Masters in Audiology; MD = Medical Doctorate

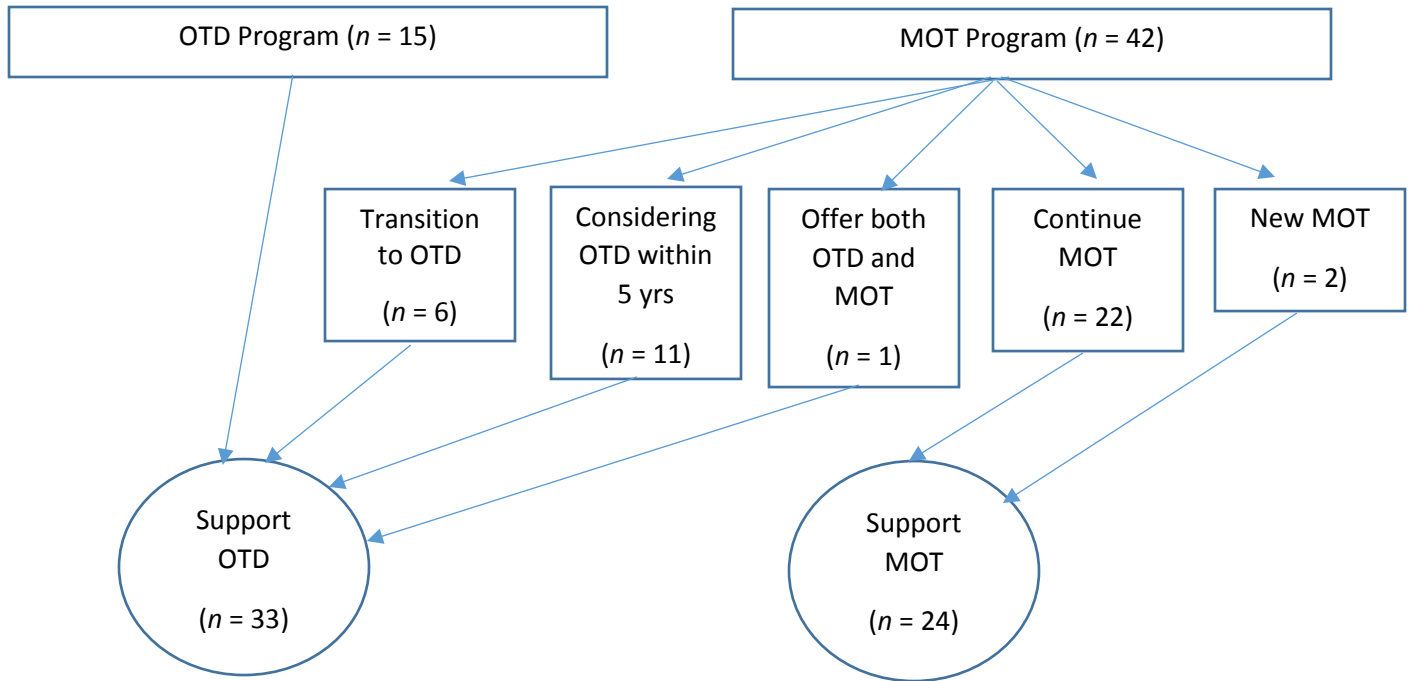


Figure 1 – Concept map for sorting OT program directors by type of degree supported.

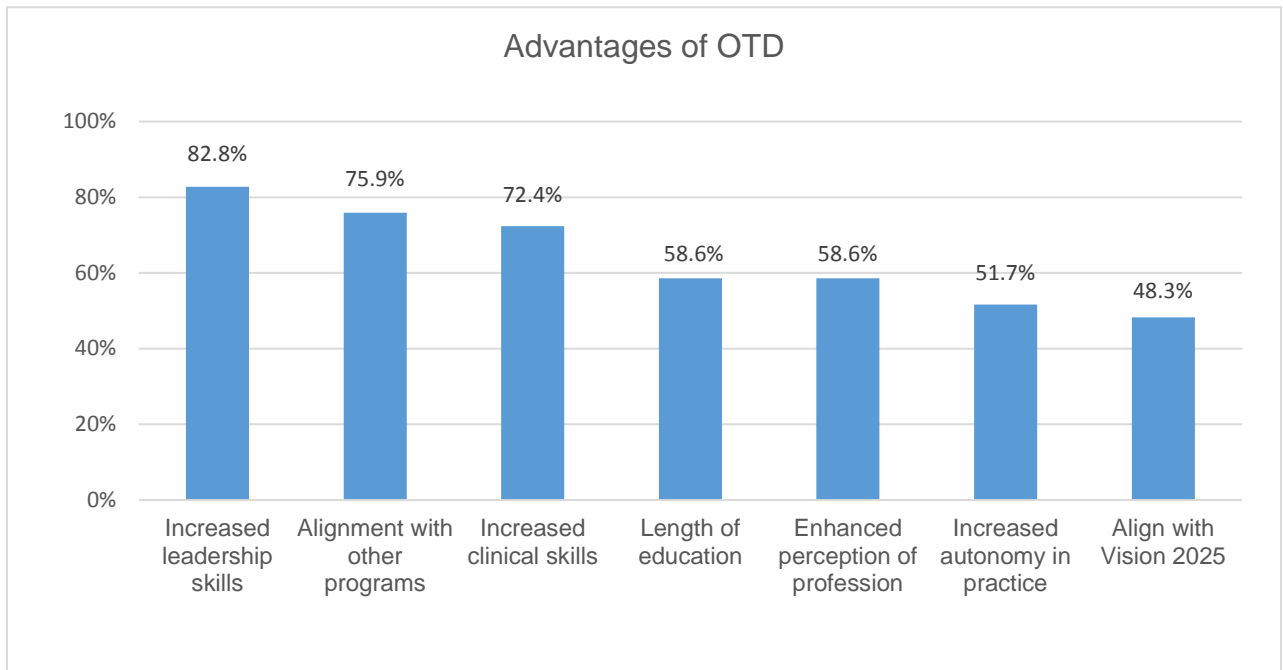


Figure 2 – Factors indicating perceived advantage of OTD as reported by program directors that support the OTD degree (n = 29).



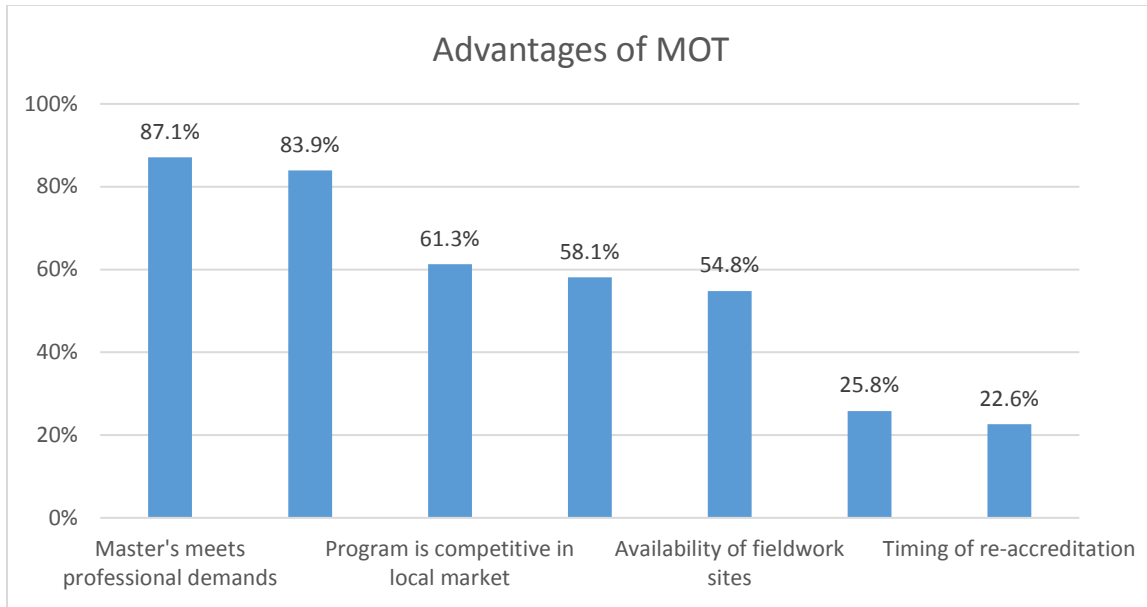


Figure 3 – Factors indicating perceived advantages of MOT as reported by program directors that support the MOT degree (n = 31).

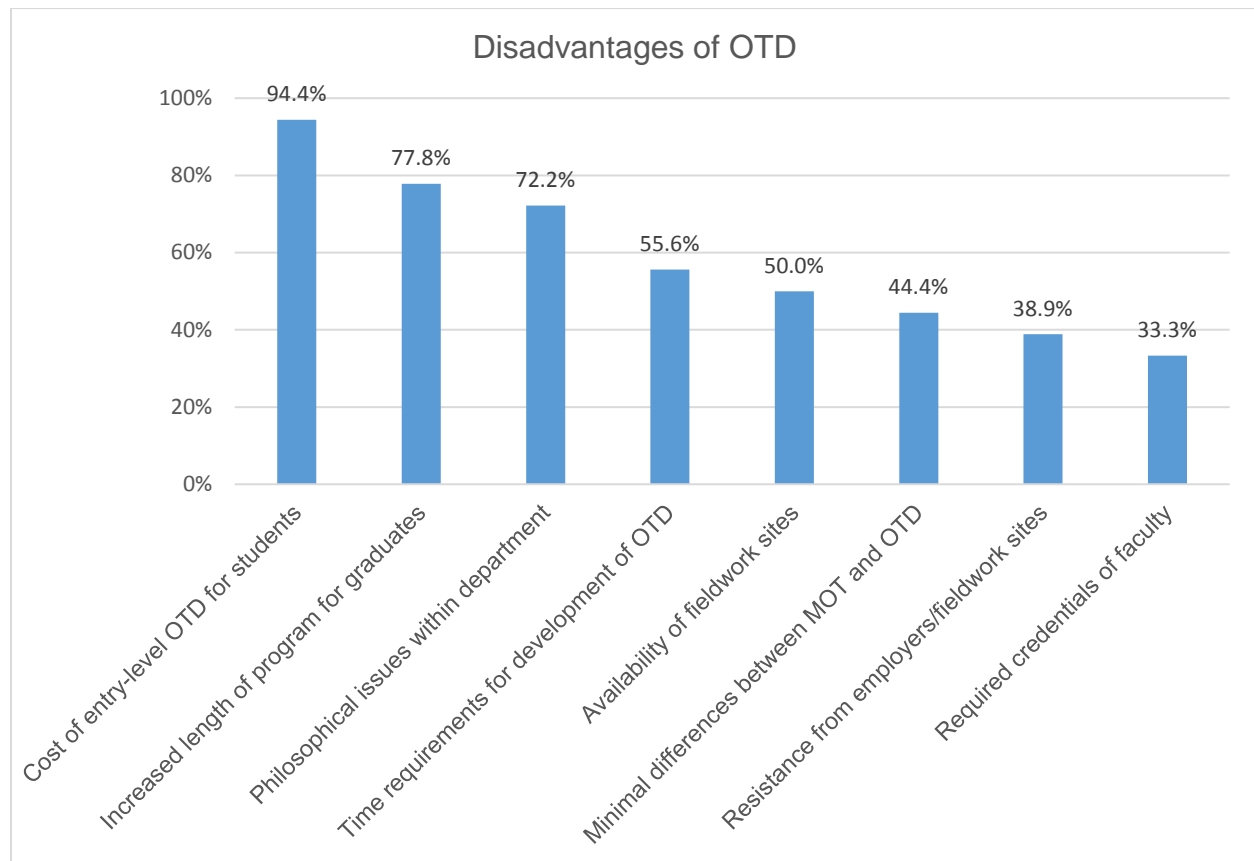


Figure 4 – Factors indicating perceived disadvantages of the OTD degree as reported by program directors that support the MOT degree (n = 18).

Table 2 - Thematic Reduction of Survey Items

<u>Themes</u>	<u>Survey Items</u>
<b>Advantages of OTD:</b>	
Enhanced Proficiency of Graduates	<ul style="list-style-type: none"> <li>• OTD would lead to increased clinical skills of graduates</li> <li>• OTD would increase leadership capabilities of graduates</li> </ul>
Advancement of Profession	<ul style="list-style-type: none"> <li>• OTD would lead to increased autonomy of practitioners</li> <li>• OTD would enhance the perception that other health care providers and the public hold about OT knowledge and skills.</li> <li>• Desire for improved alignment with AOTA's Centennial Vision and/or Vision 2025</li> </ul>
Alignment of Education and Practice	<ul style="list-style-type: none"> <li>• OTD offered improved alignment with entry-level training of other allied health professions offered at this institution</li> <li>• Length of OT education was in better alignment with OTD than MOT</li> </ul>
Institutional Benefit	<ul style="list-style-type: none"> <li>• OTD was in alignment with institutional mission</li> <li>• Increased support from administration of institution</li> <li>• Improved competitiveness of OT program with other local/regional programs</li> <li>• Increased enrollment into OT program by offering OTD</li> </ul>
<b>Advantages of MOT:</b>	
Stability of program	<ul style="list-style-type: none"> <li>• Success of current program</li> <li>• Adequate availability of fieldwork placement sites</li> <li>• Timing of re-accreditation visit for this program</li> <li>• Program is competitive in local market</li> </ul>
Institutional alignment	<ul style="list-style-type: none"> <li>• MOT is in alignment with institutional mission</li> <li>• MOT is in alignment with other allied health programs offered at this institution</li> </ul>
Educational demands of profession	<ul style="list-style-type: none"> <li>• MOT meets knowledge requirements required for entry-level practice in an appropriate length of time for graduates</li> </ul>
<b>Disadvantages of OTD:</b>	
Availability of resources	<ul style="list-style-type: none"> <li>• Required credentials of faculty to teach OTD</li> <li>• Availability of fieldwork placement sites</li> <li>• Physical resources or facilities at institution</li> <li>• Increased length of program for OTD</li> </ul>
Philosophical objections	<ul style="list-style-type: none"> <li>• Philosophical issues with OTD from within the OT department</li> <li>• Resistance/lack of support from institutional administration</li> <li>• Resistance from local employers or fieldwork sites</li> <li>• Cost of OTD for students compared to OT salaries</li> </ul>
Institutional impact	<ul style="list-style-type: none"> <li>• Potential for decline in enrollment</li> <li>• Time requirements for accreditation when developing a new program</li> <li>• Minimal differences between MOT and OTD accreditation standards</li> </ul>
<b>Barriers to OTD:</b>	
Availability of resources	<ul style="list-style-type: none"> <li>• Academic preparation of faculty</li> <li>• Ratio of faculty to students</li> <li>• Availability of fieldwork placement sites</li> <li>• Physical resources and/or facilities at institution</li> <li>• Transitioning and/or accrediting process</li> </ul>
Philosophical objections	<ul style="list-style-type: none"> <li>• Resistance from faculty within OT program</li> <li>• Lack of support from institutional administration</li> <li>• Resistance from local employers and/or fieldwork sites</li> <li>• Resistance from graduates of program</li> </ul>
Institutional impact	<ul style="list-style-type: none"> <li>• Concern about decline in enrollment</li> </ul>

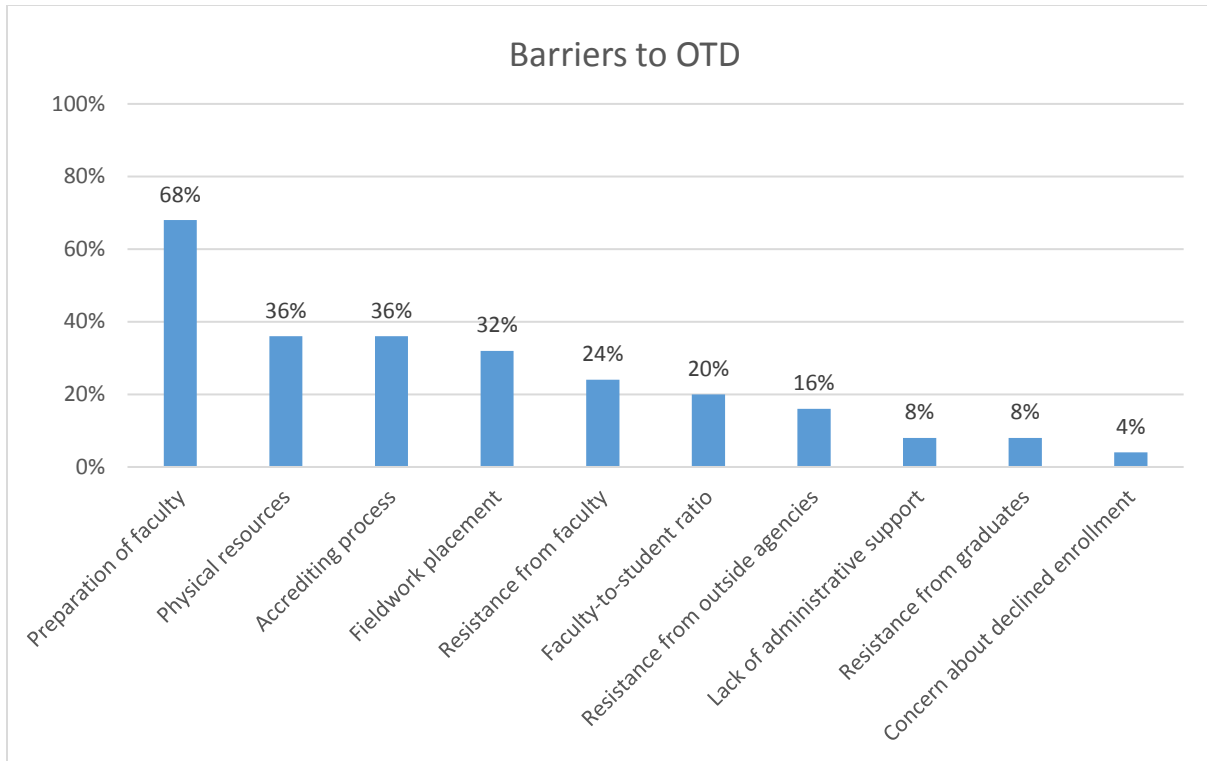


Figure 5 – Factors indicating perceived or actual barriers encountered by programs that chose to offer the OTD degree (n = 25).

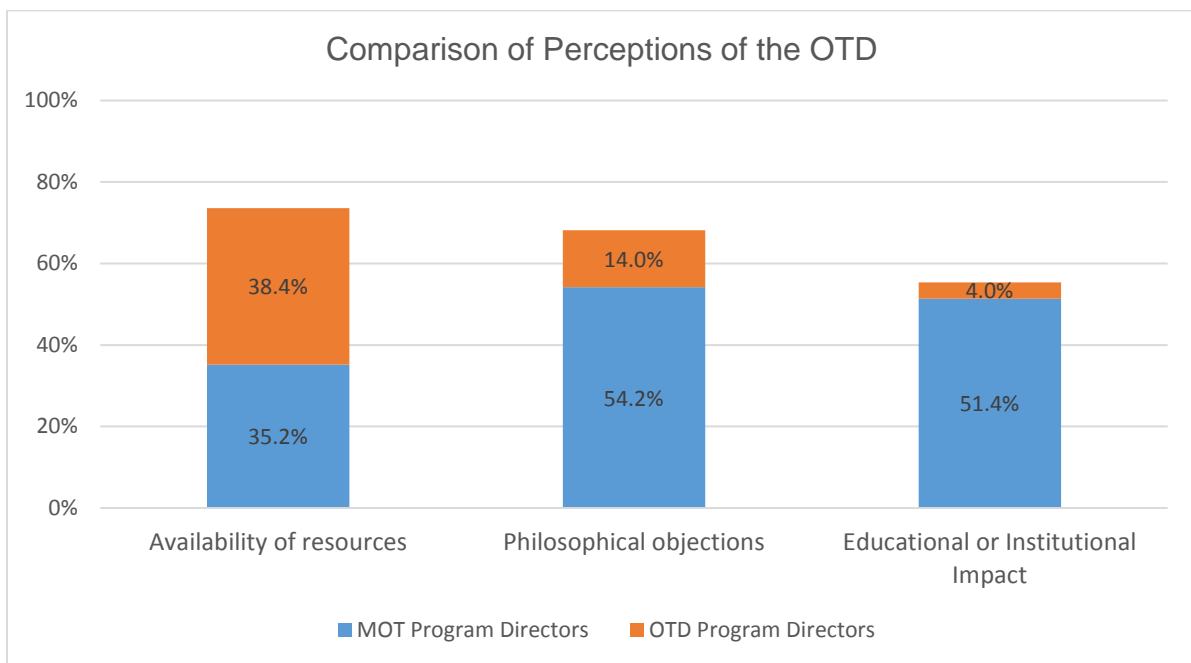


Figure 6 - Comparison of identified themes related to perceived disadvantages of the OTD degree from program directors that support the MOT degree (n = 18) and perceived barriers to the OTD degree from program directors that support the OTD degree (n = 25).

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