

**Report of the Review Committee for the Master of Occupational
Therapy Program, Department of Rehabilitation Medicine
February 25, 2004**

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Introduction

We are pleased to present this review of the Master of Occupational Therapy (M.O.T.) degree program offered by the Department of Rehabilitation Medicine in the School of Medicine. During the review, relevant documents, including evaluation materials, were examined and, on January 29 and 30, 2004, the full Review Committee met with the Dr. Lawrence Robinson, Chair of the Department of Rehabilitation Medicine, Dr. Elizabeth Kanny, Head of the Division of Occupational Therapy, Dr. Mark Guthrie, Head of the Division of Physical Therapy, Dr. Jean Dietz, Graduate Program Coordinator, all Occupational Therapy faculty who participate in the M.O.T. program, and several groups of stakeholders including fieldwork supervisors, employers and first and second year graduate students. The committee also toured facilities associated with the program.

Our conclusions and recommendations are organized as they relate to questions posed by Dean and Vice Provost Marsha Landolt in her letter dated December 18, 2003, outlining the Graduate School's charge to the Review Committee. We believe the information contained in our responses will convey our highly positive assessment of the academic and educational quality of the M.O.T. degree program. **Overall, however, it is the unanimous recommendation of the committee that a change from provisional to continuing status should be made for the program. Further, we recommend that the next program review should occur on a schedule consistent with continuing status unless, for the sake of efficiency, it could be coordinated with the program's next accreditation review in 7 years.**

General

1. What is the quality of the M.O.T. program, faculty, and students? How does this program compare to those at other institutions?
2. How does data on employer assessments of program graduates reflect on program quality?
3. Does the Department draw globally on needed resources for the program?

4. What does impending expansion of the School of Medicine facilities hold for potential growth of the program?

Response:

Program Quality

Like other entry-level graduate programs in occupational therapy, accreditation certification by the Accreditation Council for Occupational Therapy Education (ACOTE) is an external measure of the MOT program. This program demonstrated compliance with ACOTE standards, resulting in a ten-year accreditation. The granting of a ten-year period of accreditation is significant in that the council can elect to grant accreditation for a seven-year period. Additionally, the accreditation team documented ten strengths that cited excellence in the overall curriculum design and courses, and cited the high quality of the faculty and students. No areas of noncompliance and no suggestions were cited.

Essentially, the program is exemplary. In addition to this measure provided by the accreditation process, our team noted that this program, compared against other research-intensive institutions, excels in scholarly productivity, including publication, presentations, and success in grant funding. Among all entry-level occupational therapy graduate level occupational therapy programs, it is exemplary and serves as a model. Few programs have a full complement of doctoral prepared faculty who, in addition to demonstrating a high degree of scholarly activity and productivity, are clearly committed to creating an excellent teaching-learning environment.

Data from fieldwork evaluations, employers, recent graduates and alumni, as well as colleagues within the Department of Rehabilitation Medicine present a clear consensus regarding the high quality of the faculty and students. Additionally, a pass rate of 95-100% on the National Board for Certification of Occupational Therapists (NBCOT) examination is a measure of excellence in that the national pass rate is 81%.

In our onsite discussions with fieldwork supervisors and employers, they consistently noted that the students in this program emerge as competent, entry-level practitioners. In addition, recent graduates and alumni reflected the positive data noted in the ongoing surveys and in particular expressed confidence in their preparation for practice across varied settings and client populations.

The occupational therapy program at the University of Washington is positioned to continue its national ranking and peer recognition as a top, entry-level, graduate program in occupational therapy.

Employer Assessments

Data from employers requesting specific qualitative information about employee performance is typically limited due to policies restricting release of information.

However, employer data that is available (including the interviews conducted by this review team) indicates a high degree of satisfaction in the performance of the graduates in this program. The consensus is that graduates demonstrate exceptional clinical skills and a strong knowledge base for entry-level practice. In our interviews, we noted that several employers indicated that the UW graduates, among all applicants, are consistently their first choice when selecting candidates for positions.

Drawing Globally on Needed Resources

The program draws on intra-departmental, interdepartmental, UW centers, and community resources. For example, the program is enriched by numerous opportunities for student contact with physical therapy, prosthetics, and orthotics, and physiatry faculty and students/trainees. Inter-departmental resources include guest lectures and other faculty contacts from such areas as medicine, pediatrics, nursing, and education. A course³ with second-year medical students provides a unique learning experience. In all of these inter-departmental activities, the rich resources of the overall University of Washington provide a robust, diverse learning environment.

A particularly unique resource for the program is the nearby CHDD with its Experimental Education Unit and Clinical Training Unit. Here the students can witness interdisciplinary team process and early intervention approaches.

Finally, the greater Seattle metropolitan area provides a wide array of community-based fieldwork venues. These include hospitals, early intervention programs, mental health facilities, schools, and private therapy practices. It is clear that the community-at-large recognizes the UW M.O.T. student to be well prepared in terms of knowledge base, critical thinking, and problem-solving skills, and evidence-based approaches. An area of potential improvement could be greater exposure to practical, “hand on” skills and direct observation of different types of disability prior to the fieldwork placements.

While the program demonstrates many strengths, the team concluded that there are barriers to the ongoing operational objectives of the program. These include a lack of institutional resources including physical space for instructional and research laboratories. The faculty and students are commended for their high degree of adaptability in working within these very limited resources. It is evident, however, that they have reached a limit of flexibility. The standards of excellence created in this program are potentially compromised particularly in view of the high probability for the creation of a Doctor of Philosophy in Rehabilitation Medicine as well as a projected growth of program enrollment in the MOT program.

In addition to severe space limitations, faculty are required to accomplish their scholarly and instructional objectives with virtually no clerical resources. It was clear to our review team that there is significant valuable and costly time expended by faculty to complete time consuming and distracting clerical tasks.

It is important to note that the entire faculty were strong in their commendation of Dr. Robinson's leadership. His collaborative management approach as well as his high regard and genuine respect for the occupational therapy program has been instrumental in allowing the program to achieve its high level of quality. Further, the leadership and skillful management provided by Dr. Kanny was cited consistently all by the occupational therapy faculty as well as by Dr. Guthrie and Dr. Robinson.

Implications of Expansion of School of Medicine Facilities

As noted above, space limitations were the greatest priority unanimously recommended by faculty and students alike. They are particularly program limiting in such areas as laboratory space (the program has no actual ADL laboratory), faculty research space, student study space, student computer space, and equipment storage space.

To the extent that School of Medicine expansion might free up BB Tower or T-Wing office, laboratory, research, study, and storage space for Departmental expansion, the M.O.T. program will benefit and an excellent program will be even better. Certainly, this seems to be essential before any attempt to launch a Ph.D. program in Rehabilitation Sciences is implemented. In fact, current space limitations could seriously jeopardize the M.O.T. program's next accreditation requirement in seven years. The faculty and students are superb and uniformly enthusiastic about the program. However, the physical resources are borderline adequate at best and probably detrimental to the overall program mission.

Diversity

1. Is content on diversity integrated within faculty teaching, research, and student learning?
2. What evidence is provided that diversity is integrated within the curriculum? How might this component be better incorporated in the curriculum?

Response:

The strengths of the program in enhancing diversity, and in addressing diversity-related issues, are reflected in proactive recruitment efforts and in coursework designed to promote culturally sensitive practice. In recruitment, faculty and staff provide presentations at campus meetings and classes, as well as at community events, that target persons from traditionally under-represented groups. They meet with undergraduate groups in an effort to not only recruit generally, but to particularly motivate males to enter a profession in which an overwhelming majority of practitioners are female. In addition, recruitment efforts conducted by faculty and staff conform to best practices in supporting the applications of persons from under-represented populations in that they involve high levels of personal contact via telephone, emails, and face-to-face meetings when potential applicants are identified.

Program efforts have resulted in considerable success as illustrated by data contained in the MOT self-study report; that is, in the 5 years since the inception of the program, an average of 22% of the students has been from under-represented groups. For the 2003 academic year, the percentage is 24%. Those numbers include students of various ethnic and cultural backgrounds, as well as men and persons with disabilities. In the last 2 years, however, no men have been reported as entering the program. Therefore, if greater gender balance is to be achieved, this would appear to be an area that requires continued attention. In addition, no African-American students have yet participated in the program. We would, therefore, recommend further work to promote applications from, and the admission of, such students.

The integration of diversity within the curriculum begins during the first quarter of the program when specific coursework addresses diversity “as it applies to OT philosophy and intervention” (MOT Program Self Study Report). The self-study report goes on to state, “Diversity is then threaded as a theme that runs through our OT Theory and Practice series of 8 courses.” That statement was supported by information gained from the program faculty whom we interviewed and was overwhelmingly confirmed in our meetings with first year students, second year students, and program graduates. All spoke in the most positive terms of the ways classes and fieldwork raised their awareness of, and sensitivity to, ways in which cultural and other differences can and should impact professional practice and attitudes. The substantial fieldwork in the program, of course, permits both access to and reflection concerning, the demographics of urban and rural areas.

It seems obvious to us that this is a program with a deep commitment to the conduct of the profession in a culturally sensitive manner and to building the diversity of its student body and faculty.

National

1. The Department recently received University approval to modify the Master of Physical Therapy to a Doctor of Physical Therapy degree. Does the national trend in the field present a similar change for the Master of Occupational Therapy program?
2. How does the M.O.T. program compare with the current direction of the field?
3. What is the market and potential impact of a future doctorate?

Response:

The entry-level credential for the majority of occupational therapy programs in the United States is now at the professional master’s degree – Master of Occupational Therapy (MOT). There are some universities that have developed a clinical Occupational Therapy Doctorate (OTD). These programs, however, are in the minority and there is no

evidence of a national trend to move toward an entry-level clinical doctoral degree in the near future.

We believe that the M.O.T. will be the entry-level degree for the profession in the foreseeable future.

The faculty within both the Occupational Therapy Division, and Department of Rehabilitation Medicine, who we interviewed during the site visit did not appear to support the move toward a clinical doctorate at this time.

Rather than focus on the development of a clinical doctorate, the logical direction for the Division and Department is to pursue the development of an interdisciplinary doctoral degree (Ph.D.) in rehabilitation sciences. The development of interdisciplinary Ph.D. programs in rehabilitation sciences was recommended in the 1997 Institute of Medicine Report, “*Enabling America: The Role of Rehabilitation Science and Engineering.*”¹ This report states:

Universities with extant programs in disciplines related to rehabilitation science and engineering should develop and offer doctoral and postdoctoral education in the field of rehabilitation science and engineering to encourage the development of the field and respond to the expanding research needs. Rehabilitation science programs should be supported by an interdisciplinary faculty with diverse and complimentary areas of expertise to build knowledge required to understand the factors that influence and improve the function of people with disabling conditions, and prevent unnecessary disabilities through the use of modified behaviors, technology, and environmental support.^{1, p.243}

The Department of Rehabilitation Medicine at the University of Washington is ideally positioned to establish such a program for the following reasons:

- The Department of Rehabilitation Medicine already has a well-developed interdisciplinary structure including divisions in physical and occupational therapy. The Department has a tradition of collaborative teaching, research and scholarly activities among faculty within and outside the department.
- The Department and Division are nationally ranked in the top 10 and the University provides an environment that is supportive of advanced graduate education. Developing strong graduate programs is essential to maintain a top tier national ranking.
- The M.S. in Rehabilitation Medicine is the logical starting point for such a degree. It provides degree-granting authority within the Department upon which to build an interdisciplinary advanced graduate degree.
- The addition of a Ph.D. program in the Department and Division would help contribute to the research and academic infrastructure by:
 - Making it easier to recruit new faculty
 - Attracting training grant money to support doctoral students and postdoctoral fellows. These grants would in turn support graduate

assistantships that would help free faculty teaching time from labs and clinical courses.

- Facilitating opportunities for interdisciplinary research and grants. An interdisciplinary Ph.D. in rehabilitation sciences would be a good fit with recent NIH initiatives in translational research, the NIH roadmap, and building research teams for the future.
- Providing more grant dollars to support the Department and Division infrastructure through both direct and indirect costs.

The market for Ph.D. prepared individuals to fill faculty positions in rehabilitation related disciplines is excellent and will continue to expand as programs such as physical and occupational therapy move to graduate entry level.

1. Brandt EN, & Pope AM. Enabling America: Assessing the Role of Rehabilitation Science and Engineering. Washington, DC: National Academy Press, 1997.