Navigating Career Transitions

- From Student to Practitioner
- From Practitioner to Academic

PLUS

Level II Fieldwork
Using Voice-to-Text Apps
News, Capital Briefing, & More
MENTORSHIP/TRAINING PROGRAM
★ Superior training programs & professional development
★ Individualized support for gaining experience, independence & confidence
★ Build relationships with top specialists in the field
★ Access to the most current resources & materials

SCHOLARSHIP & GRANT PROGRAM
★ Established to advance careers of future leaders
★ Helps students achieve their educational & professional goals
★ Awarded to grad students in their 2nd year of study
★ Available for the fall & spring semesters

EBS IS MAKING A DIFFERENCE!

EBS AND AOTA ARE PROUD PARTNERS!

EBS offers unlimited opportunities for an exciting and rewarding career! EBS has an unrivaled commitment to ongoing training, mentorship and support that empowers clinicians to advance and excel in the field. As a member of the EBS team, you will build lifelong professional and personal relationships with top specialists. Join the EBS team today and turn your career into a successful and rewarding journey while making a difference in lives you touch!

EBS Healthcare 800-578-7906 • hr@ebshealthcare.com • www.ebshealthcare.com
800-579-9970 • hr@ebsunited.com • www.ebsunited.com
FEATURES
Joining the Workplace
Successfully Navigating
From Student to Practitioner
Andrew Waite speaks with participants in AOTA’s Emerging Leaders program, who share their lessons learned in successfully making the transition from student to practitioner.

Making the Move
Transitioning From Practitioner to Academic
Robyn Otty and William Wrightsman note that as demand for occupational therapy increases, the profession risks a shortage of qualified educators. One great resource for recruiting: clinicians.

DEPARTMENTS
News
3

Capital Briefing
Habilitative Services:
An Opportunity for the Profession
6

Fieldwork Issues
Learning to Use Occupation as Treatment During Level II Fieldwork
7

Tech Talk
The Power of Speech:
Using Voice-to-Text Apps
18

Calendar
Continuing Education Opportunities
20

Employment Opportunities
27

Questions and Answers
32

OT Practice serves as a comprehensive resource for practical information to help occupational therapists and occupational therapy assistants to succeed professionally. OT Practice encourages a dialogue among members on professional concerns and views. The opinions and positions expressed by contributors are their own and not necessarily those of OT Practice’s editors or AOTA.

Advertising is accepted on the basis of conformity with AOTA standards. AOTA is not responsible for statements made by advertisers, nor does acceptance of advertising imply endorsement, official attitude, or position of OT Practice’s editors, Advisory Board, or the American Occupational Therapy Association, Inc. For inquiries, contact the advertising department at 800-877-1383, ext. 2715.

Changes of address need to be reported to AOTA at least 6 weeks in advance. Members and subscribers should notify the Membership department. Copies not delivered because of address changes will not be replaced. Replacements for copies that were damaged in the mail must be requested within 2 months of the date of issue for domestic subscribers and within 4 months of the date of issue for foreign subscribers. Send notice of address change to OT Practice, 4720 Montgomery Lane, Suite #200, Bethesda, MD 20814-3449, e-mail to members@aota.org, or make the change at our Web site at www.aota.org.

Questions and Answers

• Discuss OT Practice articles at www.OTConnections.org in the OT Practice Magazine Public Forum.
• Send e-mail regarding editorial content to otpractice@aota.org.
• Go to www.aota.org/otpractice to read OT Practice online.
• Visit our Web site at www.aota.org for contributor guidelines, and additional news and information.

© 2013 by The American Occupational Therapy Association, Inc.
OT Practice (ISSN 1084-4902) is published 22 times a year, semimonthly except only once in January and December, by The American Occupational Therapy Association, Inc., 4720 Montgomery Lane, Suite #200, Bethesda, MD 20814-3449. Periodical postage is paid at Bethesda, MD, and at additional mailing offices.

U.S. Postmaster: Send address changes to OT Practice, AOTA, 4720 Montgomery Lane, Suite #200, Bethesda, MD 20814-3449.

Ad inquiries: 800-877-1383, ext. 2715, or e-mail sales@aota.org.
This course provides a foundation in basic ethics information that gives context and assistance with application to daily practice for students, clinicians, educators, researchers, and those in other occupational therapy-related roles.

Seven overarching learning objectives address critical information, including a discussion on key ethical theories and principles that assist in analyzing and resolving situations that present ethics challenges. It is a goal of this course to reinforce the value of self-reflection on one’s practice, in order to promote enhanced competency and ethical behavior.

Required Reading
Reference Guide to the Occupational Therapy Code of Ethics and Ethics Standards, 2010 Edition is required reading in order to successfully complete the exam.

Order #4846
AOTA Members: $105, Nonmembers: $150
AOTA News

Conference Offers In-Depth Health Care Sessions

Conference offers the place for occupational therapy practitioners (and soon-to-be practitioners) to gather together every year, and 2013 will offer more than 900 sessions, workshops, and research platforms covering advanced practice topics, professional growth, licensure renewal, and more.

In-depth sessions on health care reform, for example, will include “OT as Primary Care: Health Care Systems Change,” led by AOTA Chief Public Affairs Officer Christina Metzler. For more reasons, visit www.aota.org/conferencedocs/2013conference/registration.

AOTA News

Get OT Month Ideas

April is National Occupational Therapy Month—an excellent opportunity to showcase our brand, “Occupational Therapy: Living Life To Its Fullest,” as well as your skills, program, or business. If you already have an OT Month plan on the drawing board, please share your ideas in the OT Month forum on OT Connections. For more ideas on how to celebrate, visit www.aota.org/practitioners/awareness/ot-month/celebrate-ot.

Emerging Leaders Program’s Invitation to Apply

New practitioners and students: AOTA invites you to apply to the fourth Emerging Leaders Development Program, designed to help you develop the skills to become a future leader within AOTA and the profession, an essential step to achieving the goals of the Centennial Vision. Practitioners with 5 or fewer years of experience and students in their last year of school can apply. Watch the AOTA Web site and the 1-Minute Update for the “invitation to apply” and a full description of the program. The application period will open April 15 and the deadline is May 13. To read more on the Emerging Leaders Program, visit www.aota.org/practitioners/resources/eldp.

Accreditation Visits Scheduled for Fall 2013

As required by the U.S. Department of Education, this serves as notice to the public of upcoming accreditation visits and the opportunity for written third-party comment. Written comment concerning accreditation qualifications for the institutions or programs listed below (i.e., determining whether a program appears to be in compliance with Accreditation Council for Occupational Therapy Education [ACOTE] accreditation standards, or ACOTE accreditation policy) may be submitted no later than 20 days prior to the program’s scheduled on-site evaluation to Sue Graves, assistant director of Accreditation, AOTA, 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449.

Receipt of the third-party comment will be acknowledged and processed according to ACOTE’s Policy on Third-Party Comment, which includes sending a copy of the comment letter to the director of the occupational therapy or occupational therapy assistant program named in the letter.

The following programs are scheduled for on-site evaluations in fall 2013. All programs will be evaluated under the new 2011 ACOTE Accreditation Standards, which go into effect on July 1, 2013.

September 16 to 18, 2013:
Bay Path College (OTM), Longmeadow, Massachusetts
Sinclair Community College (OTA), Dayton, Ohio
University of Wisconsin–Milwaukee (OTM), Milwaukee, Wisconsin
September 23 to 25, 2013:
Elizabethtown College (OTM), Elizabethtown, Pennsylvania
Kean University (OTM), Hillside, New Jersey
Orange County Community College (OTM), Middletown, New York
West Virginia University (OTM), Morgantown, West Virginia
September 30 to October 2, 2013:
East Arkansas Community College (OTA), Forrest City, Arkansas—initial on-site evaluation
October 7 to 9, 2013:
Central Piedmont Community College (OTA), Charlotte, North Carolina—initial on-site evaluation
University of Medicine and Dentistry of New Jersey (OTA), Scotch Plains, New Jersey—initial on-site evaluation
October 21 to 23, 2013:
Community College of Allegheny County/Boyce Campus (OTA), Monroeville, Pennsylvania
Brown Mackie College—Okahoma City (OTA), Oklahoma City, Oklahoma—initial on-site evaluation
South University–West Palm Beach (OTA), Royal Palm Beach, Florida—initial on-site evaluation
Touro University Nevada (OTM), Henderson, Nevada
October 28 to 30, 2013:
Rockland Community College (OTA), Suffern, New York
Wayne State University (OTM), Detroit, Michigan

Continued
Mentoring Leaders: The Power of Storytelling for Building Leadership in Health Care and Education

E. Gilfoyle, A. Grady, & C. Nielson

This reader-friendly text provides in-depth discussion on the various forms mentoring can take, including group and off-site mentoring. A workbook offers readers many stories reflecting the core concepts, as well as questions for self-reflection.


Occupational Therapy Fieldwork Survival Guide: A Student Planner, 2nd Edition

B. Napier

This interactive book provides students with an organizational tool that will help them make the transition from academic work to clinical focus smoothly, and to thrive during fieldwork. Chapters feature personal, professional, and client success strategies, as well as reflective forms to complete. In addition, “Talk It Over With Your Clinical Supervisors” boxes suggest useful questions to ask about each of the topics discussed in the book.


Ethics Commission Seeks Public Member

AOTA’s Ethics Commission (EC) is seeking candidates to fill the position of Public Member. The term is 3 years and starts July 1, 2013. The EC is a standing commission of the AOTA Representative Assembly. The EC develops and revises the Occupational Therapy Code of Ethics and Ethics Standards (Code and Ethics Standards) as well as the Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards, to promote quality care and professional conduct. Additional responsibilities include developing continuing education products and other ethics resources to inform and educate the members, volunteer leadership groups, and consumers regarding application of the Code and Ethics Standards.

If you know of or work with a person in a health-related profession who is not an occupational therapy practitioner and is qualified and interested in serving on AOTA’s Ethics Commission, please have him or her submit a curriculum vitae and a letter of interest outlining his or her specific ethics-related qualifications to Deborah Slater by May 24, 2013. For more information, contact Slater at dslater@aota.org or at 800-877-1383, ext. 2206.

Upcoming Pediatric Chat

Participate in AOTA’s pediatric virtual chat, Collaborative Matters! A School Team’s Perspective, on April 11 from 4:00 pm to 5:00 pm EST. To join the chat and view chat archives, visit www.talkshoe.com/te/73733.

AOTA’s Health Care Reform Efforts

AOTA’s work on health care reform did not end when the Affordable Care Act was signed into law. Implementation will continue through 2016 and beyond, and AOTA is closely following state and federal regulatory and other processes, providing comments and ensuring that the interests of the occupational therapy profession and your clients are advanced and protected. To read more about our efforts, including FAQs, visit www.aota.org/practitioners/advocacy/state/statenews/news/aota-and-health-care-reform.

Get Tips for Healthy Gardening

Gardening is one of the most popular pastimes for Americans, but doing it incorrectly can lead to back pain, joint ache, and muscle strains. Developed by occupational therapy practitioners, the Tip Sheet Healthy Gardening, available at www.aota.org/fact-sheets/gardening, provides helpful suggestions for decreasing the aches, pains, and strains that often occur during gardening.

November 4 to 6, 2013:
Cossatot Community College of the University of Arkansas (OTA), Ashdown, Arkansas—initial on-site evaluation

Maryville University (OTM), St. Louis, Missouri
Salus University (OTM), Elkins Park, Pennsylvania—initial on-site evaluation

Trinity Washington University (OTA), Washington, DC—initial on-site evaluation

November 13 to 15, 2013:
Community College of Rhode Island (OTA), Newport, Rhode Island

November 18 to 20, 2013:
Pueblo Community College (OTA), Pueblo, Colorado
Wright College (OTA), Chicago, Illinois
Industry News

New Academic Programs

 Shenandoah University in Winchester, Virginia, has collaborated with Inova Hospital to bring medical education programs to Northern Virginia, including occupational therapy, to grow and strengthen the regional workforce.

In addition, Salem State University in Salem, Massachusetts, is offering a new postprofessional master’s degree program in occupational therapy.

Practitioners in the News

■ Cara Koscinski, MOT, OTR/L, recently published The Pocket Occupational Therapist, a guide for caregivers of children with physical and developmental disabilities. Her book contains questions that pediatric occupational therapists are frequently asked related to sensory processing, handwriting, core/body muscle weakness, feeding, life skills, and more.

■ Laurel Koval, MOT, OTR/L, CBIS, an occupational therapist at the VA-Health System in Pittsburgh, Pennsylvania, received the 2013 Outstanding Fieldwork Educator Award from the Department of Occupational Therapy at Duquesne University, in Pittsburgh, Pennsylvania.

■ Mary Law, PhD, MSc, BSc, Texas Woman’s University’s 20th Vanderkooi Endowed Lecturer, received a welcome to Texas from her homeland at a reception hosted by Consul General of Canada Paula Caldwell St-Onge. The reception recognized the impact and importance of Law’s contributions toward the health of individuals all over the world through her occupational therapy–focused research. The consul general also introduced and attended Law’s lecture on “Enabling Occupation: Ideas and Evidence for Practice” to an audience of 250 the following day.

■ Gayle San Marco, OTR/L, CBIS, appeared on the Los Angeles–area radio show “Access Unlimited,” on KPFI 90.7 FM, to promote occupational therapy’s role in driver rehabilitation. To listen to the show, which aired on February 13, visit http://archive.kpfi.org/index.php?showkey=au and select the podcast under “available shows.”

■ Michelle McCann, OTR/L, CBIS, team leader of Occupational Therapy and Speech-Language Pathology at HealthSouth Rehabilitation Hospital of Sewickley in Pittsburgh, Pennsylvania, has been recognized by the Department of Occupational Therapy at Duquesne University with a Community Servant Leadership Award. The department recognized McCann for her efforts in piloting a ground-breaking collaborative student supervision model with three Level II FW Duquesne occupational therapy students during the summer of 2012.

■ Debra Young, MEd, OTR/L, SCEM, ATP, CAPS, has been appointed to the National Association of Home Builders Board (NAHB) of Directors as a 2013–2014 alternate associate director. Young was also approved as an NAHB instructor for CAPS and universal design/build courses.

Andrew Waite is the associate editor of OT Practice. He can be reached at aweite@aota.org.

Advance your career with a doctorate.

Our post-professional doctorate in occupational therapy develops ethical, visionary leaders who want to advance their knowledge and skills to improve societal health and well-being.

• Earn your degree online.
• Tailor your program. Choose your area of focus.
• Deepen your knowledge and grow in your career.
• Shape the profession through education and leadership.
• Learn more at stkate.edu/OTD.

St. Catherine University

Henrietta Schmoll School of Health

OT PRACTICE • MARCH 11, 2013

7.125”w x 4.375”h 4c

Advance your career
with a doctorate.

Our post-professional doctorate in occupational therapy develops ethical, visionary leaders who want to advance their knowledge and skills to improve societal health and well-being.

• Earn your degree online.
• Tailor your program. Choose your area of focus.
• Deepen your knowledge and grow in your career.
• Shape the profession through education and leadership.
• Learn more at stkate.edu/OTD.

St. Catherine University

Henrietta Schmoll School of Health
Implementation of the Affordable Care Act (ACA) is happening at a whirlwind pace. In many cases, implementation decisions are being made at the state level. The venues where those decisions are being made vary by state. Often, it is not the state legislatures taking action, but state agencies or ad hoc health care reform committees, created for the sole purpose of making recommendations related to a narrow set of issues. This creates a challenging environment for advocates, but the American Occupational Therapy Association (AOTA) is working with state occupational therapy associations to represent the interests of the profession.

One key advocacy opportunity relates to how habilitative services must be covered for the millions of people who will be newly insured because of the ACA. Habilitative services are considered essential health benefits by the law, and therefore must be covered in some fashion for almost everyone who purchases insurance as an individual or as part of a small group, as well as those newly eligible for Medicaid. However, the details of how this benefit category will be defined will vary by state, and AOTA wants to ensure occupational therapy services are included in habilitative benefits throughout the country. The following examples demonstrate the importance of the partnership between AOTA and state occupational therapy associations on this issue.

In Arkansas, an advisory committee was tasked with making recommendations to the state Department of Insurance about how habilitative services should be defined and covered. In doing so, the advisory committee held public meetings. AOTA learned of these meetings from a consulting firm, Stateside Associates, with which it has a contract to provide information about such activities. AOTA informed the Arkansas Occupational Therapy Association about the meetings, and it provided the association with background information to empower its leadership to participate and advocate for occupational therapy services as a component of habilitative services. In the end, the advisory committee produced a recommended definition that included two elements that AOTA has advocated for: that habilitative services include maintenance of function services, and that they are covered at least as extensively as rehabilitative services.

In the District of Columbia (DC), a similar set of circumstances emerged. AOTA worked with the DC Occupational Therapy Association, and a member of its leadership team got involved in the decision making process. The recommended definition that emerged explicitly mentions occupational therapy as a component of habilitative services. In addition, the recommendation clarified that such services should be made available without the age restrictions that currently exist in DC law.

Unfortunately, there is not always a public process that allows for participation in these decisions before they are made. In Michigan, a state agency that regulates insurance issued an order requiring coverage of applied behavioral analysis as a habilitative service (see the order at http://tinyurl.com/cs3ldwe). The order also acknowledged that habilitative services “encompasses many different types of services” and mentioned occupational therapy as one of those types. However, the order is too ambiguous as to whether occupational therapy services must be covered for habilitative purposes. Therefore, AOTA has been working with the Michigan Occupational Therapy Association and other therapy advocacy organizations to request an agency clarification that explicitly requires coverage for occupational therapy services (see the joint letter to the agency at http://tinyurl.com/be4v74k).

Ohio’s situation is similar to Michigan’s, albeit somewhat better for the profession. There, the governor defined habilitative services in a letter to the federal government. The definition explicitly requires coverage of occupational therapy services, but only for children with an autism diagnosis. AOTA has been advocating for a much broader definition, and it provided assistance to the Ohio Occupational Therapy Association in an effort to get the definition modified. Advocacy on this issue in Michigan and Ohio is ongoing.

As these experiences illustrate, the partnership between AOTA and state associations is critical to achieve advocacy successes. In addition, it is clear that advocacy before final decisions are made, as took place in Arkansas and DC, is preferable to advocating for changes afterward, as is required in Michigan and Ohio. Most states have not defined habilitative services yet, and other advocacy opportunities will undoubtedly emerge. In fact, a finalized federal rule is expected soon that might change the requirements of states on this issue, creating a flurry of new activities. Your membership in AOTA and your state occupational therapy association make these advocacy efforts on behalf of the profession possible.

— Dan Brown

* Dan Brown is AOTA’s senior state policy analyst.
Understanding occupation and recognizing the value of engagement in meaningful occupations are at the core of the occupational therapy profession. How do students actually learn to apply occupation-based ideals in practice? Furthermore, how can fieldwork educators support student efforts?

Copley, Rodger, Hannay, and Graham used focus groups and interviews to explore the specific challenges experienced by students in learning to use occupation-centered approaches. They gathered qualitative data from nine students who had completed Level I and II fieldwork in a pediatric practice setting and two fieldwork educators who had 5 to 11 years of experience in occupational therapy. Questions centered on student experiences in learning to use occupation as treatment and fieldwork educator experiences in teaching occupation-based evaluation and treatment. Three focus groups were conducted, with each group of students in the early, middle, or end stages of their clinical placement, and three interviews were completed with each clinical educator at similar intervals. Secondary sources of data used to interpret and confirm interview data included observations, review of therapy plans and progress notes, and review of the educators' tutorial group e-mails.

Three main themes were identified that characterized the challenges encountered by students. The first theme, “capturing the big picture,” describes the difficulty students reported in directing their thinking toward occupation rather than focusing on underlying skills and performance components. Students reported that differences in practice approaches among fieldwork educators complicated their learning, in that not all educators were using a predominantly occupation-based approach. Students also described challenges with “the doing” of occupation, particularly the spontaneous nature of the sessions and the need to deviate from planned activities as issues arose. Simulating occupations added to this challenge, as students often lacked effective questioning skills to adequately develop an understanding of how contextual issues affected performance. Maintaining child engagement during treatment sessions and establishing goals that tapped into the child’s motivation added to the difficulty of “doing” occupation. The third theme, “learning the nitty gritty,” describes student experiences of learning to refine their questioning skills, facilitate child-centered treatment strategies, and use performance-based tools and models effectively. Students acknowledged difficulty in moving beyond superficial questions to probe or prompt for specific tasks. They similarly struggled with guiding children who did not have good problem-solving abilities—specifically, the students lacked skill in challenging and redirecting inappropriate child-initiated goals or activities. Students reported it was difficult to identify performance breakdowns and test solutions while using a theoretical model or framework, particularly with tasks that were new or unfamiliar to them.

A follow-up article regarding the same study described strategies used by fieldwork educators to support student learning. Two distinct themes emerged that described the “turning points” in learning as students became more comfortable with using occupation-based assessments and intervention and factors that students found helpful in “piecing the puzzle together.” As students saw the effectiveness of incorporating occupation into evaluation and treatment, they became more confident in their work and realized they could directly affect a child’s motivation for therapy. Deciding when and how to be directive in therapy was another turning point in identifying and addressing performance deficits. Learning the value of attention to the environment, particularly of involving parents and caregivers in the therapy process and refining goals over time, further solidified the value of the occupation-based approach.

Five key teaching strategies and factors helpful to student learning were identified. First, early in the learning experience, students found it helpful to observe the fieldwork educator modeling occupation-centered practice and “thinking out loud” with them. Students appreciated...
I immediately after Catherine Hoyt, OTD, OTR/L, finished her doctorate about 5 years ago, she hit a wall.

“I got my final papers signed and I was all done and was just so excited to officially be a doctor of occupational therapy that I spun around and ran into a wall,” Hoyt recalls with a chuckle.

But as a new therapist, Hoyt faced other barriers. “I was anxious,” she says. “When I had my first patient to see, I was just hoping that it would go okay. Would they like me? Would I know what I was doing?”

Hoyt says even though her fieldwork was worthwhile, there was something different about finally being a therapist. “In fieldwork you always have that safety net. If you mess up, your supervisor can say, ‘That’s not a good idea.’ And you might feel bad about it, but at least you know that what you end up doing will be right,” says Hoyt, who specializes in helping children with sickle-cell disease at Washington University School of Medicine in St. Louis.

Hoyt remembers one of her first clients for a reason she would rather forget. The client’s family was comfortable inviting Hoyt into their home, and Hoyt thought she was really making a difference.

But then the client was “hotlined”—referred to child services. “If I had this client now, I would be more assertive from the get-go,” Hoyt says. “There were things that were of concern to me then that I didn’t voice...
because I was trying really hard to
develop that relationship with the fam-
ily. Looking back, I could have initiated
by discussing some of my concerns
with the family and helped the family
address those concerns.”

Fast forward 5 years and Hoyt’s
growth is obvious. On the morning she
was interviewed for this article, Hoyt
had dealt with a foster mother who
initially had not seen the value of occu-
pational therapy for her child.

“With my increased confidence,
I was able to tell her why there is a
need for my services. She needed to
know that her child has really bene-
fitied from occupational therapy,” Hoyt
says. Hoyt’s assertiveness enabled her
to retain the client and help the child
become independent in activities of
daily living as a result of occupational
therapy.

So what was different about the past
and present?

“There is a change in your role from
being a student where you are always
quick to do what your professors say to
being the professional that is expected
to have the answers,” Hoyt says. “You
have to develop confidence in your
knowledge and skillset and find that
just-right balance between being pro-
fessional, but also being able to meet
people at their level.”

Hoyt is an AOTA Emerging Leader,
meaning she has participated in the
development program that recognizes
dedicated practitioners with 5 or fewer
years of experience and offers leader-
ship training and ongoing mentorship.
Entry into the program is competitive.
So when Hoyt admits that “finding that
professional balance is still hard for
me,” it should be plain that the adjust-
ment between student and practitioner
is an intensive process.

After interviewing several of the
Emerging Leaders on their own transi-
tions, it also became clear that achiev-
ing professional equilibrium can be
accomplished by becoming comfortable
in the workplace, with clinical skills,
and with communicating those skills to
others.

FITTING IN

So much about confidence in any set-
ting is about fitting in. It’s no different in
the workplace, Emerging Leaders say.

In school, fitting in came more natu-
really, they explain.

“When you are in school, pretty
much everyone wants to socialize, and
you are not as pressed for time,” says
Emily Vaught, MS, OTR/L.

But in the workplace, the dynamic is
different, says Benjamin Gross, OTR/L.

“It’s harder working with profes-
sional peers than it was working with
other students,” says Gross, who works
in a private outpatient clinic that
specializes in neurological conditions.

“When I was working with students,
most of them were my friends. Working
with other professionals, you are not
necessarily their friends, and that’s
not necessarily the role that you are
supposed to be playing.”

Pair this social dynamic with the
fact that starting a new job can often
be information overload, and it can be
overwhelming trying to feel comfort-
able in a new workplace.

“I remember a lot of files, some nice
people, and just being scared and ner-
vous,” says Lindsay Ferguson, OTR/L,
of her first days on the job as a school-
based practitioner. “It was so new, and,
sure, I had my fieldwork experience,
but this was my life and my responsi-
bility. Am I doing the right things? Am
I evidence based? Will people like me
here? What is my workload going to
look like? What are the working condi-
tions going to be like?”

Carrie Beals, OTR/L, says “It proba-
bly took a year for me not to feel like I
was always the new guy.”

But if new practitioners can view
their co-workers as resources, the tran-
sition into the workplace can be much
easier, say Emerging Leaders.

“It took some time for me to develop
those relationships with my co-work-
ers,” says Beals, who works at Maine
Medical Center. “I think that just asking
questions and admitting that I was
new and willing to learn broke down
that barrier. My co-workers were like,
‘Okay, great. We will take you under our
wing and teach you.’ Being frank and
honest [about knowledge gaps and any uncertainty] and being able to say, ‘I need a little bit of help,’ can make a big difference.”

Maureen Peterson, MS, OTR/L, FAOTA, AOTA’s chief professional affairs officer and one of the developers of the Emerging Leaders program, says establishing a support network early on can ease the adjustment period for any new practitioner.

“If you are lucky enough to be in a setting that has other seasoned therapists, you can take a look at them and take a look at the atmosphere in the facility. Are the OTs really engaging with their clients and with each other?”

“My co-workers want to be a part of another’s lives. People want to have you over to their house. They want to have potlucks all the time. They want to celebrate people’s birthdays and things like that,” Arthur says. He participates because he wants to share in what his co-workers value.

“It’s still hard for me to get excited about three birthdays a month. So it’s an adjustment for me, but I think it’s something I have to do.”

Peterson says that successful professionals understand how to appropriately fit into the workplace.

“You certainly don’t want to hide who you are,” she explains. “You want to have your own personality shine through because as an occupational therapy practitioner you want to be able to use the therapeutic use of self with your clients. You have to be yourself and be comfortable with that self in order to do that. But all of that needs to happen within the context of being a professional in a new environment and while beginning to create your professional persona.”

Vaught says her own self-reflection has served her well.

“I have this big personality,” she says. “When I was in school, I was bent on working in a private practice. But it turns out that I actually thrive in a big hospital setting because it allows me many interactions throughout the day.”

Vaught says new practitioners should think about how their colleagues are going to respond to them, not just about how they are responding to new colleagues.

“One of the best things I did was understand that I could be a little obnoxious if I had to be with the same five people in one small place all the time. I have learned that it’s important to respect other people’s space when they need it and make sure they are respecting your space when you need it.”

**SKILL SET**

More than just feeling comfortable in the workplace, new practitioners also face the sometimes daunting challenge of being confident in their clinical skills.

Thinking back to her early days on the job, Beals recalls being oversensitive to clients’ conditions.

“I can remember on several different occasions looking at a client’s medical history and thinking, ‘Oh, my good-

Because if you see that people are open to sharing their expertise, experiences, curiosities, and questions with each other, that’s a very big clue and cue that you should be just as open to do that,” Peterson says.

As new practitioners become acclimated to the culture in their new workplace, they can start to fit themselves into it, Emerging Leaders say.

“What would definitely help ease the transition is to figure out the culture and to model yourself around that while also being true to yourself,” says Ferguson.

Paul Arthur, MOT, OTR, knows a bit about bending his own personality to fit with his clinic’s culture.

“When I walk into a facility, I have a very light touch. I’m pretty quiet and I just try to let them feel me out,” Arthur explains.

But in his current job, Arthur has realized that he needs to push his comfort zone in order to not feel like an outsider.

“...
other things that would help. It's something that I wasn't really aware of at the beginning, and I could have addressed those issues and led the families to those resources, but I didn't know about them yet," Gross says. "I always felt like that in the beginning. It was constantly a catch-up game. I would learn about things after the fact when I should have been more willing to ask a co-worker up front and figure out what I was missing so that I could provide the best service."

For new practitioners, it's important to remember that theory prioritized in school does not always have a linear practical use, Emerging Leaders say.

"Keep an open mind. Not everything you learn in school will always apply, but you can always take those lessons that you learn about theory and different frames of reference and apply them in a different way," Beals says. "It's never just one theory that you go in and see with this patient in mind. You always have to have all these things running as you see a patient. So learning how to bring all these different pieces together in the real-life setting was important for me, and it's just something that I learned on the job."

Peterson says the fresh theoretical knowledge students bring can be useful and can spark excitement and innovation into the workplace. But…

"There needs to be a nice balance between being confident about what you do already know and being willing to let people know what you don't know in order to complement and fill those gaps as you build your own professional portfolio."

**TALK IT OUT**

It's fitting that Peterson uses the term *portfolio*, which is something that is meant to be shared, because in addition to finding the right level of confidence, new practitioners must also be skilled at communicating their expertise.

"They need to be able to articulate to family members as well as other professionals what they are seeing, why they are choosing a particular intervention, what goals they hope to achieve, what is the hope for a particular intervention," Peterson says. "And they need to be able to articulate that in a professional, succinct manner. They should be collegial with all the people around the table, yet maintain their individual, unique identity as an occupational therapist or occupational therapy assistant providing a unique service with a unique perspective for any particular client."

Emerging Leaders say the key to communicating is being able to translate for the clients and their families. That comes back to the idea of thinking about occupational therapy services in a more real-world manner.

"In school you are thinking in this theoretical framework and 'Oh, this is evidence based, so this is clearly the best.' But sometimes when you are out in the field, you may still have that thought of 'This is evidence based, this isn't evidence based. What am I even doing? I'm not even sure why I am doing it,'" says Hoyt. "But finding a way to convey the information you have learned, what you hope to achieve, and how you will measure progress in a way that is understandable to the families and parents of children while continuing to earn their respect actually makes someone a better practitioner."

Vaught works in a facility that has observation rooms with a blind mirror, meaning parents are able to watch their child's therapy session.

"That was very intimidating. It made it harder to explain what I had just done, and I was taught that if you can't explain what you are doing, then you don't really know what you are doing."

Vaught says not being afraid of saying "I don't know," and being confident enough to speak more conversationally greatly improved how she was able to communicate her skilled services.

"In the beginning I was kind of robotic. 'I did this, I did this, and I did this, and this is how it went,'" Vaught says. "But when I allowed [kids and parents] opportunities to tell me about the fact that they went to a birthday party last week and all these wonderful things that they have going on outside of the clinic and then relate that back to what we had just done, I felt like my professional relationship with clients and their families went to another level."

For Ferguson, communicating with teachers produced the most anxiety. It didn't help that she had a few difficult interactions early on.

Ferguson saw a client with attention deficit hyperactivity disorder. The client's teacher had a policy that students who didn't pay attention missed recess. Ferguson tried explaining that such a negative reinforcement wouldn't work with this particular student and the teacher should consider a different strategy. But the teacher wouldn't listen.

Ferguson also worked with a client who was legally blind in one eye. The teacher refused to change the student's seat position in the room, even though he had to pivot completely to follow the lesson.

Ferguson found herself in arguments with these teachers to no avail.
“Sometimes I would work with a teacher and they would ask for help and not implement the strategies, and it was just frustrating,” Ferguson recalls.

But in her 5 years on the job, Ferguson has learned to adjust her strategy by communicating her skills in a more productive way.

“I have learned how to approach teachers so that I am using a lot of positive words and letting them know they are in charge and that I am there to support them. I am changing my use of self so that I can best serve the client,” Ferguson says. “Because, ultimately, as an occupational therapist you want to see a child do his or her best. And the teacher wants the child to be able to do his or her best, too. So I try to feel the teachers out and see how I can support them in a way that also lets them understand my value.”

A PROFESSIONAL LOOKS LIKE...

As Peterson and Emerging Leaders discuss, if new practitioners are able to feel confident in the workplace, with their clinical skills, and in communicating those skills, they will be well on their way to a successful career. Gaining that confidence comes by not being afraid to ask questions, appropriately fitting personalities into the workplace, blending learned theory into real-life scenarios, and learning to talk about the services provided in a meaningful way. New practitioners who focus on these elements will resemble the professionals Peterson describes as ideal.

“A professional looks like someone who is open to feedback. Someone who is not afraid to let somebody know when they need help. Somebody who is willing to share a little bit of their own personal story if it is helpful in their sessions with their clients. Somebody who knows their own strengths and weaknesses relative to the professional skills that they need to have and is balancing the mentoring and professional development that they need to hone those skills with being confident about the skills they already have learned from school and fieldwork,” Peterson says. “They are life-long learners.”

References

This article: http://dx.doi.org/10.7138/otp.2013.18451

Andrew Waite is the associate editor of OT Practice. He can be reached at awaite@aota.org.

FIELDWORK ISSUES

Learning to Use Occupation as Treatment During Level II Fieldwork

continued from page 7

educators “jumping in” when they needed help to gain an objective perspective on the therapy session, but students and educators alike identified the value of students finding solutions on their own later on in the placement. A second strategy, debriefing and performance-specific feedback, included the use of guided discovery and prompting questions to elicit student problem solving and analysis, with the ultimate goal of helping students develop skills in evaluating their own performance. A third important factor in student learning was the students’ ability and willingness to be flexible and adaptable during the evaluation/intervention and comfortably share their thoughts and ideas about the sessions; this helped educators adapt their teaching to respond to students’ needs. A fourth strategy, providing specific prompts and structures to support occupation-centered observation and documentation, was very helpful in facilitating student analysis. Prompt sheets and templates helped students see how theoretical concepts translated to practice. Finally, students articulated the value of practice experience over time in an actual practice environment as helpful to their learning.

Conscious use of the above strategies by fieldwork educators can help students effectively translate the ideals of occupation into practice.

References


Debra Hanson, PhD, OTR/L, is an associate professor and the academic fieldwork coordinator for the Department of Occupational Therapy at the University of North Dakota in Grand Forks. Hanson has more than 20 years of experience working with fieldwork educators and students. She is the academic fieldwork coordinator representative for AOTA’s Commission on Education.
According to AOTA’s Academic Programs Annual Data Report 2010–2011, student enrollment in occupational therapy and occupational therapy assistant programs grew approximately 19% in the previous 5 years. This increase in enrollment, combined with the growth of new programs across the country, has resulted in a shortage of qualified educators. Furthermore, this shortage comes at a critical time as employment in occupational therapy is expected to grow 33% between 2010 and 2020. This growth is directly correlated to an aging population and the fact that more individuals will be accessing health care services, including occupational therapy, in accordance with the Patient Protection and Affordable Care Act. In addition, Fain indicated that postbaccalaureate degree requirements for university programs and the approaching retirement of baby boomer faculty will compound this shortage. The faculty shortage is an issue that must be addressed if the profession is to be prepared for expected growth in the coming decades.

One way to combat the issue of faculty shortage is to recruit from the profession’s greatest resource: clinicians. Occupational therapy practitioners by trade are natural teachers. Within the clinical and community contexts, occupational therapists initiate interventions with clients that involve teaching valuable ways to increase occupational performance. Consistent reassessment of intervention effectiveness is continually completed by the therapist as part of the teaching process. The intervention process can be applied to the educational environment between educator and student. In saying that, the transition from clinical practice to academia poses both challenges and rewarding opportunities.

A WHOLE NEW ROLE

I (second author Bill Wrightsman) made the transition from clinician to academic 3 years ago. I am currently an assistant professor at Touro University Nevada. I found the change to be stressful but ultimately immensely rewarding. Why did I decide to go into academia? Among the many reasons, including the excitement of a new challenge, the concept of being in an environment of sharing knowledge and facilitating the educational process was very appealing to me.

The environmental change from a clinical setting to an academic setting can be difficult for many. The transition to a new role in academia also represents an identity change for many practitioners. The shift from expert clinician to novice educator can be jarring.
ring. Practitioners who were competent in the clinic may now find themselves struggling in the halls of academia as they learn new roles, processes, and procedures. As occupational therapy practitioners, we are quite aware of the impact that a change in environment, roles, and daily patterns may have on occupational performance. Moving from practitioner to academician represents a transition period filled with new roles, expectations, and responsibilities. Research indicates that this transition period is essential for developing the additional skills necessary to be an academician.

Clinicians who retain their clinical responsibilities can integrate their experiences into the classroom to teach students about the real-life challenges in health care and to refine their own research agenda as an academic. Crist explained the value of retaining clinical skills to provide “teaching context” or real clinical significance in the classroom. Maintaining clinical experience is especially beneficial for individuals filling clinical faculty roles. Holding roles as both an active practitioner and academic may be difficult due to time constraints and limited support by the teaching institution. However, some academics have been successful in negotiating a certain allotment of time for clinical practice as part of their annual contract, or as part of their compensation package. Academics who are on a 9- or 10-month contract may use their noncontractual time as an opportunity to engage in clinical per diem work.

The environment of academia can be very different from that of the environment of the clinic. For example, most higher education institutions have deep-rooted traditions interwoven within the fabric of the culture, which may not always be the case at clinics. These traditions are integrated into their university mission statements, which guide the decision-making process. But, similar to a clinical environment, the occupational therapy department must add value to the overall university. This is accomplished through research grants, service to the community, and contributing to the university’s bottom line by meeting the department’s enrollment quotas. For example, funding is often sought through grant programs rather than from the university, to support expanded faculty programs and department learning opportunities.

Policy and decision making within higher education is often proposed and vetted in formal ways, otherwise known as governance. This system of governance typically occurs using a faculty senate and a committee structure. Committees review, vet, and comment on policy to ensure that the faculty’s viewpoint is taken into consideration. Committee proposals are then passed onto the faculty senate for review and discussion, with those proposals then passed in turn from the faculty senate to the administration. The role of the faculty senate is to facilitate communication between faculty and administration, and this governance structure allows faculty an opportunity to challenge potentially problematic ideas and policies of the administrative-level executives of a university in a formal and systematic manner. This governing process may be time intensive, and policy change may occur slowly; however, the process ensures that faculty viewpoints are represented. This structure is in contrast to a clinical environment, where decisions may be made more expeditiously; however, clinicians’ viewpoints may not always be represented.

**CORE EXPECTATIONS**

There are generally three core expectations for full-time faculty members: teaching, scholarship, and service to the university and community. These responsibilities and the time allotted to each expectation vary depending on the institution. When considering a transition to academia, it is crucial to understand an institution’s core expectations to ensure that there is a “good fit” between the applicant and the university. For academicians, the expectation to conduct scholarly work is an inherent part of the job description.

Generally, scholarly activities are defined by the teaching institution and further specified within the academic’s discipline. Scholarship is defined as publication “by a peer-reviewed, publicly disseminated product” (p. 293). Miller and Noland published a study examining senior faculty mentoring relationships with junior faculty. The authors supported the need for new faculty members to carefully craft a research agenda that is recognized and supported by the related institution. In 1990, American educator Ernest Boyer introduced an expansion to the ideal of scholarship beyond traditional research to include teaching, in which teaching is essentially systemically examined and studied. To what degree a university values research related to teaching and learning varies by institution.

Developing meaning through thoughtful reflection can frame and organize academic goals as practitioners who are new to academia. Fain suggested using a self-assessment professional development plan to ease the transitional process from practitioner to academic. This plan can guide new academics toward their own learning needs and scholarship potential.
Individuals interested in transitioning to academia must also consider the degree requirements of the department. Occupational therapy assistant programs may require a master’s degree, whereas institutions focused on research will most likely require a research degree such as a PhD, EdD, or ScD. Institutions focused on teaching or a clinical teaching position may consider an OTD to be appropriate. Faculty job postings will typically outline necessary qualifications, including minimum years of clinical experience, degree, and preferred area of expertise.

Academic faculty are hired as either nontenure or tenure track, based on the standards for the institution. Rank and tenure are designations that are specific to academic environments. Rank signifies the faculty member’s status and recognition, usually through the process of tenure, from junior- to most senior-level faculty: instructor, assistant professor, associate professor, and professor. The advancement between ranks can be most closely compared to a clinician’s advancement from clinician to management-related positions. Generally, if a junior faculty member with the rank of assistant professor is granted tenure, the rank of associate professor is awarded.

Tenure is defined as the successful completion of probationary service on campus, at which point the person can either stay (tenure) or be dismissed for adequate cause before a faculty committee.11 The newly hired faculty member essentially has a probationary period that varies to up to 7 years in length. During this time, the junior faculty member will need to produce evidence to his or her peers and institution leaders that he or she is worthy of tenure status.11 According to the U.S. Department of Education's National Center for Education Statistics, 47.8% of all institutions (public and private) have a tenure system.12 Successful integration to tenured faculty member essentially has a probationary period that varies to up to 7 years in length. During this time, the junior faculty member will need to produce evidence to his or her peers and institution leaders that he or she is worthy of tenure status.

OPPORTUNITIES FOR GROWTH
The unique environment of academia also can bring opportunities to stretch one’s wings and imagination. Learning experiences are not limited to the classroom. For example, the opportunity to travel abroad to support educational experiences may be available to faculty members. Such rich experiences also support the long-term establishment of collegial relationships with students and other colleagues.13 Creighton University, for example, created two unique cultural emersion programs for health professional students and faculty to bring new occupational therapy perspectives to China and the Dominican Republic.14

Service learning is another opportunity to expand knowledge beyond the confines of a class or school campus. With service learning, we as occupational therapy practitioners are able to support person-centered practice, student engagement, and learning by doing.15 Examples of service learning are endless and include working with people who are homeless to develop work skills and providing handwriting remediation within an after-school program. Such innovative projects in the community support the Centennial Vision and AOTA’s strategic goal to expand access to occupational therapy.16

There are generally three core expectations for full-time faculty members: teaching, scholarship, and service to the university and community.

Attend the Pre-Conference Seminar
April 24, 2013, at AOTA’s Annual Conference & Expo in San Diego
Preparation for an Academic Career: The Transition From Practice to Education
Experts including Janet Jedlicka, PhD, OTR, FAOTA, University of North Dakota, in Grand Forks; Jyothi Gupta, PdD, OTR/L, St. Catherine University in Minneapolis; and Neil Harvison, AOTA’s director of Accreditation and Academic Affairs; will provide in-depth discussion, interaction, and planning for individuals considering academia as their new practice environment.

Go to http://www.aota.org/ConfandEvents/2013conference.aspx
Clinicians who retain their clinical responsibilities can integrate their experiences into the classroom to teach students about the real-life challenges in health care and to refine their own research agenda as an academic.6

As occupational therapy practitioners, we know the importance of balancing a personal life with productive employment. Border et al. noted the need for work–life balance as the best practice for supporting junior faculty members, and that a balanced personal life can lead to a more fulfilled professional life.20 Being able to prioritize your workload with leisure time outside of academic life is paramount.21 On average, full-time faculty members work in excess of 50 hours per week.22 Another study supported the link between stress and excessive work hours in women, further supporting the need for work–life balance.23 With that said, a definite benefit of working in academia is flexible work hours. Many occupational therapy program directors recognize that faculty members spend time during the evenings and weekends completing curriculum design and grading assignments and, as such, allow for flexible hours during the work week. In addition, many programs offer 9- or 10-month contracts, which leaves time during the year for faculty to spend time with friends and family, pursue scholarly interests, or complete clinical work. This time away from teaching is an excellent way to maintain occupational balance.

Another benefit to working in academia is the opportunity to positively influence the direction of the profession. From interviewing new applicants to steering them to graduation, faculty members facilitate, support, and promote the educational process. For me (Wrightsman), it is intrinsically rewarding to watch students grow and develop as they accomplish their dreams of becoming occupational therapists, and to know that I played a role in that process.

Making the Change

Many educators begin their careers as guest lecturers, adjunct faculty members, or part-time faculty members. Through this less formal level of teaching, as a content expert the lecturer can provide specialized information to augment a given class while determining whether teaching is a good fit. Adjunct faculty positions serve a more consistent role by teaching an entire course. Typically, adjunct occupational therapy faculty members are not required to fulfill scholarship, research, and service requirements. Part-time faculty positions vary depending on each institution's need and perception of workload.17

Mentoring relationships are strongly supported as an effective way to integrate, guide, and retain junior faculty.18–19 Though the level and context of mentorship varies in formality and frequency by institution, much support exists for using this process to help junior faculty transition into their new role as academics.7,19,20 I (Wrightsman) found this type of guidance highly beneficial. My mentor had transitioned from clinician to academician a few years before me, so she was in a perfect position to guide me through this exciting transition. She knew the ins and outs of my new work environment, and she was able to provide a protected context for me to ask questions as I adapted to my new role. In fact, I found that the mentoring process to be so vital to my successful transition into academia that I have since mentored two peers myself. Similar to a clinical environment, my occupational therapy department is highly collaborative in nature. As such, I want to share my transition experiences in hopes of helping new peers to acclimate to their new role and environment.

Clinicians interviewing for academic positions should discuss the on-boarding or orientation process during the interview process. This discussion should include whether mentoring is available for new faculty, and if so, in what format.
CONCLUSION

The decision to make the move from clinician to academic can be immensely rewarding. This article is meant to be just a brief introduction to some of the role and environmental changes that a practitioner should be aware of prior to transitioning from expert clinician to novice educator. Although the transition may at first seem overwhelming, clinicians who understand the ups and downs associated with the world of academia are in a better position to complete the process successfully, which ultimately enables them to enjoy all of the benefits of their new career.

References


This article: http://dx.doi.org/10.7138/ojp.2013.18452

Robyn Oly, OTT, OTR/L, BCPR, is an assistant professor at the School of Health Professions, Occupational Therapy Program, at Maryville University in St. Louis, Missouri.

William Wrightman, MS, OTR/L, is an assistant professor at Touro University Nevada. Wrightman is currently pursuing his ScD in occupational science at Towson University in Baltimore.

Order #1253
AOTA Members: $34
Nonmembers: $49

To order, call 877-404-AOTA, or visit http://store.aota.org/view?SKU=1253
Printing, cursive, and keyboarding are the traditional methods of producing text. As occupational therapy practitioners, we incorporate intervention strategies to develop all of these skills with the goal of increased engagement and participation in activities of daily living, instrumental activities of daily living, education, play or leisure, work, and social participation. However, technology provides a tool that is rapidly evolving and provides practitioners with another venue for producing text: speech to text. Similar terms to speech to text include voice to text and speech recognition, but all may be defined as technology that accepts human language via voice and translates that voice to text.

Speech to text on a computer platform has left many users dissatisfied because of factors such as the requirement to create a voice file, complex operating instructions, the need for external microphones, and lack of portability. However, mobile devices, such as smart phones and tablets, as well as speech-to-text apps, have removed or lessened some of these obstacles, allowing for increased potential use of the technology for interventions with clients as well as a productivity tool for practitioners.

Speech-to-text or voice-to-text apps operate on a simple premise: A person talks and the smartphone or tablet types. Most mobile devices (smartphones and tablets) and the speech-to-text apps decrease or eliminate some of the limiting factors of their computer platform counterparts (see Table 1 on p. 19 for selected examples). The apps do not require the user to create a voice file. The operating instructions are simple and intuitive, and if you need assistance, there are many online instructional videos. The mobile devices are, as the names state, mobile, and they have an internal microphone already installed. Some mobile devices, such as the third-generation iPad, have voice dictation built in.

Are these apps perfect? No! Depending on a person’s voice quality, consistency of voice volume, and skills in cognitively creating sentences and speaking those sentences, these tools will have different rates of success in typing what is spoken. Environmental variations such as background noise and reliability of the network connectivity may also influence the success rate of speech to text.

Dictation requires skills different from how we produce text from pencil to paper or keyboarding, including the ability to create sentences and hold those sentences in memory while speaking. Because most of the speech-to-text apps require one to “record” and then wait while the app “processes” the speech through some type of network connectivity, the user will not see the text appear while speaking. Thus, once the spoken words are processed and the text appears, proofing and editing will be required. Despite some of these potential difficulties, mobile devices and speech-to-text apps hold great potential as a tool for producing text for clients as well as for practitioners.

**CASE EXAMPLE: REILLY**

Reilly, an 18-year-old high school senior, planned to go to technical school for heating-and-cooling system analysis and repair after graduation. His areas of concern on his individualized education plan included difficulties with short-term memory that led to challenges in organizing work assignments and not completing short assignments or journal-type assignments. When rushed to complete these tasks, his printing became illegible. The educational team provided accommodations for these issues, but an occupational therapy task analysis of the technical school’s essential functions indicated that the current accommodations were not reasonable in the heating-and-cooling program.

Thus, for postsecondary vocational school Reilly would need to develop an effective strategy to organize changes in his schedule or instructions from faculty, complete repair notes on time and legibly, and create short notes based on data from a heating-and-cooling analysis.
Smartphones and tablets were acceptable in the new educational environment. However, in trials of these technologies, Reilly’s keyboarding on the phone was slow. On a touch tablet (iPad), he wrote an average of 11 words per minute (WPM), which was the same speed as typing on an external keyboard. Speech-to-text apps were trialed and were successful for creating reminders and short documents, such as two paragraphs, short answers, and lists, at an average speed of 31 WPM and 85% accuracy. Reilly used his smartphone and Dragon voice-to-text app to e-mail reminders to himself and answers to workbook questions to his vocational school faculty. He also used the smartphone to dictate one or two sentences at a time using a simulated heating-or-cooling system data repair plan. He proofed and edited all of his speech-to-text documents using the keyboard-typing feature of Dragon. As part of the interview process for admission to the technical school, Reilly demonstrated how he could use Dragon on his mobile devices and requested their use as a reasonable accommodation. The technical school declared the accommodation acceptable for classes, work simulations, and apprenticeships.

**PROFESSIONAL PRODUCTIVITY**

Speech-to-text apps on mobile devices may increase productivity in occupational therapy practice (see Figure 1). These portable devices allow for immediate creation of notes or partial documents wherever there is a point of network connectivity (which is required to process voice to text). Therefore, smaller increments of available time can be used to speak and convert that speech to text to be sent via e-mail or saved in a document file. An important consideration for speech-to-text dictation is to use the technology in an environment that is private in order to maintain client confidentiality. If mobile devices and speech-to-text apps are used to dictate client documentation, it is also important that the security of the devices and the e-mail address will ensure confidentiality of the data. As an added level of security, the practitioner may also want to dictate without using any confidential information about the client, such as names of the client, team members, or the institution. These can be added later during the editing process.

Apps are developed rapidly as are updates to existing apps. When considering a speech-to-text app for client intervention or practitioner productivity, consider the individual features of each tool documented by the publisher or on app review sites, and then download and test the app yourself. Features to consider may include:

- Recognition of proper names
- Capacity to add punctuation by a voice command or by a simple detection of end-of-sentence speech
- Tools to copy and paste dictated text for use in other documents
- Ability of the app to continuously improve the recognition of speech as the app is used
- Length of time the app will accept for recording
- Length of text the app will be able to process from voice
- Ability to edit the dictated text within the app
- Features that will allow the dictation to be synchronized with calendars and reminder lists

Dictation for speech to text is different from speaking, thus consider some basic techniques when using speech-to-text apps or a mobile device’s built-in speech-to-text features. These techniques include:

- Think first about the information, the sequence, and the organization.
- Speak clearly.
- Avoid hesitations in speaking your information or sentences.
- Know the length of recording time that the app can process. You may need to adjust your dictation to phrases or shorter sentences.
- Collect data on the accuracy of the conversion of speech to text and review supporting documentation for tips on how to improve accuracy.

The power of speech is being harnessed as an app for mobile devices that converts to text. The rapid improvement in this technology holds great potential for enhancing client-centered skills and purposeful activities, as well as for increasing practitioner productivity. Matching features of speech-to-text apps using an activity analysis approach by occupational therapy practitioners will facilitate the selection of the most appropriate speech-to-text app. A direct trial of the mobile device and the app is essential to measure the effectiveness of the app in meeting a therapy goal for clients or a productivity goal for practitioners.

**References**


Kimberly D. Hartmann, PhD, OTR/L, FAOTA, is professor and chair of the Occupational Therapy at Quinnipiac University in Hamden, Connecticut. She is the chair of AOTA’s Special Interest Section Council.
To advertise your upcoming event, contact the OT Practice advertising department at 800-877-1383, 301-652-6611, or otpracads@aota.org. Listings are $99 per insertion and may be up to 15 lines long. Multiple listings may be eligible for discount. Please call for details. Listings in the Calendar section do not signify AOTA endorsement of content, unless otherwise specified.

Look for the AOTA Approved Provider Program (APP) logos on continuing education promotional materials. The APP logo indicates the organization has met the requirements of the full AOTA APP and can award AOTA CEUs to OT relevant courses. The APP-C logo indicates that an individual course has met the APP requirements and has been awarded AOTA CEUs.

## March

**Online**

**Mar. 1–Jun. 15** Encore Presentation of WI Hand Experience: Exploring Injuries and the Recovery of Peripheral Nerves in the Upper Extremity DVD Course. Experts in upper-extremity treatment provide a comprehensive exploration of critical elements of neurovascular anatomy and physiology, evaluation of peripheral nerve involvement, treatment of nerve injuries, surgical intervention for peripheral nerve injuries and the therapist’s role in postoperative care, management of the painful upper extremity, corneal orthosis fabrication, and future trends in enhancing nerve function. A cadaver presentation will demonstrate anatomy and the techniques used for managing peripheral nerve injuries with unparalleled clarity. For additional courses, information, and registration, visit our Web site at www.chs-ce.uwm.edu or call 414-227-3123.

**West Bend, WI**

**Apr. 17–20** Lymphedema III: Beyond the Basics. This course is open to therapists who have completed a minimum of 100 hours of prior course work in lymphedema treatment. It will cover a review and updated understanding of the structure and function of the lymphatic system as well as an introduction to the Casley-Smith (Australian) lymphedema techniques of MLD, self-MLD, and exercises. Measuring and staging lymphedema and advanced bandaging principles will also be covered. There will be a specific unit on evaluating and treating head and neck lymphedema. The emphasis of the course will be on using your knowledge to problem solve, and there will be an opportunity to present complex patient cases. For additional courses, information, and registration, visit our Web site at www.chs-ce.uwm.edu or call 414-227-3123.

**Milwaukee, WI**

**May 16–18** Wisconsin Hand Experience 2013—Tendons: From Foundation to the Future. This 3-day conference includes the following topics: anatomy, biomechanics, surgical repair of extensor and flexor tendons, and sagittal band repair, diagnostic tools, therapy, and rehabilitation. Panel discussion will center on challenging cases. Saturday workshops include MEM, PNF, orthotics; graded motor imagery; and manual therapy for the radioulnar, wrist, and digits. For additional courses, information, and registration, visit our Web site at www.chs-ce.uwm.edu or call 414-227-3123.

**Boston, MA**

**May 18–19** Low Vision Rehabilitation: Treatment of the Older Adult with Vision Loss. Faculty: Mary Warren MS, OTR/L, SCV, FAOTA. Practical workshop teaches participants how to evaluate and develop interventions for adults with vision loss from age-related eye diseases. Developing low vision programs, and documentation for insurance reimbursement included. Appropriate for all OT/OTA working with older adults. Also Portland, OR June 22–23. Contact: www.visabilities.com or (888) 752-4364 or Fax (205) 823-6657.

## April

**West Bend, WI**

**Apr. 17–20** Lymphedema Management. Certification courses in Complete Decongestive Therapy (135 hrs), Lymphedema Management Seminars (31 hrs). Coursework includes anatomy, physiology, and pathology of the lymphatic system, basic and advanced techniques of MLD, and bandaging for primary/secondary UE and LE lymphedema (incl. pediatric care) and other conditions. Insurance and billing issues, certification for compression-garment fitting included. Certification course meets LANA requirements. Also in Palm Beach Gardens, FL, May 4–14, AOTA Approved Provider. For more information and additional class dates/locations or to order a free brochure, please call 800-863-5935 or log on to www.acols.com.

## May

**Austin, TX**

**May 4–14** Lymphedema Management. Certification courses in Complete Decongestive Therapy (135 hrs), Lymphedema Management Seminars (31 hrs). Coursework includes anatomy, physiology, and pathology of the lymphatic system, basic and advanced techniques of MLD, and bandaging for primary/secondary UE and LE lymphedema (incl. pediatric care) and other conditions. Insurance and billing issues, certification for compression-garment fitting included. Certification course meets LANA requirements. Also in Palm Beach Gardens, FL, May 4–14, AOTA Approved Provider. For more information and additional class dates/locations or to order a free brochure, please call 800-863-5935 or log on to www.acols.com.

**Milwaukee, WI**

**Jun. 15** Arthritis Update: Best Practices for the Hand. This workshop will focus on current state-of-the-art methods for the therapeutic management of arthritis in the hand. A review of the current literature will be presented related to specific treatment approaches, including joint-protection principles, activities of daily living, orthotic fabrication, modalities, and postoperative care. Treatment that facilitates functional outcomes and pain control will be highlighted. The workshop will also include demonstrations of specific orthotic fabrication techniques. Evidenced-based postoperative management interventions will also be reviewed for the wrist, CMC joint, MP joint, and the PIP joint. For additional courses, information, and registration, visit our Web site at www.chs-ce.uwm.edu or call 414-227-3123.

**September**

**Minneapolis, MN**

**Sept. 19–21** Envision Conference 2013. A multidisciplinary low vision rehabilitation and research conference by Envision University. Earn up to 20 AOTA CEUs (20 contact hours). For more information, e-mail info@ envisionconference.org or visit www.envisionconference.org.
Time is Running Out.
Earn All the NBCOT PDUs You Need by March 31, 2013.
Only $99/year.

OccupationalTherapy.com keeps it simple!
Experience online continuing education on your time with 24/7 access to more than 200 expert courses in live webinar, audio, video and text-based formats.

Improve your knowledge and clinical competence with popular courses including:

Using Mirror Therapy to Promote Sensorimotor Recovery after Stroke
Video #1407
Presented by Dawn Nilsen, Ed.D., OT/L

Executive Function Assessment
Video #1421
Presented by Timothy Wolf, OTD, MSCI, OTR/L

Implementing Sensory Strategies in the Classroom
Video #1208, Audio #1220, Text #1437
Presented by Britt Collins, M.S., OTR/L

Subscribe to OccupationalTherapy.com today and get one additional month FREE!
Use Promo Code OTPCEU. Offer expires April 8, 2013.
Visit OccupationalTherapy.com or call 1-866-782-9924.
For complete training schedule & information visit Assessment & Intervention Training

Host a Beckman Oral Motor Conference in 2009!

- Evidence

- No Relocation Required

- Expert Faculty Mentors

- Increased moral distress for occupational therapy practitioners. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour).

- Improving early childhood development into occupational therapy. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours).


CeonCDTM Ethics Topic—Duty to Warn: An Ethical Responsibility for All Practitioners, by Deborah Yaretz Slater, Staff Liaison to the Ethics Commission. Professional, ethical, and legal responsibilities in the identification of safety issues in ADLs and IADLs as they evaluate and provide intervention to clients. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #4882, AOTA Members: $45, Nonmembers: $65. http://store.aota.org/view/?SKU=4882

CeonCDTM Ethics Topics—Organizational Ethics: Occupational Therapy Practice in a Complex Health Environment, by Lea Cheyney Brandt. Issues that can influence ethical decision making and strategies for addressing pressure from administration on services in conflict with code of ethics. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #4841, AOTA Members: $45, Nonmembers: $65. http://store.aota.org/view/?SKU=4841


CeonCDTM Let’s Think Big About Wellness, by Winnie Dunn. Official documents and materials that support OT concept of wellness, interdisciplinary literature, and models from other disciplines. Earn .25 CEU (3.13 NBCOT PDUs/2.5 contact hours). Order #4879, AOTA Members: $88, Nonmembers: $97. http://store.aota.org/view/?SKU=4879


CeonCDTM The Short Child Occupational Profile (SCOPE), by Patricia Bowyer, Hany Nge, and Jessica Kramer. Introduction of SCOPE assessment tool and description of documenting child motivation for occupations, habits and roles, skills, and environmental supports and barriers. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #4847, AOTA Members: $210, Nonmembers: $290. http://store.aota.org/view/?SKU=4847

CeonCDTM Strategic Evidence-Based Interviewing in Occupational Therapy, presented by Renée R. Taylor. Structured, semi-structured, and general clinical interviewing and set of norms and communication that can be applied and used in therapy. Earn 2 AOTA CEUs (25 NBCOT PDUs/2 contact hours). Order #4844, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4844


CeonCDTM Using the To Enhance Your Practice, by Patricia Schabera. Evidence-based perspective in defining the process and nature, frequency, and duration of interventions and case studies of adults at different stages of Alzheimer’s disease. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4883, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4883

ADED Approved CeonCDTM Determining Capacity to Drive for Drivers with Dementia Using Research, Ethics, and Professional Reasoning: The Responsibility of All Occupational Therapists, by Linda A. Hunt. Required professional reasoning and ethics for making final recommendations about the capacity for older adults with dementia to drive or not. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4842, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4842


<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCH 25, 2013</td>
<td><strong>SUMMER SEMESTER APPLICATION DEADLINE</strong></td>
</tr>
<tr>
<td><a href="http://www.rmuohp.edu">www.rmuohp.edu</a></td>
<td>801.375.5125</td>
</tr>
</tbody>
</table>
Self-Paced Clinical Course

Collaborating for Student Success: A Guide for School-Based Occupational Therapy, edited by Barbara Hanft and Jayne Shepherd. OT collaborative practice with education teams using professional knowledge and interpersonal skills to blend hands-on services for students and system supports for families and educators. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3023, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3023

CeonCD™

CeonCD™

CeonCD™

CeonCD™
Young Adults on the Autism Spectrum: Life After IDEA, by Lisa Crabtree and Janet DeLany. Critical issues of autism in adulthood and knowledge and tools to advocate health and community participation of young adults and adults on the autism spectrum. Earn .3 AOTA CEU (3.75 NBCOT PDUs/3 contact hours). Order #4878, AOTA Members: $105, Nonmembers: $150. http://store.aota.org/view/?SKU=4878

ADED Approved CeonCD™
Creating Successful Transitions to Community Mobility Independence for Adolescents: Addressing the Needs of Students With Cognitive, Social and Behavioral Limitations, by Miriam Monahan and Kimberly Patton. Community mobility skill development is a joint venture with youth with diagnoses that challenge cognitive and social skills, such as autism spectrum and attention deficit disorder. Earn .7 AOTA CEU (6.75 NBCOT PDUs/7 contact hours). Order #4833, AOTA Members: $125, Nonmembers: $175. http://store.aota.org/view/?SKU=4833

ADED Approved CeonCD™

CeonCD™

CeonCD™
Response to Intervention (Rti) for At Risk Learners: Advocating for Occupational Therapy's Role in General Education, by Gloria Froke Clark and Jean Polichino. Core components of Rti, the role of occupational therapists at each tier, case studies, and highlighted opportunities for OT within Rti frameworks in public education. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4876, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4876

CeonCD™
Occupational Therapy and Transition Services, by Kristin S. Conaboy, Susan M. Nochajski, Sandra Scherkind, and Judith Schoonover. Importance of addressing transition needs as part of a student's IEP and the key role of the occupational therapy practitioner as a potential collaborative member of the transition team. Earn 1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #4835, AOTA Members: $51, Nonmembers: $73. http://store.aota.org/view/?SKU=4835

CeonCD™
Occupation-Based Instruction: From Infants Through Career, by Yvonne Swinth and Mary Mahlenhaupt. Information and strategies on issues, trends and knowledge related to services for children and youth in public schools with topics on IDEA 2004, NCLB, and Section 504 of the Rehabilitation Act. Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours). Order #4880, AOTA Members: $210, Nonmembers: $299. http://store.aota.org/view/?SKU=4880

Online Course


Online Course


Online Course

Occupational Therapy in School-Based Practice: Contemporary Issues and Trends, edited by Yvonne Swinth. Service delivery and intervention strategies in school-based settings based on IDEA, the No Child Left Behind initiative, the philosophy of "Inclusive Education," and the No Child Left Behind Act. Earn .7 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #4828, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4828

Call: 727.341.1674
www.liveconferences.com
sjsu.edu/occupationaltherapy

Order at www.liveconferences.com
Call: 727.341.1674
sjsu.edu/occupationaltherapy


Saint Joseph's University

Advance to a Master's degree in this part-time graduate program with outstanding faculty at a respected university

Excellent VALUE: affordable, flexible and time efficient

CONVENIENCE: Study where and when it is best for you

Curriculum and faculty with a reputation for EXCELLENCE.

DIVERSE small classes with practicing OTs.

Over 15 years EXPERIENCE educating OT's online

SPECIALIZED curriculum in leadership and education in your area of practice

No GRE required

Deborah Bolding, MS, OTR/L
Post-professional Program Coordinator
debora.bolding@sjsu.edu

Only $549.00
for 45 contact hours
Thermal & Electrical Agents
AOTA Approved course
Meets most state requirements

This fantastic interactive movie course retails at $599.00. Save $50.00 for a limited time. Use Promo Code: OTPAMS

Order at www.liveconferences.com
Call: 727.341.1674

Online Post-Professional Master of Science in Occupational Therapy

Saint Joseph State University

Autism Conference Session Webcast
Participating with Adolescents and Young Adults with Autism Spectrum Disorders: Challenges and Opportunities for Autisms, by Patte Koenig. Conceptual model of intervention that offers an "inside out" perspective of the individual with ASD and highlights strategies and methods for improved outcomes. Earn 1.5 Contact Hours. Order #WA1009, AOTA Members: $40, Nonmembers: $57. http://store.aota.org/view/?SKU=WU1009

Autism Conference Session Webcast

Autism Conference Session Webcast

EDUCATION: ACADEMIC & FIELDWORK

Online Course
Discontinuation Notice
Effective September 30, 2012, the following AOTA Continuing Education product has been discontinued and will no longer be available for purchase. All participants currently enrolled in this course will have until September 30, 2013 (1 year) to complete and pass the online exam to receive continuing education credit (CEUs).

MENTAL HEALTH

Self-Paced Clinical Course

Self-Paced Clinical Course

Self-Paced Clinical Course
Occupational Therapy in Mental Health: Comprehensive Practice, by Margaret A. Snider, Elizabeth W. Peter, and Linda C. Hayes. Second module in 3-part series on fall prevention to support OTs in providing evidence-based fall prevention services to older adults at risk for falling or that seek preventive services with sections on prevalence, consequences, and evaluation of fall risk. Earn 6 AOTA CEUs (7.5 NBCOT PDUs/6 contact hours). Order #4831, AOTA Members: $397, Nonmembers: $519. http://store.aota.org/view/?SKU=WU4831

Online Course
Falls Module I—Falls Among Community-Dwelling Older Adults: Overview, Evaluation, and Interventions, by Elizabeth W. Peter. First module in 3-part series on fall prevention to support OTs in providing evidence-based fall prevention services to older adults at risk for falling or that seek preventive services with sections on prevalence, consequences, and evaluation of fall risk. Earn 6 AOTA CEUs (7.5 NBCOT PDUs/6 contact hours). Order #OL34, AOTA Members: $210, Nonmembers: $299. http://store.aota.org/view/?SKU=OL34

Online Course
Falls Module II—Falls Among Older Adults in the Hospital Setting: Overview, Assessment, and Strategies to Reduce Fall Risk, by Roberta Newman and Elizabeth W. Peter. Second module in 3-part series on fall prevention with overview of falls that occur in the hospital setting and identification of older adults at risk, factors that contribute to fall risks, and assessment strategies. Earn 2 AOTA CEUs (2.5 NBCOT PDUs/2 contact hours). Order #OL35, AOTA Members: $158, Nonmembers: $225. http://store.aota.org/view/?SKU=OL35

Online Course
Falls Module III: Preventing Falls Among Community-Dwelling Older Adults—Intervention

Self-Paced Clinical Course

Self-Paced Clinical Course

Self-Paced Clinical Course
Seating and Positioning for Professionals: An Occupation-Based Approach, by Felicia Chew and Vickie Piemian. Manual wheelchair mobility through review of seating and positioning from evaluation to outcome with a concentration on interventions applicable to a variety of settings. Earn 4 AOTA CEUs (5 NBCOT PDUs/4 contact hours). Order #OL34, AOTA Members: $210, Nonmembers: $299. http://store.aota.org/view/?SKU=OL34
Strategies for Occupational Therapy Practitioners, by Elizabeth W. Peterson and Elena Wong Espiritu. Third module in 3-part series on fall prevention with evidence-based intervention strategies to reduce falls among community-dwelling older adults that include both older adults who are well and those who are living with chronic diseases. Earn .45 AOTA CEU (5.63 NBCOT PDUs/4.5 contact hours). Order #OL36, AOTA Members: $158, Nonmembers: $225. http://store.aota.org/view/?SKU=OL36

Online Course
Driving and Community Mobility for Older Adults: Occupational Therapy Roles, Revised, by Susan L. Pierce and Elin Schold Davis. Expanded content and updated links on research, tools, and resources to help advance knowledge about instrumental activity of daily living (IADL) of driving and community mobility. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #OL33, AOTA Members: $180, Nonmembers: $255. http://store.aota.org/view/?SKU=OL33

REHABILITATION, DISABILITY, & PARTICIPATION

Self-Paced Clinical Course

NEW! CEonCD™
Occupational Therapy’s Unique Contributions to Cancer Rehabilitation, by Claudine Campbell, Jennifer Hughes, and Lauro Muñoz. Addresses the role of occupational therapy in cancer rehabilitation, an emerging area of practice. Course includes four lessons with a final case study that walks a client through the specific cancer paradigms discussed in the lessons. Earn .4 AOTA CEU (5 NBCOT PDUs/4 contact hours). Order #4849, AOTA Members: $140, Nonmembers: $199. http://store.aota.org/view/?SKU=4849

CEonCD™
Occupation-Focused Intervention Strategies for Clients With Fibromyalgia and Fatiguing Conditions, by Renée R. Taylor. Evidence-based strategies for managing fibromyalgia and other fatiguing conditions, such as chronic fatigue syndrome, with interdisciplinary treatment approaches and collaboration with other professionals. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4839, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4839

CEonCD™

CEonCD™
Hand Rehabilitation: A Client-Centered and Occupation-Based Approach, by Debbie Amini. Occupation-based intervention to enhance hand rehabilitation protocols without sacrificing productivity or detracting from the concurrent client factor focus. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4832, AOTA Members: $68, Nonmembers: $97. http://store.aota.org/view/?SKU=4832

Stand apart from the ordinary.
Ready to find the career you’ve been waiting for? Highlight your extraordinary at www.OTJobLink.org
AOTA Press is proud to offer guidelines for your occupational therapy practice! Using an evidence-based perspective and key concepts from the *Occupational Therapy Framework*, each provides an overview of the occupational therapy process for its respective topic and defines the nature, frequency, and duration of the intervention that occurs within the boundaries of the illness or physical disability addressed. Order today!

**Occupational Therapy Practice Guidelines for Children and Adolescents With Autism**
Scott D. Tomchek, PhD, OTR/L, FAOTA, and Jane Case-Smith, EdD, OTR/L, BCP, FAOTA
Order #2212
AOTA Members: $69, Nonmembers: $98

**Occupational Therapy Practice Guidelines for Adults With Serious Mental Illness**
By Catana Brown, PhD, OTR, FAOTA
Order #2219
AOTA Members: $69, Nonmembers: $98

**Occupational Therapy Practice Guidelines for Productive Aging for Community-Dwelling Older Adults**
By Natalie Leland, PhD, OTR/L, BCG; Sharon J. Elliott, DHS, GCG, OTR/L, BCG, FAOTA; and Kimberly Johnson, MSW
Order #2220
AOTA Members: $69, Nonmembers: $98

**Occupational Therapy Practice Guidelines for Adults With Stroke**
By Joyce Sabari, PhD, OTR, FAOTA
Order #2211
AOTA Members: $59, Nonmembers: $84

**Occupational Therapy Practice Guidelines for Children and Adolescents With Challenges in Sensory Processing and Sensory Integration**
By Renee Watling, PhD, OTR/L, FAOTA; Kristie Patten Koenig, PhD, OTR/L, FAOTA; Patricia L. Davies, PhD, OTR, FAOTA; and Roseann C. Schaaf, PhD, OTR/L, FAOTA
Order #2218
AOTA Members: $69, Nonmembers: $98

3 New Practice Guidelines Coming Soon!
DIRECTOR OF CLINICAL EDUCATION—OTD PROGRAM

Exciting opportunity to be part of one of the first OTD postbaccalaureate programs in the nation. Murphy Deming College of Health Sciences / Mary Baldwin College is creating a unique interprofessional doctoral program that will join two other graduate programs in a new building designed to support innovative educational pedagogy.

For more information: www.mbc.edu/business_and_finance/employment/ or see our listing on OTJobLink.org

RICHARD STOCKTON COLLEGE OF NEW JERSEY

Full-time, 10-month, tenure-track faculty member
Assistant/Associate Professor of Occupational Therapy

STARTING September 2013

Ideal candidate: Clinical and teaching experience in neuroscience, hand therapy, and/or geriatrics; post professional doctorate or evidence of a plan for completion in 3 years.

Click Employment at www.stockton.edu/hr for more details.

AD REGION COLOR KEY

Faculty opportunities in education
South Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, S. Carolina, Tennessee, Texas, Virginia, West Virginia
Midwest Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin
West Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
National Multiple locations within the U.S.
International All countries outside the United States

Occupational Therapy: Clinical Faculty Position

The Department of Occupational Therapy invites applications for a 9.5-month clinical faculty position beginning in fall 2013. We are seeking an educator with experience in broad teaching methodologies such as classroom, hands-on labs, service learning, and problem-based or case based learning. The successful applicant will be responsible for teaching in the combined BSMS-MOT curriculum, student advising, and university and professional service. Qualified applicants will have a master’s degree, with significant progress toward the completion of a doctoral degree preferred; at least 7 years of clinical practice; and experience in higher education. All qualified applicants will be eligible for state of Connecticut licensure and National Board of Certification. The focus of practice for this position is an established area of clinical expertise within two of the following priority areas: pediatrics (broad areas of evaluation and intervention), administration, theory of practice, and/or pediatric development.

Application Information

Our department is recognized for its creative integration of traditional teaching and learning pedagogies with problem-based learning and service learning in the community, and fieldwork experiences. This innovative approach to education has led to the development of strong clinical therapists working in diverse practice environments. The faculty are dedicated to the roles of teacher-scholar-service and actively role model the integration of teacher-scholar-service into practice for the students in the program.

Apply online at http://careers.quinnipiac.edu. Application materials should include a letter of interest and curriculum vitae. Other inquiries may be directed to Kimberly Hartmann, PhD, OTR/L, FAOTA, Professor, and Chair, Department of Occupational Therapy (hartmann@quinnipiac.edu).

To be assured of full consideration, applications should be received by March 5, 2013; however, applications will be accepted until the positions are filled.

Quinnipiac University has a strong commitment to the principles and practices of diversity throughout the university community and we welcome candidates who would enhance that diversity.

Job Code 2013-1249

THE UNIVERSITY OF SCRANTON

TENURE TRACK FACULTY POSITION

Assistant Professor

The Department of Occupational Therapy in the J.A. Panuska, S.J., College of Professional Studies, invites applications for a full-time, 9-month academic year, tenure track faculty position at the rank of Assistant Professor in an accredited 5 year Master of Science in Occupational Therapy program commencing August 2013.

Qualified applicants should have an earned, non-clinical doctorate in occupational therapy or a related field. Candidates who have completed a doctoral degree by August 1, 2013 will be considered. The successful candidate will demonstrate an area of clinical expertise, the ability to facilitate faculty mentored student research, and a record of teaching effectiveness. The candidate must be eligible for licensure as an Occupational Therapist in Pennsylvania.

Faculty members in the Department of Occupational Therapy enjoy a collegial environment, engage in research, teach students in areas of expertise, and participate in university, community and international service. The administration strongly supports the program with substantial resources allocated for teaching, scholarship, and service. Internal research grants and reasonable teaching loads and class sizes foster innovation and sustainability.

Dr. Carol Coté, Department of Occupational Therapy, serves as the Search Committee Chair. Applicants must apply on line at: https://universityofscrantonjobs.com and include a letter of application summarizing qualifications, curriculum vitae and three letters of reference. Review of applications will begin immediately and continue until the position is filled.

The University of Scranton is, by tradition and choice, a Catholic and Jesuit University. The successful candidate will have an understanding of and commitment to the goals of Jesuit education. The University’s mission statement may be found at www.scranton.edu/mission.

The University of Scranton is an EOE/Affirmative Action Employer/Educator. We invite veterans, minority persons, women and persons with disabilities to express interest in these potential opportunities.

The University of Scranton is an EOE/Affirmative Action Employer/Educator. We invite veterans, minority persons, women and persons with disabilities to express interest in these potential opportunities.
Assistant/Associate Professor of Occupational Therapy

Governors State University has an opening to fill a tenure-track faculty position in the Department of Occupational Therapy in the College of Health and Human Services. The selected candidate will teach in our entry-level Master’s and post-professional Doctorate programs. We seek candidates with outstanding teaching skills, experience advising non-traditional or diverse student populations, evidence of potential or distinguished record of scholarship, and community service via projects, committees, and/or leadership roles.

Successful candidates will teach courses in areas of expertise, in general Occupational Therapy topics, advise students, and direct master’s and doctoral research projects. Other responsibilities include research/grant writing, student mentoring/advising, and involvement in university and community service.

The Occupational Therapy program at GSU is vibrant and growing. The mission of the College of Health and Human Services is to provide accessible and quality health and human service professions education; foster a commitment to lifelong learning, scholarship, professional ethics, diversity, and social justice; and infuse its programs into community partnerships for the health and well-being and economic development of the region.

Candidates must meet the following qualifications: Post-professional doctorate in Occupational Therapy or related field, Identified practice expertise in one or more areas of Occupational Therapy practice, College or university teaching experience at the graduate level, Eligible for Occupational Therapy licensure in Illinois. Preferred Qualifications: Active agenda of research and evidence of scholarship and/or Ongoing involvement in professional activities.

Interested individuals should apply online at https://employment.govst.edu.

Governors State University, an affirmative action/equal opportunity employer, is committed to achieving excellence through diversity.

Assistant/Associate Professor (Tenure-Track)
Department of Rehabilitation Science

Position Description: Assistant Professor (tenure-track) for the Occupational Therapy program in the Department of Rehabilitation Science, 10-month appointment.

Qualifications and Responsibilities: Applicants must have earned a Ph.D. or equivalent research-intensive doctorate. Eligibility for OT licensure in New York State is preferred, but not required. The successful candidate must contribute to the teaching, scholarship and service mission of the University.

Join Our Innovative Interdisciplinary Team: The selected candidate will join a multidisciplinary research cluster in the area of ‘Built Environment, Health Behavior, and Health Outcomes’ involving faculty in the Departments of Urban and Regional Planning, Architecture, Community Health & Health Behavior, and Rehabilitation Science. The selected candidate will have the opportunity to be mentored by senior faculty from each of the participating departments. This position carries a high expectation for productive scholarship, including procurement of extramural grant funding and peer-reviewed publications. The successful applicant will have one or more of the following research foci: universal design, home modifications, home healthcare, usability of consumer products, workplace ergonomics, accessibility of public buildings and rights of transportation systems. Experience with multidisciplinary collaborations in a research or clinical setting is crucial, as well as the demonstrated ability to mentor occupational therapy students. The successful applicant will understand higher education, contemporary clinical practice and have excellent communication skills. Teaching interests in pediatrics, geriatrics and/or physical disabilities a plus. Salary and benefits are competitive.

Application Deadline: Review of applications will begin immediately and continue until the position is filled. The anticipated start date is Fall 2013.

Application Materials: A letter of application stating qualifications for the position, curriculum vitae, and three professional reference letters should be submitted electronically at: http://www.ubjobs.buffalo.edu - Posting Number: 1300098.

Further Information: James Lenker, Ph.D., OTR/L, FAOTA, Chair, Search Committee, Department of Rehabilitation Science, School of Public Health and Health Professions, 501 Kimball Tower, 3435 Main Street, Buffalo, NY 14214-3079. (716) 829-6726, lenker@buffalo.edu.

The University at Buffalo is an Equal Opportunity/Affirmative Action Employer/Recruiter.

Occupational Therapists

Multidisciplinary pediatric practice seeking occupational therapists on a full-time and part-time basis in Los Angeles and San Fernando Valley. Competitive pay based on experience. Generous benefit package for full time employees. Independent contracting available.

Job Description: Provide OT services to clients in clinic, home and schools. Participate as a member of the interdisciplinary team of speech pathologists, occupational therapists, BCBA’s, behaviorists, educational therapists, early interventionists and child development specialists.

Graduates from an accredited Occupational Therapy program, current certification by AOTA/National Board for Certification of Occupational Therapy. California State Licensure. Must have 2+ years’ experience. Strong assessment, treatment planning, communication/organizational skills, knowledge of and interest in working with children and adults.

Speech, Language & Educational Associates

16500 Ventura Boulevard, Suite 414
Encino, CA 91436
5901 Green Valley Circle, Suite 130
Calver City, CA 90230
818-788-1003
FX 818-788-1135

Multidisciplinary Clinic in Southern California

(888)808-7838
www.jacksonjadesp.com
careers@jacksonjadesp.com
Join our team!

Full/part time Georgia-licensed occupational therapist in a clinical setting for our growing Marietta office. Experience with sensory dysfunctions, handwriting and other developmental disabilities. Contact Greater Atlanta Speech and Language Clinics at 770-977-9457 or send resume to greateratlantaspeech@gmail.com

***IMMEDIATE OPENING***

OT & Certified OT Assistant
Contact Helen at 541-966-3224
InterMountain ESD
Visit us www.imesd.k12.or.us

Your career with the Navajo County Education Service Agency is much more than a job. It is an adventure! Our employees enjoy the monuments and majesty of northern Arizona while serving our local school children on the Navajo Reservation. Now is the time to have the lifestyle you have always wanted! Visit our website, call, or e-mail for more information on:

- **182 day school year contract**
- **Competitive salary**
- **Great benefits**

Contact Karen Knopf at 907-742-6121
(Knopf_Karen@atk12.org) or apply online at www.atk12.org

"STARS* StudentTherapy.com"
As an AOTA member, you are part of a vitally important profession that helps people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities. Celebrate OT Month all year by sharing your profession through products, special events, and messages.

**Here are a few ideas to share** (and more at www.aota.org/otmonth)!

- “Living Life To Its Fullest®” podcast series with clients.
- AOTA fact sheets with other disciplines and external audiences.
- Facility tour for OT practice demonstrations or receptions.
- Video of your work with clients (permission required) on YouTube and OTConnections.
- Creative ideas of your own on OT Month Forum on www.otconnections.org.

**Be a champion for OT!**
Shop today for these and more great products!

Order online at www.promoteOT.com!
Among the many inspiring athletes who captivated the world during the 2012 Summer Olympics and Paralympics in London were several occupational therapists, including **Kerri Morgan**, MSOT, OTR/L, ATP, who won two bronze medals at the 2012 Paralympics, in the 100m and 200m wheelchair race. Morgan talked with AOTA Web editor Stephanie Yamkovenko about how she juggles it all (and won two bronze medals while doing so).

**Yamkovenko**: How did you prepare for the Paralympics, and how often were you training?

**Morgan**: I train all year around. I have a great coach that cycles my training and plans accordingly depending on upcoming competitions. In the off season I do some cross training with other sports, such as wheelchair rugby and strength training. During track season, I work more on my speed and acceleration. I typically am training 6 days a week (1 to 2 times per day). My coach schedules recovery times for my body to rest and recover.

**Yamkovenko**: How do you juggle being an OT instructor at Washington University School of Medicine in St. Louis, a PhD student, and a Paralympian?

**Morgan**: In a perfect world, I probably would not be doing all three of these activities at the same time. However, you have to work with the circumstances that you are given. I was fortunate to have the opportunity to return to school for my PhD several years ago and at the same time still be able to teach my assistive technology class. Training, teaching, and studying make for a very full schedule that does not allow much time for other activities—it forces me to be focused and organized. When I am training, I know that is the only time I have that day to be training, so I need to be focused and make it as productive as possible. The same goes for work and school activities.

**Yamkovenko**: How does being a medaled Paralympian influence your occupational therapy teaching, practice, and research?

**Morgan**: Being a competitive athlete has influenced my teaching, practice, and research perspectives more than I thought it would. I find that when teaching, having examples and personal perspective helps in conveying messages. I think I am an example that people with disabilities can compete at the highest level, that they can accomplish anything they put their minds to. I am approached by other therapists and by people with disabilities in the community about my accomplishments and am asked to speak one on one with people about the possibilities and how to overcome barriers. Training and competing have made me even more aware of the benefits of exercise and recreation for everyone, but especially for people with disabilities. One of my interests from this is making opportunities for people with disabilities to improve overall health through practice and supporting it through research.

**Yamkovenko**: Is there a role for occupational therapy practitioners in assisting in future Paralympics?

**Morgan**: I see many roles for OT—some more formal than others. Educate clients, client’s family members, students, and colleagues about the opportunities for people with disabilities in the Paralympics. Just because you have a disability does not mean that you cannot participate competitively at the very top levels. Additionally, the skills occupational therapists have would be very good for coaching or helping to assess people with disabilities for the right adaptive equipment (in fact, one of the Paralympic track and field coaches is an occupational therapist). Another role is as a classifier—all athletes are assessed by a classification panel prior to competing to determine which classification they should be competing in to make the playing field as equal as possible. The classification panel is composed of occupational therapists, physical therapists, and physicians.
San Diego provides the ideal setting for discovering the heartfelt leadership and compassionate care that defines occupational therapy. Our profession is experiencing great opportunity as we expand in evidence-based research and practice. But we also face serious challenges in health care legislation and public awareness. As we take our place as leaders in the profession and as skilled providers of excellent practice, research, and education, the more opportunities will arise and the more challenges will be met.

The AOTA Annual Conference & Expo is the most dynamic gathering for occupational therapy professionals each year. Stimulating Presidential and keynote addresses, hundreds of focused educational sessions, exceptional speakers, valuable connections, and an Expo brimming with state of the art products and opportunities are all under one roof in San Diego. This is your chance to flourish!

Early Registration ends March 27. Register now at www.aota.org/conference to $ave!
What you do.

And why.

Is there a gap in your overall health coverage?

Rising dental costs can take a bite out of your family budget. Making matters worse, many employers are cutting dental benefits during these turbulent economic times, which could result in a costly gap in your family’s health coverage. Fortunately, as a valued AOTA member, you and your family are guaranteed acceptance in the AOTA Group Enhanced Dental Insurance Plan that can help insulate your family against skyrocketing dental bills.

Highlights include:

- Benefits for preventive care, emergency care, orthodontics for dependent children and more
- See the dentist you want — with no “network” restrictions
- Exclusive group rates help to keep premium costs down

Each day the work you do helps shape a future worth smiling about. This dental insurance plan is just one way the AOTA Group Insurance Program helps shape the future of the ones you love.

For information on plan features, costs, eligibility, renewability, limitations and exclusions, call toll-free 1-800-503-9230 or visit www.aotainsurance.com.

Group Enhanced Dental Insurance Plan

This program is administered by Marsh U.S. Consumer, a service of Seabury & Smith, Inc.
AR Ins. Lic. #245544 • CA Ins. Lic. #0633005 • d/b/a in CA Seabury & Smith Insurance Program Management
The Group Enhanced Dental Insurance Plan is underwritten by The United States Life Insurance Company in the City of New York. Coverage may vary or may not be available in all states.