

2024

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Recommended Citation

Chabot, M. C., Frye, S. K., Lynn, N., Meyer, K., Lockhart-Keene, L., Navarro-Walker, L., Persia, S., Watcher-Schutz, W., Wegner, K., Gorenberg, M., & Goodman, C. (2024). Occupational Therapy Practitioners' Expectations of Entry-Level Doctorate Versus Master's Graduates. *Journal of Occupational Therapy Education*, 8 (3). Retrieved from <https://encompass.eku.edu/jote/vol8/iss3/12>

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Abstract

The dual-entry nature of occupational therapy has been a point of discussion for many years with explorations into the profession's support for the different degree programs and definitions of entry-level practice being the primary foci in the literature. There has been no comparison of the expectations of occupational therapy educators and practitioners of entry-level doctorate and master's students upon graduation despite differences in curricula and emphasis on advanced skills. This study utilized a descriptive quantitative survey to ask current educators and practitioners (n=124) to indicate their level of expectations of the two types of graduates for sixteen different clinical and professional skills and the level of expected mentorship upon graduation. Practitioners held the two groups of new graduates to the same expectations in all categories and anticipated they would need the same level of mentorship upon graduation. Despite equal expectations in all categories, there were six categories where at least 30% of participants indicated they held higher expectations of entry-level doctorate new graduates. These categories aligned with the doctoral capstone areas of foci. These results can set the foundation for further studies examining the congruence between expectations and new graduate readiness for the field and inform current curricula to prepare students to meet the professional expectations of their supervisors and colleagues.

Keywords

Occupational therapy, entry-level education, clinical expectations, new graduates

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Occupational Therapy Practitioners' Expectations of Entry-Level Doctorate Versus Master Level Graduates

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ABSTRACT

The dual-entry nature of occupational therapy has been a point of discussion for many years with explorations into the profession's support for the different degree programs and definitions of entry-level practice being the primary foci in the literature. There has been no comparison of the expectations of occupational therapy educators and practitioners of entry-level doctorate and master's students upon graduation despite differences in curricula and emphasis on advanced skills. This study utilized a descriptive quantitative survey to ask current educators and practitioners (n=124) to indicate their level of expectations of the two types of graduates for sixteen different clinical and professional skills and the level of expected mentorship upon graduation. Practitioners held the two groups of new graduates to the same expectations in all categories and anticipated they would need the same level of mentorship upon graduation. Despite equal expectations in all categories, there were six categories where at least 30% of participants indicated they held higher expectations of entry-level doctorate new graduates. These categories aligned with the doctoral capstone areas of foci. These results can set the foundation for further studies examining the congruence between expectations and new graduate readiness for the field and inform current curricula to prepare students to meet the professional expectations of their supervisors and colleagues.

Introduction

Occupational therapy educators, practitioners, and accreditors have been debating the need for occupational therapy to move from an entry-level master's (OTM) to an entry-level doctorate (e-OTD) as early as 1998 (Hilton, 2005). In 2018, it was mandated that the profession must move to an e-OTD by 2027, however this was overturned in 2019 with the decision to maintain a dual entry option for the profession (Lucas Molitor & Nissen, 2018). Those in support of the e-OTD requirement felt that doctorally-trained practitioners would have greater knowledge and clinical skills. It was also felt they would have a better ability to apply knowledge in nontraditional settings, work with clients of higher complexity, demonstrate greater autonomy in the clinic, and be more adaptable to technological and scientific advancements in the profession (Brown et al., 2015; Brudvig & Colbeck, 2007; Leslie et al., 2011; Lucas Molitor & Nissen, 2018). Supporters also hoped the move would increase the number of practitioners eligible to be faculty, the profession's accountability to the public, the quality of clinical care and leadership, and the amount of research produced supporting occupational therapy interventions (Brown et al., 2015; Hilton, 2005; Lemez & Jimenez, 2022; Lucas Molitor & Nissen, 2018).

Research has been published that examines support within the profession for the e-OTD, perceptions of the different degree options, student professional behaviors, and definitions of entry-level practice (Brown et al., 2015; Lemez & Jimenez, 2022; Mason & Mathieson, 2018; McCombie & Antanavage, 2017; Smith, 2007). There has been no peer-reviewed study that examines potential differences of expectations that educators and practitioners have of new graduates from the two different degree levels despite anecdotal information to the contrary. A quantitative survey of occupational therapy educators and practitioners was conducted to explore differences in expectations regarding the clinical and professional skills of OTM and e-OTD practitioners.

Literature Review

Occupational therapy education has changed greatly since its conception from 10-week programs in 1918 to the dual entry option available today (Lucas Molitor & Nissen, 2018). The number of e-OTD programs has exploded from 15 in 2015 to 95 accredited programs and 92 programs in varying stages of reaching accreditation across the United States in 2023 (Accreditation Council for Occupational Therapy Education [ACOTE], 2023). This is the result of the development of new programs or transitions from OTM programs to an entry-level OTD despite the reversal of the entry-level OTD mandate in 2019 (ACOTE, 2023; Brown et al., 2015; Lucas Molitor & Nissen, 2018). Original discussions around any form of occupational therapy doctorate degree centered around the expectation that these practitioners would eventually become occupational therapy faculty, while also increasing occupational therapy research, general accountability of the profession to the public, clinician expertise in healthcare policy, and leadership skills (Brown et al., 2015; Hilton, 2005; Smith, 2007). The initial push for the e-OTD was with the hope that this level of education would instill values of education, lifelong learning, respect for diversity, and civic engagement (Fisher & Crabtree, 2009).

Program directors of e-OTD programs hope their graduates will have increased clinical, leadership, and research skills compared to other degree levels within occupational therapy (Ruppert, 2017). To meet this goal, many e-OTD programs focus on advanced clinical practice, leadership, interdisciplinary work, and professional dissemination of information (Leslie et al., 2011). Practitioners, when asked about courses that should be in e-OTD programs, indicated that students should learn about insurance, business management and administration, managed care, communication, research, and advanced specialty skills (Smith, 2007). However, it is not clear in the current literature if these hopes and curricular objectives have been realized and to what extent e-OTD graduates are expected to demonstrate advanced knowledge in the aforementioned topics at an early point in their careers by fellow practitioners. There is also no literature that examines any differences expected in knowledge of insurance, management, administration, managed care, communication, research, or advanced specialty areas for an e-OTD degree holding practitioner compared to a practitioner holding an OTM degree by either educators or current practitioners.

These expectations have been reflected within the educational standards and doctoral capstone areas of focus as set forth by the accrediting body for occupational therapy education programs (ACOTE, 2020). Those pursuing e-OTDs are anticipated to possess advanced proficiency in at least one specialized area, which could include clinical practice, research, administration, leadership, program and policy development, advocacy, education, or theory advancement (ACOTE, 2020). In addition to the inclusion of the D standards to guide doctoral capstone projects, B.4.7, B.4.9, and B.5.3 of the 2023 standards contain slight differences in verbiage that support advanced skills for the e-OTD degree in the areas of grant obtainment, supervision of staff, and use of quantitative and qualitative research methods (ACOTE, 2024). The other standards governing occupational therapy education, regardless of degree program, remain the same in the updated standards.

The foundational clinical skills of an entry-level practitioner remain consistent with the standards set by the profession. All new occupational therapy graduates are expected to demonstrate client-centered care and communication, clinical and documentation skills, knowledge of reimbursement, professional confidence, interprofessional teamwork skills, and respect for the profession and workplace (Mason & Mathieson, 2018; McCombie & Antanavage, 2017). In general, occupational therapy practitioners feel an e-OTD is not necessarily required for clinical practice as skills developed through years of experience are more valued (Lucas Molitor & Nissen, 2018; Smith, 2007). Despite this, another study noted an expectation of greater depth and knowledge of skills along with the ability to apply these skills to nontraditional settings from e-OTD graduates (Brown et al., 2015). There is no evidence to indicate that the actual skills of the two groups of occupational therapists are any different from each other, though one study found that in the early years of the degree offering, e-OTD graduates were more likely to be in management positions within one year of graduation (Lemez & Jimenez, 2022; Mu et al., 2006).

Most available literature focuses on support from the profession for the e-OTD, perceptions of the different degree options from an educational standpoint, student professional behaviors for either degree option, and defining entry-level practice in order to better understand the curricular foci for e-OTD programs to meet the needs of the profession (Brown et al., 2015; Lemez & Jimenez, 2022; Mason & Mathieson, 2018; McCombie & Antanavage, 2017; Smith, 2007). These articles focus on either the opinions of practitioners regarding the different didactic programs or the quality of professional skills of all current students on fieldwork, without a comparison by their program's degree level. A doctoral dissertation compared the perceptions of clinical skills between graduates of the two degrees by supervisors, finding no difference in their clinical, professional, advocacy, or managerial skills (Muir, 2016). There have been no peer-reviewed articles capturing a comparison of actual knowledge and skills between practitioners holding either of the two entry-level occupational therapy degree options. Perceptions in the field may have also changed since 2016 with the increase in programs and refinement of curricula over time, therefore requiring an inquiry that captures contemporary curricula and professional perceptions.

New graduates may be unaware of the implicit or undisclosed expectations associated with their academic training. These unspoken expectations could influence the criteria by which new graduates are evaluated in their initial clinical positions. A comparison of this sort also has not occurred in other professions who have undergone the same transition or are considering it, such as physical therapy and physician assistant (Brudvig & Colbeck, 2007; Jette et al., 2007; Johanson, 2005; Jones, 2009; Miller & Coplan, 2017). This study will address this gap by exploring the difference in expectations of e-OTD students compared to OTM students from the viewpoints of faculty in academic programs and current practitioners, including fieldwork educators, so that academic programs may prepare graduates appropriately for the reality of the clinical world.

Methods

This study used a single survey research design through an anonymous researcher-developed quantitative survey in Qualtrics. Institutional Review Board approval was sought and obtained by the home institution of the researchers. All participants provided informed consent in the first question of the survey in order to participate, which identified the degrees being compared to be “entry-level master’s and entry-level doctorate degree trained clinicians” in that phrasing. The survey referred to all Master of Occupational Therapy programs as MSOT and the entry-level Doctorate degree as OTD.

The survey collected demographic information on the participants, including practitioner type, practice setting, highest obtained degree, student supervision experience (i.e. fieldwork and/or capstone), gender identity, race, and ethnicity. Then, participants were asked to rank 16 different items related to clinical and professional expectations on a three-item ranking system labeled as higher expectation for entry-level master’s-trained practitioners; higher expectation for entry-level doctoral-trained practitioners; and equal expectations. The term “higher expectation” was chosen over other phrases that would

more specifically examine preparation or education in reflection of the word choice used by colleagues in the field. This study did not aim to gather specifics in perception of preparedness and skill but a general barometer to which new graduates were being held. In this case, “higher expectation” was individually defined by the participants to reflect their own comparisons between the different types of new graduates versus defined by the authors.

An additional item asked for a ranking regarding the amount of mentorship expected of an e-OTD graduate compared to an OTM graduate to becoming independent in practice. Content for the survey questions was derived from information in the *2018 ACOTE Standards and Interpretative Guide*, the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.), and the *American Occupational Therapy Association (AOTA) Fieldwork Performance Evaluation* (ACOTE, 2020; AOTA, 2020a; AOTA, 2020b). Content validity was established by having the survey reviewed by seven occupational therapists with experience in pediatrics, adults, geriatrics, and academia. Table 1 on the next page displays the survey in more detail.

Recruitment and Data Collection

In order to participate, potential participants were required to be occupational therapy practitioners who lived in the United States with active licenses to practice. Participants were recruited through convenience and purposive sampling by targeting occupational therapy educators and practitioners through professional forums, conferences, and social media (Ott & Longnecker, 2015). The survey was shared nationally through the AOTA professional community forum (CommunOT), AOTA INSPIRE 2023 national conference, professional email listservs, and professional occupational therapy practitioner social media groups on Facebook, Instagram, and LinkedIn. The digital recruitment flyer contained an embedded QR (Quick Response) code that linked directly to the informed consent and the survey for completion. At INSPIRE 2023, researchers displayed a poster in the exhibit hall and distributed business cards with the embedded QR code at different networking events. The survey was open for two months to allow adequate time for data collection.

Data Analysis

Frequency and percentages were calculated in Microsoft Excel to summarize, tabulate, and compare responses in the different categories. Frequency calculations allow for easy identification of areas of high or low concentrations in responses to better identify the entry-level degree associated with certain levels of expectations (Ott & Longnecker, 2015). Percentages allowed for comparisons between items given the differences in response size between several items. Correlations and tests for statistical significance between demographic characteristics and responses to level of expectations were unable to be run due to an inability to create meaningful groups based on demographic information which would make the correlations difficult to interpret and inaccurate to generalize (Ott & Longnecker, 2015).

Table 1

Quantitative Survey

Please select the response that best describes your expectations of entry-level practitioners with their OTD versus MSOT.

	Higher Expectation for MSOT	Equal Expectations	Higher Expectation for OTD
Evaluation Skills			
Intervention Skills			
Documentation Skills			
Use of Outcome Measures/Standardized Assessments			
Evidence-Based Practice/Knowledge Translation Skills			
Adherence to AOTA Code of Ethics			
Adherence to Safety Regulations			
Articulation of an OT “Elevator Speech”			
Ability to practice in a specialty practice setting			
Ability to practice in a non-traditional practice setting			
Ability to use rehabilitation technology (such as robotics) in practice			
Communication with Clients/Client Education Skills			

Interprofessional Teamwork			
Leadership Skills			
Professional Skills (time management, communication with clients, adherence to policies, etc.)			
Interest in professional development (certifications, conferences, publications)			

Do you expect a new OTD graduate to require more or less mentorship/supervision to reach independence in practice when compared to a MSOT graduate?

- OTD will require more mentorship than MSOT
- OTD will require equal mentorship to MSOT
- OTD will require less mentorship than MS

Results

One hundred and twenty-four occupational therapy practitioners completed the survey across a range of practice settings, years of experience, years of experience with student supervision, and level of degree obtainment. The majority of participants identified as female (90%) and white (90%) of non-Hispanic origin (91%). Most of the sample (94%) held a license as an occupational therapist versus occupational therapy assistant. Table 2 describes the participant demographics in more detail.

Table 2

Participant Demographics

Characteristic	Percentage (count)
Years of Practice	
<2 years	6% (8)
2-5 years	10% (13)
6-10 years	10% (12)
11-15 years	16% (20)
16-20 years	6% (7)
21 or more years	51% (63)
No response	1% (1)
Degree Type	
Associate	2% (2)
Bachelor's	12% (15)
Master's	42% (52)
Entry-level OTD	9% (10)
Post-professional OTD	27% (33)
Research Doctorate	9% (11)
No response	1% (1)
Practice Setting	
Acute Care (adults or peds)	15% (19)
Skilled Nursing	6% (8)
Inpatient Rehabilitation (adults or peds)	4% (5)
Outpatient (adults or peds)	20% (25)
Home Health	6% (8)
School-based	16% (20)
Early Intervention	1% (1)
Mental Health	2% (2)
Community-based	2% (3)
Academia	23% (28)
Other	3% (4)
No response: 1% (1)	
Supervision Experience	
Level I	77% (95)
MSOT Level II	78% (97)
e-OTD Level II	45% (56)
e-OTD Capstone	27% (34)

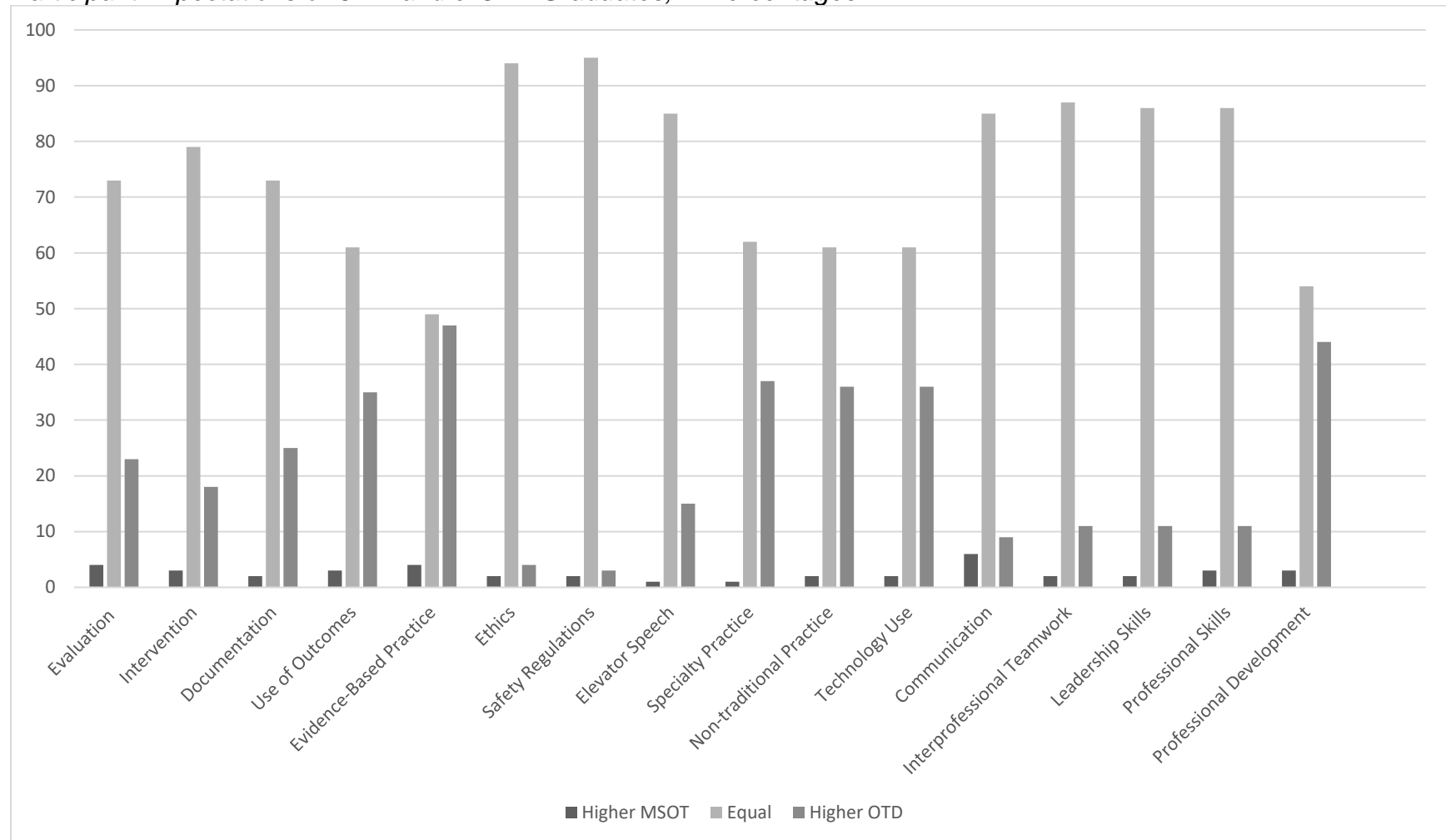
Note. n=124. Count in parentheses. Percentages rounded to nearest whole number. Use of MSOT reflects terminology used in survey.

Of note, 51% of the participants had over 21 years of experience as a practitioner. Furthermore, the sample had higher levels of supervisory experience with OTM Level II fieldwork students versus e-OTD Level II fieldwork students (78% OTM vs. 45% e-OTD). Representation from all areas of practice can be found within the sample to varying levels, but with no clear majority. Finally, 45% of participants had some form of doctorate degree, be it entry-level, post-professional, or research-based.

In all the sixteen categories, the majority of participants had equal expectations of OTM and e-OTD new graduates. However, there were six categories where at least 30% of participants indicated higher expectations of e-OTD new graduates, but with a clear continued equal level of expectations by most participants. The categories where this occurred were “use of outcome measures/standardized assessments”; “ability to practice in a specialty practice area”; “ability to practice in a non-traditional practice setting”; “ability to use rehabilitation technology (such as robotics) in practice”; “evidence-based practice/knowledge translation skills”; and “interest in professional development.” Responses were similar between higher expectations for e-OTD graduates and equal expectations for both e-OTD and OTM graduates for “evidence-based practice/knowledge translation skills.” No category indicated more expectations of OTM graduates. Figure 1 shows survey results in more detail.

In response to the final question regarding the amount of mentorship an e-OTD graduate would require compared to an OTM graduate, the vast majority of participants reported their perception that both groups would require equal mentorship (80%, n=99). Some participants (12%, n=15) felt that e-OTD graduates would require less mentorship than OTM graduates while others (8%, n=10) thought that e-OTD will require more mentorship.

Figure 1
Participant Expectations of OTM and e-OTD Graduates, in Percentages



Note. n=121 per item except for Interprofessional Teamwork, Leadership Skills, Professional Skills, and Professional Development (n=118). Difference in n per item compared to total sample due to ability to skip questions if desired.

Discussion

This study explored an important and timely topic amid the ongoing debates and transitions within occupational therapy education. The results presented here aim to enrich this conversation by providing valuable insights into occupational therapy educators' and practitioners' expectations of new graduates from either OTM or e-OTD programs. This has the potential to play a pivotal role in shaping conversations around curricula and instructional methodologies in e-OTD programs and provide additional evidence into the continued debate regarding the two types of occupational therapy academic programs.

In general, the results indicate that the vast majority of educators and practitioners held new graduates of either type of degree program to the same expectations around evaluation, intervention, communication, documentation, knowledge of reimbursement, professional skills, and interprofessional teamwork. These skills are established to be important for any occupational therapy practitioner to demonstrate in practice (Mason & Mathieson, 2018; McCombie & Antanavage, 2017; Muir, 2016). This aligns with the findings of Lucas Molitor and Nissen (2018) and Smith (2007) where practitioners indicated years of experience being more integral to skill development versus academic preparation. The fact that expectations were equal for both groups of new graduates most likely comes from observations of new graduates by educators and practitioners. This matches the lack of evidence that either group has different skills than the other (Lemez & Jimenez, 2022).

However, there were six categories where at least 30% of participants indicated they held higher expectations for e-OTD graduates compared to OTM graduates, specifically in the categories of use of assessments, abilities to practice in specialty practice areas or non-traditional practice settings, and ability to use rehabilitation technology in practice along with the use of evidence-based practice and interest in professional development. These categories correspond to some of the curricular foci highlighted in both Leslie et al. (2011) and Smith (2007) as practitioner-identified areas of content to include in e-OTD programs. These findings suggest expectations for e-OTD graduates may align with program directors' goals that their graduates will possess advanced clinical, leadership, and research skills compared to master's level graduates (Ruppert, 2017). Additionally, these categories align with ACOTE's areas of foci for the occupational therapy doctorate capstone: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2020). The presence of the capstone project may contribute to nearly equal division in responses for the evidence-based practice category and the slightly higher expectations for e-OTD graduates to have a higher interest in professional development activities. This could support the continued curricular development in these threads as, over time with continued curricular refinement, there may be a continued increase in expectations of e-OTD graduates over OTM graduates in these areas.

Interest in professional development is pertinent to any new graduate, but it is one of the categories with slightly higher responses for higher level of expectations from e-OTD students. This is interesting considering the desire of employers to have practitioners with strong professional skills and interest in continued skill development, regardless of the degree being held (Mason & Mathieson, 2018). However, results of this study should not be used to reflect the actual skills or interests of the two types of new graduates. This study simply provides information on the fact that approximately a third of participants held e-OTD graduates to a higher standard in this area.

Interestingly, the lack of higher expectations for e-OTD graduates in leadership skills refutes the findings of Mu et al. (2006) where, at the time, e-OTD graduates were more likely to be in managerial positions one year post graduation compared to OTM graduates. Administration continues to be a capstone area of focus (ACOTE, 2020). It is unknown whether this is a result of the viewpoints of this particular sample or indicative of the continuously changing and dynamic nature of occupational therapy practice, different e-OTD programs' preferred foci, practitioner emphasis on years of experience for administrative positions, or some other reason.

Finally, this study also addresses an important question related to mentorship and supervision. The findings indicate that most participants believe that OTM and e-OTD graduates would require equal amounts of mentorship when entering clinical practice. This continues to support the importance of years of experience in skill development (Lucas Molitor & Nissen, 2018; Smith, 2007). The need for mentorship is another area where about a third of participants do expect that e-OTD graduates need less mentorship upon entry into the field. Others anticipated that e-OTD graduates might need extra mentorship, possibly because the identified areas of need were advanced practice domains. However, the rationale behind this viewpoint remains unexplored. The autonomy examined was in the context of practicing without desiring support from a more experienced clinician, not from physician oversight. The ability to be more autonomous as a profession from physician oversight was a key point in the transition to entry-level doctorate programs in physical therapy, though was never a point of discussion in the debate for the e-OTD (Brudvig & Colbeck, 2007; Lucas Molitor & Nissen, 2018).

Limitations

Due to the characteristics of the sample, correlations and tests for statistical significance between expectations and demographic characteristics, such as years in practice, type of clinician, highest obtained degree, and area of practice, were unable to be run. It is also not possible in the data set to determine the entry-level degree of someone who indicated a post-professional or research doctorate. The possibility exists that different group characteristics may influence their expectations of new graduates with the different entry-level degrees. Additionally, regional trends and the impact of someone's entry-level degree could impact responses to this inquiry. Also related to participant demographics' influence on the results was the small percentage of e-OTD Level II fieldwork supervision and an even smaller percentage of doctoral capstone mentorship

which could mean that participants have had little to no exposure to an e-OTD student, and their educational background, skills, and abilities. It is possible that with increased exposure to these students the results may be different.

The lack of a summary score or creation of domains within the survey design also meant that tests for statistical significance were unable to be run. The sample of this study was small considering the locations of recruitment, which had potential for a much larger sample. The sample size impacts the statistical analysis able to be run and the generalizability of the results as a larger sample may provide a different viewpoint. Application of results to the entire population of occupational therapy practitioners should be done with caution due to the small sample size and lack of diversity in the sample.

In addition to the lack of summary score and domain creation in the survey design, the survey wording did not acknowledge the different types of master's degrees present in occupational therapy, such as the Master's of Arts (MAOT), Master's of Occupational Therapy (MOT) and Master's of Science (MSOT). It also did not differentiate between post-professional and entry-level doctorate degrees specifically by name. While the degrees were fully spelled out in the informed consent, it is possible that someone responded based on the terminology present in the survey itself. The researchers' past experiences in occupational therapy assistant, MSOT, and e-OTD programs and their current positions within an e-OTD program led to this accidental omission. It is possible that participants may have responded specifically to a MSOT degree rather than all master's level occupational therapy degrees as was the intention of the researchers.

Also, new graduates are expected to be able to practice independently once they pass their board examinations and obtain their licenses. The survey does not define the meaning of mentorship to differentiate between the standard of all licensed professionals to practice independently and the benefit of an experienced practitioner mentoring a new graduate. It is possible that participants may have considered the requirements of passing fieldworks, graduation, and licensure as they responded to that item on the survey or had a different definition of mentorship in mind due to the lack of definition provided in the survey itself.

Further explorations of related topics, such as a comparison between expectations versus actual performance and student perceptions of their skills between the two entry-level degrees, would contribute to a more comprehensive understanding of any professional differences between the two groups of new graduates.

Implications for Occupational Therapy Education

Given the pattern of responses with the majority of participants reporting the same expectations but with a marked increase in specific categories, this study suggests there may be greater expectations of e-OTD graduates in areas that align with ACOTE's capstone areas of focus (ACOTE, 2022). The increase in people indicating higher expectations for e-OTD graduates in categories that align with leadership, advocacy,

administration, research, education, advanced clinical practice, theory development, and policy/program development may indicate that practitioners understand the purpose and intent of the e-OTD degree compared to a OTM degree for clinical practice.

An examination of the 2018 ACOTE standards revealed very few differences between the standards for e-OTD and OTM programs in the domains the study identified and the capstone areas of focus, except for leadership, evidence-based practice and knowledge translation, and research. For the B standards related to foundational content, theoretical perspectives, basic tenants, and intervention content of service delivery (B.1.0 to B.5.5), there are no differences between the e-OTD and OTM degree (ACOTE, 2020). Standards B.5.6 through B.5.8, related to marketing, quality improvement, and supervision, differentiate the doctorate and master's requirements by explicitly identifying leadership as a skill for doctorly trained occupational therapists (ACOTE, 2020). In standards related to scholarship, ACOTE (2020) differentiates between the two entry points by requiring doctorly trained students to perform higher on Bloom's taxonomy. Scholarship is defined by ACOTE (2020) as promotion of science and scholarly endeavors that serve to describe and interpret the scope of the profession, build research capacity, establish new knowledge, and interpret and apply this knowledge to practice. This entails the ability to apply and create vs demonstrate and understand. The B.7 standards for professional ethics, values, and responsibilities are the same for e-OTD and OTM programs (ACOTE, 2020).

Interestingly, the standards related to advocacy and preparing occupational therapists for work in an academic setting are the same. The C standards, which relate to Level I and Level II fieldwork, are the same for both entry points to the profession, as is the fieldwork performance evaluation (ACOTE, 2020; AOTA, 2022). Additionally, the National Board for Certification in Occupational Therapy (NBCOT) exam for occupational therapists is the same for graduates of either entry point (NBCOT, 2024). Even though the participants identified higher expectations of e-OTD graduates for specialty and non-traditional areas of practice, use of outcome measures and standardized assessments, and use of rehabilitation technology, the standards do not support this expectation. In addition, the standards also do not support the higher expectation of what could be considered aspects of leadership, such as advocacy and preparing to work in academia. Given that many of the respondents may expect more of e-OTD students in these areas, e-OTD programs need to critically look at standards as they relate to these expectations to ensure that these areas, as well as the areas of focus for capstone, are addressed throughout the curriculum and not just as part of the capstone process. It is not clear at this point how the recent adoption of the 2023 ACOTE standards will affect these results and the differences between the two types of degrees.

Conclusion

As the debate continues over the need to move towards e-OTD education, continued exploration into clinical and professional skills of new graduates is paramount to meet both the needs of the profession and to prepare new graduates for practice. The conclusions of this study add to the conversation by capturing the expectations of clinical and professional skills held by occupational therapy educators and practitioners

when comparing OTM and e-OTD new graduates. The occupational therapy educators and practitioners hold both groups of new graduates to the same expectations in all categories and expect to provide the same level of mentorship, indicating no difference between the new graduates in the eyes of those who would be their future supervisors and colleagues. While respondents expressed equal expectations across all categories, in six of these categories, a greater number of participants held e-OTD graduates to higher expectations. This suggests that there may be areas where the curriculum could be refined to better meet these expectations and align with ACOTE standards. The results of this research could change over time as e-OTD programs continue to develop nationwide or within the context of a comparison of educators and practitioners' perceptions versus the actual performance of new graduates based on their degree program. Finally, in reflecting on occupational therapy education at a master's or doctorate level, the standards in place must meet the needs and demands of our changing healthcare landscape and ensure our students continue to meet the needs of an entry-level practitioner after graduation.

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