

This unedited transcript of a OccupationalTherapy.com webinar is provided in order to facilitate communication accessibility for the viewer and may not be a totally verbatim record of the proceedings. This transcript may contain errors. Copying or distributing this transcript without the express written consent of OccupationalTherapy.com is strictly prohibited. For any questions, please contact customerservice@OccupationalTherapy.com.

Transitioning to Academia:
From OTA Practitioner to OTA Professor
October 15, 2019

Presenter: Krysta Rives, MBA, COTA/L, CKTP
OccupationalTherapy.com Course #4469

- [Fawn] Today's course is Transitioning to Academia: From OTA Practitioner to OTA Professor, our presenter today is Krysta Rives. She's been an occupational therapy assistant since 2013, practicing primarily in Pennsylvania and New York. Through travel therapy opportunities she was able to hone her skill set in creating and implementing therapeutic interventions across the lifespan. She gained experience in both clinical and management roles before finding her passion in the practice area of academic education. She is now employed as a founding OTA program director and assistant professor. She serves at the national level on the AOTA Commission on Practice Committee, which works to promote, guide, and serve as a resource for the best practice standards in the profession. At the state level, she serves on the Pennsylvania Occupational Therapy Association as the OTA representative at large, working to identify and communicate the interests of OTA members to the board of directors and promote OTA member engagement. She spends a great deal of time volunteering at women and children's shelters and utilizing her OT skill set to educate OTA students on relationship abuse, trauma-informed care, and the clinician's role in recovery. She is the recipient of the 2019 OTA Award of Recognition by the Pennsylvania Occupational Therapy Association for her outreach. She also develops and presents continuing education courses for occupational therapy practitioners. Welcome, Krysta, so happy to have you back.

- [Krysta] Thank you so much. Thank you all for being here with me today. I really appreciate it, and I'm happy to be back here presenting on a topic that I hope you all find beneficial. I've been wanting to do something specific to OTA for a while now, and just kind of expand on the options that we have for continuing education that's geared towards the assistant level. So here it is. So I'm gonna start off by just telling you a little story about how I went from an OTA practitioner to an OTA professor and program director in less than six years. So becoming an OTA was really a major accomplishment for me, I'm a first generation college graduate, a minority, and a little bit of an underdog

in my story. So I dropped out of high school when I was a teenager to help my mom care for my six younger siblings, and I ended up getting a GED. And if it had not been for my community college's OTA program, I could've very easily been another statistic. I was also a teen mom, and I didn't have a lot of resources available to me. But I just fell in love with the profession like so many of you have as well.

And about a year after graduating the rural facility that I worked for went through a major census drop and I was out of options for work. I knew that being an OTA was not only something that I absolutely loved doing, but it was also my ticket to staying out of poverty and providing for my son as a single mom. I'd heard about travel therapy and so I made the leap. I sold just about everything I owned, and my son and I went on this journey together. And this is where my passion for education really took off, because traveling opened my eyes to all of the practice areas, including management and education, that an OTA can work in. So I went back to school, I earned my bachelor's degree in health care management, and I earned my MBA in health care management as well.

I started to get involved in education here at occupationaltherapy.com when I put on my first CEU. and let me tell you, I have come a long way from that presentation, but we all have to start someplace, right? But, you know, that presentation really gave me the push to focus my energy on becoming a teacher. I knew that I wanted to continue sharing information. I've always had a passion for research, and I love sharing things that I find out or things that I read with my colleagues. I'm also a certified kinesio tape practitioner, and so I used to make these kinesio taping videos for my OT and PT friends, just demonstrating how to tape for different conditions that they were interested in. I just love to teach, and I wanted to find a way to do it full-time. So, shortly after presenting I saw a faculty position open at the school that I graduated from, and I was like, hey, why not apply and just see what happens? I was really surprised and excited to move through the interview process and been offered the

position as a full-time faculty member in the OTA program that I had just been in a few years ago. And as wonderful as it was, this was only a temporary appointment, and after a year, I would've needed to move on. So I did, and I went on to teach at two more institutions before finding my current home as a founding program director at a new OT program.

But during this time I recognized the need for more OTA-level educators in this practice area. And so my intent behind this presentation is to spark interest from OTAs and provide sort of a how-to guide for those of you who are interested in giving back as formal educators. All right, let's run through these learning outcomes quickly. So after this presentation, you'll be able to identify the degree requirements for an OTA to work in an academic setting. You'll be able to distinguish between ACOTE standards A, B, and C with relevance to OTA programs. And you'll be able to identify a minimum of three ways to begin to transition from practitioner to professor through teaching, leadership, and advocacy. All right, so let's take a look at our accredited programs. Now, this information is taken directly from the most recent academic program's annual data report of 2017 through 2018.

These reports come out annually, and they can be a really great resource for you. So, last reported, there are 20 accredited OTD programs, 162 OT master's, and 215 OTA programs nationwide. So, as you can see, all levels are continuing to grow in order to meet the needs of the consumer. It is a misconception that all geographical areas are oversaturated. Now, certainly there are some, there's quite a few, but market research does show that there are areas such as California and Illinois with patients on waiting lists, specifically in home care and in rural area SNFs because there just aren't enough practitioners in those areas that are available to treat. So this isn't a subject that I'm gonna debate back and forth, but I definitely encourage you to investigate for yourselves and understand that OT is still a very much needed profession, and OTAs are still very valuable members of the team. More information was recently released,

actually just about a week ago, so this is the most up-to-date information I have on program development. Now, with changes to the entry level mandate that went through in April, there were programs that decided to retain their master's and associate level status. And this is really great news for OTAs without advanced degrees because it means that there are still opportunities to get in on education at the associate level. Now, I'm not sure if everyone is aware, but a new motion for the OTD mandate came out again, and there's a lot of conversation surrounding this topic. So hopefully you are an AOTA member and you can stay up to date and even be a part of the conversation to get your voices heard. No matter where you stand on the issue, your opinion does matter.

So as you can see here, there are nine applicant programs for bachelor's level OTA programs. And this information indicates that there will be a need for at least nine OTAs in these programs employed as core faculty. So there are certainly opportunities coming up. Program formats vary across the board, and more hybrid programs are on the rise, as we work to not only meet the diverse needs of our students but also we're beginning to understand that blended learning models, with a focus on immersive or simulated learning experiences increase a student's critical thinking skills.

There was a change from the 2011 standards to the new standards that allow programs to meet the requirements of level one field works through simulations. Now, this is a good thing in terms of finding a variety of ways to engage students and get them the experience they need, but, also, programs, especially in rural areas, were having a difficult time finding certain level one field work sites, especially in areas like mental health. With simulations, we can now bring people and clinicians into the classroom, who have unique skills and experiences to deliver content for students. For example, groups can be facilitated on campus, so professional medical actors can be brought in to simulate different medical conditions and things like that. So it opens up the door for us as educators to be more creative and flexible with our classroom time.

Blended models also allow for a more diverse student population, which is something I hope we can all agree that the profession needs very much. With blended models, we can recruit students from further away because they're not driving to campus everyday for class. Didactic work can be done online, and we can use more of a, like a flipped classroom model to jump right in and really spend a lot of in-person time doing skills. In 2018, AJOT published an article titled The Impact of Online Video Cases on Clinical Reasoning in Occupational Therapy Education: A Quantitative Analysis.

The study utilized a control group and an intervention group to compare the effects of using video cases a clinical reasoning activity compared with text-based cases and a clinical reasoning activity. So students would either watch the video cases and then come together as a group and be guided through a rich discussion, or they would receive the same information via text and then also be guided through a discussion. And the study's really interesting and it lends support to one of the resources that a lot of OT and OTA programs already use to supplement content delivery. And the findings of this qualitative study support the use of video cases, specifically the ICE Learning Center videos created by Jan Davis to improve a student's clinical reasoning skills through observation. Students who watch the videos and then participate in the discussion demonstrated through pre-test and post-test scores that their ability to clinically reason really did improve.

So here is the latest data on racial diversity amongst our programs when it comes to students. I can tell you that I was the only black student in my graduating class of 18, and over the course of my teaching career so far, I've taught less than five. So if this is our student population, I want you to consider for a moment with this data that we see, what our qualified faculty population looks like in terms of diversity. There are a few things we can be doing already, which include incorporating resources developed by diverse clinicians and bringing in guest speakers. So if you're already an educator, I encourage you to take a look at this resources and text that you're using and try to

identify the different backgrounds and perspectives of the authors that you're using, and then make some changes if you need to. At AOTA Hill Day this past September, one of the acts that we lobbied for was the Allied Health Workforce Act. And this would allow for funding in higher education programs to increase enrollment of underrepresented student populations. Right now, our senior legislative representative is collecting personal stories from OT practitioners who are minorities to further support this act.

The Allied Health Workforce Act could create a lot of opportunities for our profession and support the 2025 vision of AOTA. And so that vision states, in part, that as an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living. So we want to contribute to that as much as possible. Now there are certainly efforts being made already, COTAD, the Coalition of Occupational Therapy Advocates for Diversity is one organization that I would definitely put a plug in for joining. Their organization and website now offers COTAD ED, COTAD ed, which is aimed at enhancing skills, knowledge, and resources for OT and OT educators on issues related to diversity and inclusion. This could be a place to look for different resources when considering content delivery.

COTAD also has a minority mentorship program which matches students and practitioners from underrepresented backgrounds. So as a teacher, knowing about these opportunities gives you insight to how you can support your students, even if that means connecting them with someone else who may be more uniquely qualified to help them through their education or their new grad journey. If you're already an educator, there are some chapter opportunities for campuses that you can also look into. We also need diversity in gender, nearly 90% of practitioners across the board are females, which I suppose is no surprise, you know, it's been this way for a long time. Now, this table represents the student population from doctoral through associate level

programs, indicating that our largest male population sits within our OTA programs. This information is a really great starting point for where to direct our effort with gender-specific student retention efforts, and it also gives us an idea of how many OT and OTA male practitioners we can be expecting to enter the field within the next couple of years. Oh, too many. All right, so this summer, for an assignment in my EdD program, I created a survey aimed at our brOTs, to gather some valuable information from their unique perspective. I used social media as my platform and collected 16 usable responses, so far, to nine open-ended questions from both OTs and OTAs. And I lovingly called it brOTs matter.

The average years of practice for our participants was 11 years. Participants worked across several states, with California being the most popular. Most of the participants stated that they had a personal connection which brought them to choose a career in OT, just like a lot of us, whether that be a family member receiving services or a friend who told them about the profession, which is the, you know, that's the typical story. And one participant actually stated that they were assigned to OT in the military, which I thought was really interesting. But the number one challenge noted to being a male OT practitioner was ADLs.

The participants described having difficulty completing ADLs with female patients due to the patient and at times the OT practitioner's comfort level. As the teacher, I can take this information and put more focus on making sure our male students have the ability to be confident and make their patients feel at ease when completing ADLs. Also, it's important to teach them how to do mock ADLs, so things like dressing over the clothes or using a theraband tied up in a circle to simulate putting pants on. That way they can still do their job and not feel like they need a female OT practitioner to switch patients with. The second and most popular response was how male OT practitioners feel they were often called upon to take on some of the more difficult patients, the obese patients, and they were heavily utilized for job duties that required

more muscle, like helping to move equipment around. We have to be mindful of how we're using our male practitioners and our students and ensure that they're valued for their skill set and not just their muscle. And this starts in the classroom, and it should be monitored during fieldwork. So fieldwork educators should take note to be observant of this throughout the program. These are a couple of comments from the survey that really stood out to me and made me think about ways I can be more conscientious of my male students. And if you're in a management position, then these comments may be of interest to you as well. And the first states, I wish OT schools and organizations made genuine efforts to acknowledge, draw attention, and educate about OT gender inequality and empower male OTs the way our society attempts to empower females.

So I think that we can certainly do something here at the SOTA club level with ease. And perhaps even look into more scholarship opportunities or advocate for more opportunities for our male students, and maybe we don't do it consciously, but letting our guys take the lead or encouraging them to take the lead on group projects. If we have a few males in the program, why not let them group up together? I've seen instructors often break up the guys and have them kinda branch out, so to speak, but what does that really say?

That they're better utilized by being spread out? No, I love the spin that guys put on developing a craft or a cooking group for elderly ladies, they have some really great ideas and it's important to let them work through those ideas and problem solve to develop treatment sessions. The second one reads, I feel I can still be taken for granted that I require time off for family when it's given to female OTs. And this one really made sense to me, and I can see how this could happen. We have to recognize that men have kids too, and spouses, and just personal things that come up that they need to take care of. So time off is a big one that we can start to address right now. All right, let's talk about vacancies. Take a look at our openings in the OT associate-level

programs. There are vacant positions all over the place. Faculty is needed, so why not you? I'm sure that many of you are sitting here listening and you've had the itch to be an educator for a while, but you have doubts, and I can tell you that it's not easy and you will have days where you completely bomb in the classroom. But if you have a passion for the profession and respect for students, then the rest can be learned as you go. We all started somewhere, right? So take a second and just think back to your first day on the job, or your first few months even. How well did that go? Now think about where you are today. Education is a practice area just like any other, you have to start at day one, everybody does. But you get better with time, if you're humble. So now I'll jump into some helpful information, a mini crash course on what you need to know in order to begin your journey to become an educator, that's what you're here for. So if you've got a pen and paper handy, I'd suggest taking a few notes as we move through the rest of the presentation.

And if you have questions that pop up in your head, type them in or jot them down and we'll have plenty of time at the end where I can hopefully give you some answers or at least a few good resources. Many of us are familiar with the acronyms of different organizations out there. But what do they mean and what do they do? The first, ACOTE, is the Accreditation Council for Occupational Therapy Education. This is our advisory council of AOTA. They are our accrediting agency. They oversee program development and maintenance.

They develop our standards and check on programs in good standing. They're also responsible for shutting down programs that fail to be in compliance. ACOTE is also recognized and held accountable to the USDE, which is the United States Department of Education, and the CHEA, which is the Council for Higher Education Accreditation. So it's not necessarily up to ACOTE to regulate the number of programs we have, but rather to enforce accreditation standards and compliance. We can't really restrict people's right to education in any field, but we can get involved by serving on volunteer

committees for AOTA and ACOTE, such as the Commission on Education, or serving as a site visitor during the accreditation process. Next is AOTA, the American Occupational Therapy Association, which is our national professional association. And, as you know, this association started in 1917, and it works to represent clinicians and student members. Current AOT membership is approximately 60,000 members, which includes students. Now, I know we've all seen Facebook groups with more members than this, and we can do something about it by simply joining. AOTA educates the public and advances the profession by providing resources, setting our standards and serving as an advocate to improve health care. The ACOTE standards are what guide our curriculum development and ensure that we're consistently teaching the same thing to our students no matter what program they attend. I always share the standards with my students, I'm a transparent professor, and I want them to understand why I'm teaching them something and how I am held accountable as an educator.

I'm sure we all remember being in our programs as students, getting ridiculously complex, lengthy assignments and wondering why the heck we had to do it. Why did we have to learn to sew a walker bag or macrame a plant holder, right? Well, I found that attaching the standards to assignments and explaining them to students gave them a better understanding of the intent behind the task and how it was helping them become an OTA. Now, there are a lot of programs across the nation, but I think that no matter how many programs there are or how we choose to set the criteria for accepting students, at the end of the day, all students must demonstrate competency in certain areas and pass the national exam. And the standards ensure that we do that. The A Standards are the general requirements, the compliance stuff, what program setup needs to look like in terms of things like budgeting, faculty qualifications, policies and procedures, and this is where credentials and education come in, which we'll cover in just a bit. Program development takes years, takes resources and support not only from institutions but from practitioners as well. A program doesn't have the flexibility to just get started right away, there's a process that has to be followed and

the A Standards are kind of what gets the ball rolling. The B Standards are kind of like the meat and potatoes, so to speak, and this is where the curriculum content is dictated. So this is where programs have the opportunity to be creative and develop some differentiators. For example, using simulated cases, the development of level one field work affiliations, the schedule of the program, and even the organization of the content. Now, most programs go with kind of a compartmentalized format, so pediatrics, geriatrics, phys rehab, things like that, while others take a lifespan approach and develop overarching course titles which cover birth through old age in each of the classes, with more focus on disease and diagnosis.

The B Standards allow us to cover major content areas like theory, the OT process from start to finish, ethics, and service delivery and reimbursement, which we know is always changing. Leadership and management are two areas included in the B Standards that have become more developed standards over the years for OTA program. We recognize that OTAs function in roles outside of the traditional clinician's job. We are managers, we are educators, we're advocates, we're consultants, we're entrepreneurs, we're all of these great things. And OTA education is beginning to reflect that, and one of the ways that we can push forward with that change is to have more OTAs teaching and sharing their stories in the classroom.

We know now more than ever how important it is to be a dynamic COTA, to be resilient, and to understand that we are much more than a title, we are skilled professionals who can practice our function in a variety of traditional and non-traditional settings that education is rooted in the B Standards. The C Standards are fieldwork and have less to do with students and more to do with compliance. If you choose to become a fieldwork educator, the C Standards are what are gonna be your guide. This is wonderful area for those of you who enjoy things like networking, developing contracts, developing relationships, and possibly even exploring some international opportunities for your programs. For those of you who want to be clinical educators and take fieldwork

students, the C Standards are also very important for you to cover, things like what makes someone a qualified supervisor and how to evaluate the students who teach in the clinic. The MOUs, memorandum of understanding, these are the contracts that we set up with facilities, and these affiliations actually have to be set up well in advance of accepting students. There has to be a minimum of two sites per one student, and these sites must be willing to go on record that they'll take students even before they're accepted in the program. So, to recap and summarize, the A Standards tackle the program's general requirements, the B Standards are about content requirements, and the C Standards are fieldwork.

A new standard that has become a hot topic is A.2.2, and this, in my opinion, is wonderful. I firmly believe that every OTA program should have an OTA as one of their core faculty members, and ACOTE does too. This new standard is our opportunity to really take advantage of this practice area and become educators. In the past, there have been and still are programs operating under full control of occupational therapists. And while I love our OT teammates, there is a difference between an OT and an OTA and the training and education that we receive. OTAs are specialists in selecting and delivering interventions.

I'm gonna say that again, OTAs are specialists in selecting and delivering interventions. We spent a great deal of hands-on time with our patients and have developed our skill set over the years. The OT and OTA partnership should be modeled from the very beginning when students first enter into OT or OTA programs. Roles and responsibilities should not only be discussed in class but demonstrated throughout the program. This standard helps us to do that at the ground level, and, again, it facilitates the OT's entry into education a practice area. Another new standard is B.6.6, the need for OTA-level educators is so important, especially with programs growing that we now have a standard that requires us to prepare OT students for work in an academic setting. So, after some discussion with a couple of my mentors on, okay, how exactly

do I meet this standard, we concluded that the emphasis is really on principles of teaching and learning. And although pedagogy is something to be introduced, we are educators at heart. We educate our patients, we educate their families, we educate our departments and our legislators, we'll educate the lady in line at the grocery store if she'll listen to us, right? We all have that weird story, I'm sure. So it's only natural that we branch out and we add an academic setting component to our curriculum. When it comes to faculty, there are several rules that we can play in education that I'm gonna go over.

And they do come with requirements like any other practice area does. So we'll cover the rules and positions, the degree requirements, experience, continuing education, and ACOTE's definition of core faculty. There are several roles and positions available at technical schools, colleges, and universities. And one role that added and I don't have a cute picture up here for is lab assistant. So a lab assistant, this can be an associate level clinician who helps the lead instructor in the classroom. And this is a great learning opportunity to be hands-on with students, and often you're heavily utilized in the lab for skill teaching.

So if talking in front of the class doesn't really sound that appealing to you, that's okay, then this may be perfect for you because it allows you to be more one-on-one or work in small groups of students in the lab as a second observer and set of hands. Typically, people will break into the field as an adjunct professor, which is very similar to taking a PRN job in the field. So an adjunct you could teach as little as one course and one semester a year or one term a year, or you could be considered part-time or core faculty with a heavy teaching load and other responsibilities. And we'll discuss this in more detail in a bit because the term core faculty is really important for us. Next is an instructor or professor, and typically this is a full-time job. Most people will enter as an instructor, which is the lowest rank, and as you develop and acquire more education, more degrees, and spend more time in the area of practice, you move through the

ranks from assistant to associate and then to full professor if you like. Now, each institution has kind of their own ranking system, but they do try to stay similar within reason for transfer purposes. So if you leave one college as an associate professor, typically you can't expect to still hold that rank if you move to another college. You can also be a fieldwork educator. Most fieldwork educators or fieldwork coordinators in OTA programs also hold teaching responsibilities. However, about 50% or more of that time, of their time, is devoted to fieldwork responsibilities. You can be a program director, the program director oversees the operations of the program, and they can also hold a teaching load.

Okay, this is where I said we needed to discuss core faculty because it hits on that new standard which requires all programs to be in compliance with having an OTA on as core faculty. In order for a faculty member to be considered core faculty, they must hold at minimum responsibilities for curriculum design, student advisement, and a teaching load. Adjunct faculty may or may not be considered core faculty. So you can be a part-time adjunct and still be considered core faculty if your job responsibilities include the minimum requirements, which, again, are curriculum design, student advisement, and a teaching load. So if a faculty member does not hold all of these responsibilities, and often more, such as committee commitments, then they are not core faculty.

There was some debate on whether or not an OT who used to be an OTA could serve as core faculty for the OTA requirements. And that discussion really still hasn't been put to bed, but I attended a workshop on the standards updates over the summer, and it was my understanding that if an OT who used to be an OTA no longer practices as an OTA, then this requirement cannot be met this way and a new position would need to be opened up for an OTA core faculty, or they need to assign additional responsibilities to an already employed OT on faculty in order to meet the requirements. All right, so let's touch on these degree requirements. To be a lab

assistant or an adjunct, all you need is your associate's degree in OTA. You also need your certification for NBCOT, a license in good standing, and you need to be an AOTA member as well. But as far as the degree level, you can have your associate's. In associate level programs you need to have a bachelor's degree to teach as core faculty. So if you want that full-time position as core faculty, then a bachelor's degree is what you need.

And for OTA bachelor's programs, those new programs that are popping at, at least 50% of faculty need to have a master's degree. So, depending on who's already employed, programs may be looking for an OTA with a master's degree. So don't be too surprised if you see that requirement on a job posting. An OTA can have a bachelor's or a master's in just about any field, although it is helpful that the field is relevant to health care or your job responsibilities like health care management or regular management, something like that. And the academic fieldwork coordinator follows the same requirements as faculty, because they also have teaching responsibilities.

And the program director always needs a minimum of a master's degree, in addition to some other requirements which we'll cover in the next slides. The program director role can be held by an OT or an OTA in OTA programs. They need to have a minimum of five years of OTA or OT experience, whichever one is relevant. They need administrative experience, so any management skills will come in handy here, even if it was administrative skills outside of being a clinician, it's helpful. They need to have experience with OTAs, this means that you've worked closely with other OTAs in the field and you have a solid understanding of the roles and responsibilities of an OTA. You need scholarship experience, so that teaching and learning component, you know, what kinds of things have you done to contribute to scholarly work. And then you need two years of full-time experience as an educator at the post-secondary level. This, again, may or may not be OTA-specific, so maybe you were a college ANP teacher or

you taught medical terminology for five years before deciding to become a clinician. So all of these requirements are in place because not only does the program director oversee the administrative responsibilities of the program as well as teach, but they're also expected to serve as mentors for faculty. And so they need to be pretty well-rounded. The academic fieldwork coordinator position is a unique role that requires a lot of time outside of the program to be spent on developing relationships. Now, for this role you can be an OT or an OTA. You need two years of clinical experience. You need to have a license in good standing, be an AOTA member, have your certification. And this role is a heavy responsibility, it takes a unique person in my opinion.

So if you're someone who's really outgoing, you don't take no for an answer easily, you enjoy connecting with people and building relationships, then this is probably the perfect position for you. And I'm sure there's a couple of you in here. So, to recap quickly on faculty, you need to have the following: documented expertise in your areas of teaching responsibility, and knowledge of the content delivery method. So, for example, distance education. All full-time core faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a bachelor's degree. For bachelor's level OTA programs, at least 50% of full-time core faculty must hold a minimum of a master's degree.

And the program director is counted as a faculty member, and they already have a master's degree, so that does help with the ratio. But, for example, so if you have four faculty, then two of 'em need to hold a master's degree, at minimum. If there's five faculty, then at least three of 'em need to hold a master's degree to meet that 50% requirement. Now, new programs, or actually any program can request an exception if they're kind of in a bind. So, for example, if an OTA program hires someone with an associate's degree to be their core full-time faculty and that person is on track for completion of a bachelor's degree soon, so maybe they're almost done, they just need

to finish up that last semester of their program, then ACOTE will typically allow the faculty member time to complete that degree. The program will technically be out of compliance with the standards, and that's definitely something that needs to be reported, but the program has demonstrated that there is a plan in place to correct that noncompliance, and they do give you some time to do that. So if you're someone who's approaching degree completion, then teaching as core faculty is definitely still an option for you. All right, let's talk about continuing education. Continuing education is not that different for an educator, although it's common for us to go above and beyond. So to maintain our certification there's the requirement of 36 units of continuing education every three years, which we're already doing as practicing clinicians.

There is an opportunity to declare a specialty area of practice, which just means that you have experience and more CEUs within one practice area. I had enough CEUs in education to be granted the specialization in academic education, and I actually was audited this year and ended up with like over 80 CEUs and about 40 of them were education related, so I was good here. Side note, keep all of your CEU stuff in order because you never know. All right, so what you're here for. What can you do to prepare for the transition to academia? First, study the standards like you studied that practice framework.

You want to go into an interview with an understanding of what is expected in terms of curriculum, that'll really help you out. It also helps when you're creating assignments and fieldwork opportunities, and it allows you to speak from that language when answering interview questions. Take fieldwork students, hopefully you're already doing this if your company allows it, because it's a really great way to give back and contribute to the profession. This also gets you connected with OTA programs and people who will be conducting your interviews. And it keeps you on top of your game. Students have a wealth of knowledge, they have so much creative energy and ideas

that you can benefit from, and you also get CEUs, so that's a bonus. You can guest lecture or present, take the opportunity to guest lecture, especially if public speaking is something that's uncomfortable for you, just jump in and do it. Maybe start out by serving on a panel or doing a co-lecture with someone, but you've got to get those jitters out. And if you've done that, when openings come up, program directors are definitely gonna remember you. You can adjunct. So take an adjunct role in your practice area. This is a really great opportunity to kind of test the waters and follow a course from start to finish. You can perfect your teaching style, you can get feedback from your student evaluations so that you can grow and improve as an educator. You can create CEU courses like this one.

Present at our national conference or our state associations because we definitely need you, especially at the state level, I can tell you that. And then leadership development and advocacy. So start taking CEUs related to teaching and get involved in some different advocacy work. If you're going to teach, you must be a national member in good standing and be an active advocate, it'll give you the advantage that you need in the application process. You'll be asked questions about what's happening in the profession, and you want to have knowledge and be able to speak from something that's unique.

Community involvement is another great thing, so consider serving on the board or serving for an organization that you're already passionate about, especially if it can be considered as an emerging practice area, that's a really good connection to make. Okay, this is what I think is the fun part. So once you apply for a position and you make it through the interview process, a few things are gonna happen. First, you're gonna have a telephone interview, and this could be with the OTA program director or with human resources. Now, personally I don't like to get involved at this step because I believe that it's best practice to just let HR do their job here, it's not really my area of expertise. And OT, as you know, is a small community, and I don't want my personal

connections or biases interfering with who does and doesn't make it to the campus interview. So you may be meeting with HR over the phone first. Next, if you make it through the telephone interview, you will then be invited to campus. You'll have in-person interviews, maybe one, maybe two, and that's where you're gonna meet the OTA team. You'll probably meet the dean and then possibly a few students too, I know I like to invite students in and get their input on the teaching demo, which is the next step. Now, the teaching demo is just what it sounds like, you will have either pretend or real students, and you'll get about 15 to 20 minutes to teach.

Often you'll be given a topic and some different guidelines but you always want to stay evidence-based. I also recommend incorporating a few different teaching strategies like maybe using visual aids, doing some hands-on stuff, or using a teach-back component. Now, one of the mistakes people make here is thinking that they need to deliver a very fast, full session, you don't. So, for example, if you're asked to teach about how to write a SOAP note just pick one aspect of the note such as the subjective, the S, and teach on that. It keeps you on track with time and it allows you to complete a mini session from start to finish on a topic that obviously requires more than 20 minutes of content delivery.

Also, be prepared for something to go wrong, but know that it is all about how you handle it. I remember my very first teaching demo, I did it on transfers, and everything was going so well until I had some technical difficulties and my video wouldn't play. So I just went with it, you know, I pulled from the audience to do a demo on a live person and I was sure to say to my students that, hey, I'll link the video up in the learning management system, you guys can watch it later for homework, just let it flow and execute your plan. And I did get that job, by the way, so it worked out all right for me. All right, so you went through the interview process, and most likely, you won't hear anything for a long time, possibly months, that's just typical. You will overanalyze, you'll second guess yourself and wonder what you did wrong because you practiced that

teaching demo on your spouse and your kids and your dog, and you know it was good. Don't do that, it's just the process. Moving through the college red tape is slow. So now you get the call and you're excited and everything checks out. You negotiate and you get the offer, but now what, right? Well, this is go time. Now you've gotta hit the books because teaching from experience to prepare someone from the clinic is different than teaching someone from resources to prepare them to pass the exam. Find a good mentor or two, actually, find one within the college, and then find one outside of the college. You want to research different pedagogies, so maybe you're into team-based learning approaches or competency-based learning. You need to create a faculty development plan outlining your goals for the next year or so. And these goals may include quantitative things, so like you will take CEUs in pediatrics so you can teach peds.

Or it could be something like you want to become the SOTA club advisor in order to get to know students outside of the classroom. Remember that you're only the expert in the classroom, students come in with all kinds of backgrounds, especially at the associate level, because it's often a second career for them. So utilize the knowledge you have in the classroom. Your job is to build students up, not to break them down. So use what you have. Don't be afraid to make mistakes. If you're honest with students, they will be forgiving of you. I was truly blessed with my first class, and a few of them are actually now friends of mine.

And we just had so much fun learning together. They were learning how to become OTAs, and I was learning how to become an effective teacher. And it worked out well, 'cause I'm still here. All right, so now it's time to recap. Every decent teacher closes the loop at the end of class. And this is the summary of the key points from lecture, the big takeaways that learners need to know. So addressing the first objective, which is to identify the degree requirements for an OTA to work in an academic setting. The minimum degree requirement to work as an OT lab assistant or an adjunct instructor is

an associate's degree in OTA. You also need to be an AOTA member, hold a license in the state of program, and your NBCOT certification. To be an instructor or professor, you need a bachelor's degree. And if you're teaching in an OTA bachelor's program, then at least 50% of the faculty needs to have a master's degree. The second objective was to distinguish between ACOTE standards A, B, and C with relevance to OTA programs. So the difference between A, B, and C standards are the A Standards tackle the program's general requirements, the B Standards are about curriculum content requirements, and the C Standards are fieldwork. And finally, identify a minimum of three ways to begin the transition from practitioner to professor through teaching, leadership, and advocacy. So to begin the transition, you can do the following. You can study the standards, take fieldwork students, guest lecture or present or serve on a panel for a class.

Take an adjunct position. Create CEUs, and get involved in leadership and advocacy at your state and your national levels. So I hope that you found this presentation inspiring and informative, and I hope that you learned something new, and that the key takeaways answered some of your questions. If you have a passion for this profession, you've probably already thought about teaching. I say try it and see if it's right for you. And don't give up on your dream if you don't get the first job you apply to. My final piece of advice is in this funny chart about faculty meetings. So should I ask a question at a faculty meeting?

You can read this at your own leisure for a laugh. But thank you so much for your time and for your attention, I appreciate everything that you're already doing and you're already offering this profession, and I wish you long and happy careers. And so it looks like we've got a couple of minutes left, so I will take any questions that you may have. If questions pop up later, then you can contact me, I put my email address here, it's my personal email, at krysta, K-R-Y-S-T-A, 224@gmail.com. So I will just kinda hang out for a second, I guess I can chat some more, see if any questions pop up. Oh, another

tip that I have is look into creating an electronic portfolio. These are really nice to have in handy, especially if you're applying to positions that are outside of your state and you may not be able to meet with people in person, having an electronic portfolio is a really nice modern update to the binder ones that we used to have. I would also say be prepared to talk about your teaching philosophy. So you want to have a few key points that you can talk about there during your interview, so take some time to develop that before you go. All right, it looks like we are just over the hour, so thank you all again for joining me today. Feel free to contact me if you'd like, always open to questions.

- [Fawn] Thank you so much, Krysta, for a great talk today. I'm so glad that you gave everyone this great information. I felt like this was something that we needed in our library, and I hope members agree. So if anyone has any questions, feel free to reach to her. I hope everyone joins us again on continued and occupationaltherapy.com. Have a great day everyone.