

University Senate

Proposed: December 6, 2013

Adopted: December 6, 2013

Passed unanimously by 3/5 majority

**RESOLUTION TO APPROVE A CLINICAL DOCTORATE
IN OCCUPATIONAL THERAPY (P&S)**

WHEREAS, there is a need for clinicians in the field of occupational therapy with advanced clinical skills, the ability to apply theory to practice, and supervisory and leadership training, and

WHEREAS, the proposed program focuses on developing expertise in cognition and perception as they relate to specific occupational therapy practice areas, fostering strong clinical reasoning and engaging in applied clinical inquiry based in practice to contribute to the body of knowledge in occupational therapy, and

WHEREAS, the program builds upon existing programs already offered in occupational therapy, and

WHEREAS, the program will foster critical thinking and collaboration with fellow students, faculty and clinicians, and will advance the importance of occupational therapy through evidenced-based practice, and

WHEREAS, there is demonstrated student demand for such a program, and

WHEREAS, Columbia's peer institutions are offering such programs,

NOW, THEREFORE, BE IT RESOLVED that the Senate approve the program leading to a Clinical Doctorate in Occupational Therapy.

BE IT FURTHER RESOLVED that the resolution be forwarded to the Trustees of Columbia University for their approval.

Proponent:

Committee on Education

Executive Summary: Clinical Doctorate in Occupational Therapy

This proposal is for a **postprofessional clinical doctorate** in occupational therapy (OTD). The purpose of the OTD is to generate advanced clinicians who will have undergone further education beyond the entry-level master's degree. The focus of this education is on developing expertise in cognition and perception as it relates to a specific occupational therapy practice area, fostering strong clinical reasoning, and engaging in applied clinical inquiry based in practice in order to generate a growing body of knowledge in occupational therapy that is evidence-based. Culminating in the completion of a publication-ready research study, graduates of the program will be poised to lead evidence-based practice.

Occupational therapy has always focused on “real-world” functional outcomes. Interventions focus on strategies for living independently, with a purpose, and with improved quality of life even in the presence of cognitive and perceptual impairments¹. In fact, our interventions embrace cognitive strategies that interact with performance in the physical, social, and emotional realms. The goals of our proposed program parallel those of the University's, **Brain, and Behavior Initiative, as we apply the science underlying cognitive impairment to functional behavioral improvements**. Our outcome measures, while focusing on documenting improved functioning outside of a clinic environment and include test items focused on performing functional activities, reflect a cognitive basis of performance.

A need exists in the occupational therapy profession to have clinicians with “advanced clinical skills, advanced ability to apply theory to clinical practice, and advanced supervisory and leadership training” (Runyon, 1994)², and who can address the process of improving function and quality of life in those individuals living with cognitive and perceptual impairments. As occupational therapists identify measures of activity, participation, and quality of life as key outcome measures, the interplay between cognition and occupation has implications for all areas of clinical practice.

Half a century ago, it was noted that professions are shaped by practice (Reilly, 1958). While much of this remains true, it is also important to note that it is evidenced based practice that promotes a profession's value, along with leadership of practice within a larger health care arena. A university's responsibility to develop and demonstrate the theories that supports this practice is part of advanced education. To these ends, the OTD program will be stressing evidence-based practice, advanced clinical reasoning, and the promotion of the occupational therapy profession.

¹ Gillen, G (2009) *Cognitive and Perceptual Rehabilitation: Optimizing Function*. St. Louis: Mosby

² Runyon, C.L., M.A. Aitken, and S.J. Stohs, *The Need For a Clinical Doctorate in Occupational Therapy (OTD)*. *Journal of Allied Health*, 1994. **23**(2): p. 57-63.

The proposed clinical doctorate in occupational therapy (a minimum of 75 points post baccalaureate degree) will be offered to individuals who have as their goal advanced clinical practice with an emphasis on cognition and its translation to community participation. The curriculum is divided into three core components plus a capstone module. Core I focuses on the basic study and practice of occupational therapy; and to the beginning understanding and application of research methodologies. Core II is directed towards the understanding and application of cognition and advanced clinical reasoning processes as they apply to practice. Core III focuses on in-depth study and application of ecologically valid therapeutic cognitive assessments and interventions. Finally, the Research and Capstone Module requires the production of two projects carried out in their required clinical residency. The first is a publication ready paper of their research, and the second is a clinical portfolio. The curriculum and related research will also be informed through collaboration with programs and centers here at Columbia: eg. The Psychiatric Rehabilitation in the Department of Psychiatry; the Cognitive Neuroscience Division of the Gertrude H. Sergievsky Center; and the International Longevity Center of the School of Public Health.

The mission of this program is to develop, through advanced clinical practice, the central role cognition plays in occupational therapy practice. In addition, this program will foster the growth and potential of students through the use of adult learning principles, critical thinking skills, and collaboration with fellow students, faculty, and clinicians; and will advance the importance of occupational therapy through evidence-based practice. This program seeks to instill a sense of clinical responsibility and leadership in its students so that they can direct their skills and knowledge toward greater heights both professionally and personally.

Introduction to the Programs in Occupational Therapy

The Programs in Occupational Therapy³ were established in 1941, a time with powerful implications for the health professions. During the first four years, the programs were housed on the Morningside Campus of Columbia University; in 1945, the programs moved to the health sciences campus as part of the Department of Rehabilitation Medicine of the Faculty of Medicine. From 1945 through 1968, the programs in occupational therapy were comprised of a baccalaureate program and a post-baccalaureate professional certificate program. In 1968, through a restructuring of the curriculum, the present Master of Science Degree Program in Occupational Therapy was established on the foundation of the certificate program. In 1977, the baccalaureate program was phased out. A curriculum development grant in 1981 supported the initiation of the postprofessional level programs leading to a Master of Science degree in either Occupational Therapy Education or Occupational Therapy Administration for the therapist with a baccalaureate degree in occupational therapy. In 1988, two joint degree programs were established with the School of Public Health, offering a combined Master of Science in Occupational Therapy / Master of Public Health for students at both professional and postprofessional levels. In 2006-2007, the Ed.D. program, in collaboration with Teachers College, was established to meld together the science of motor learning with the science and practice of occupational therapy.

The (Entry Level) Program in Occupational Therapy at Columbia is accredited by the American Council for Occupational Therapy Education (ACOTE) of the AOTA, and has been since 1943. Our most recent review by ACOTE, April 2003, found us in substantial compliance with standards, and granted us a 10-year period of accreditation. A ten-year period is given only to those programs deemed excellent by the review process. Consistent with ACOTE's findings, our entry level program has consistently been ranked, by US News and World Report, in the top tier of all occupational therapy programs in the nation.

The proposed clinical doctoral program in occupational therapy will provide those practitioners who wish to remain in the practice arena with advanced knowledge and clinical skills as applied in a specialized practice area. The overarching goal of our proposed program is to deepen one's knowledge within a specific area of practice; pursue evidenced-based practice as a clinician *and* as a clinical researcher; and apply clinical reasoning to practice at an advanced level.

³ It should be noted that in 1981, the name administratively became Programs in Occupational Therapy. Since this report covers only the entry-level professional master's degree program, reference in the text is primarily in the singular; however, printed materials generally use the plural name.