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Transitioning to Academia

Introduction

A growing number of occupational therapists are becoming interested in academia, either as a way to supplement their clinical work or as a source of full-time employment. Regardless of a therapist's motivation for entering academia, there are a variety of factors they must consider along with barriers and resources along the way. Occupational therapists who enter academia are poised to become mentors and leaders in the field, so they should receive sufficient support to develop their skills and adequately assist occupational therapy and occupational therapy assistant students.

Section 1: Occupational Therapy Degree Options & Educator Roles

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There are a range of occupational therapy degree paths for individuals who are interested in entering the field. This offers a lot of opportunities for students and professors alike. Firstly, there are several options for people who take non-traditional paths to becoming an occupational therapist. Additionally, there are many options for therapists who are looking to enter the world of academia, either full-time or on a part-time basis.

Individuals who are interested in becoming a certified occupational therapy assistant (COTA) must complete an Associate of Science (AS) in Occupational Therapy. COTA programs often last about 2 years and include a combination of academic coursework and fieldwork. This type of program is typically offered at a community or technical college.

COTAs also have the option of continuing their education in one of two ways. They may choose to pursue a Bachelor of Science in a related field such as public health, which would help them qualify for roles such as rehabilitation manager or supervisor. Some COTAs find that this helps them meet their career goals. Other COTAs may choose to use their Bachelor of Science degree as a springboard to enter an occupational therapy program. If a COTA works in the field for several years and then returns to college to receive their Bachelor of Science in some type of healthcare field, this is called a post-professional Bachelor of Science degree. We will discuss post-professional programs more later.

COTAs can also apply and directly enter an occupational therapy program after finishing their Bachelor of Science. Alternatively, they may use this degree to complete prerequisite courses and relevant electives that will prepare them to eventually apply to an occupational therapy program upon graduation.

Bridge Programs

One type of occupational therapy program is the bridge program. There are two types of bridge programs: MOT bridge programs and OTD bridge programs. MOT bridge programs grant students a Master of Science in Occupational Therapy upon completion. These bridge programs may be called 4+1 programs or BS to MS programs since they involve four years of undergraduate studies and one (or slightly more than one) year of graduate studies. Since the undergraduate and graduate programs are completed back-to-back, they are also known as entry-level MOT programs. Two types of individuals may apply for and attend MOT bridge programs. They are a good option for students who have just graduated from high school, are applying to colleges and universities in preparation for their first year of college, and want to become an occupational therapist. Additionally, COTAs may apply to MOT bridge programs if they have work experience in the

field, want to become a registered occupational therapist (OTR), and do not hold a Bachelor of Science degree.

OTD bridge programs grant students a Doctorate of Occupational Therapy (OTD) upon completion. OTD bridge programs may also be entry-level and are often called BS to OTD programs. Similar to MOT bridge programs, students will progress from their Bachelor of Science (usually in Health Sciences) to a Master of Science in Occupational Therapy to their Occupational Therapy Doctorate. These portions of the program are also completed back-to-back with fieldwork rotations typically taking place between each degree.

Post-Professional Programs

The second type of program for occupational therapists is a post-professional (or post-graduate) degree program. In many fields, the term post-professional refers to any work (including fellowships, research, and more) that comes after the completion of a bachelor degree. Post-professional work may be part of an additional degree or advanced certification, but in some cases it simply stands alone and students choose to complete it due to an interest in certain areas of their field. However, in occupational therapy and other healthcare fields, post-professional describes any degree that a person receives outside of the entry-level requirements for their field. Since a Master of Science in Occupational Therapy is the entry-level requirement for someone to become an OT, a clinical doctorate, PhD, or another master's degree in a related field would be considered a post-professional degree.

Many OTRs looking to further their education opt for a post-professional Doctorate of Occupational Therapy (PP-OTD). The PP-OTD is designed for therapists who are registered and licensed OTRs or those who are eligible to sit for their board certification exam through the National Board for Certification in Occupational Therapy (NBCOT). The latter option is appropriate for students who

graduate from an MOT program but do not enter the field right away and instead choose to return to school. Depending on how many years ago a therapist received their Master of Science and the requirements set forth by the university of their choice, the PP-OTD can take anywhere from 18 to 30 months to complete.

There are also Post-Professional Master of Occupational Therapy (PP-MOT) programs. There are a limited number of these programs because they are designed for a specific set of practicing occupational therapists whose highest degree is a Bachelor of Science in Occupational Therapy. It is no longer possible to receive a BS in Occupational Therapy, since the entry-level requirement for occupational therapists to practice has been a Master of Science for some time now. However, due to the age of their degree, occupational therapists with a BS in Occupational Therapy may choose to pursue a PP-MOT degree in order to further their education. This post-professional program typically takes one year to complete.

PhD Programs

Another type of post-professional program is a PhD. As it stands, there are no Doctor of Philosophy (PhD) programs for Occupational Therapy. For this reason, many occupational therapists looking to pursue their PhD often choose the field of Occupational Science. The field of occupational science is similar to that of occupational therapy, but focuses less on the provision of rehabilitation services and more on the study of human occupation, participation, and engagement.

Depending on their areas of interest or specialties they plan to pursue, occupational therapists may also receive a degree in related fields. These areas may include rehabilitation science, public health, biomechanics, assistive technology, neuroscience, business, health informatics, education, disability studies, sports performance, forensic psychology, gerontology, law, exercise science, developmental psychology, and more.

Due to the nature of occupational therapy along with fieldwork and lab requirements, students cannot complete Master of Occupational Therapy programs entirely online. It is possible for OTD programs to be completed fully online. Since the OTD is more focused on research rather than clinical skills, it requires students to complete a capstone project (also known as a thesis) in lieu of fieldwork rotations. This makes online coursework much easier. While online courses are not as common in occupational therapy and occupational therapy assistant programs, more universities are incorporating online courses and assignments into their curricula in an effort to be more accessible. This also helps them better accommodate students who live farther away from the campus. As a result, this mode of course delivery is aptly called distance learning.

Demand and Roles for OT Educators

There is an increased demand for occupational therapy and occupational therapy assistant educators. This is due in part to a greater number of students applying to and enrolling in these programs. As of September 2022, there 82 accredited OTD programs and an additional 71 programs going through the accreditation process. There are 166 Master of Occupational Therapy programs with another 12 in the process of being accredited. Of the existing MOT programs, 33 are currently transitioning to become entry-level OTD programs. Their status is expected to be finalized in the next few years. There is currently one entry-level Bachelor of Science program for occupational therapy assistants and 6 other programs in the pre-accreditation phase. In terms of Associate of Science programs for occupational therapy assistants, there are now 221 with three of those in the process of transitioning to an entry-level Bachelor of Science program. There are another 8 in the pre-accreditation phase. There is also a steady flow of applicants for entirely new MOT, OTD, and OTA programs. This is another contributing factor that supports the demand for OT educators. As of September 2022, there are 60 new OTD program applications, 22 new MOT program applications, 12 new

Bachelor of Science OTA program applications, and 13 new Associate of Science OTA program applications.

In order to support the demand for working clinicians in their area, there are more occupational therapy programs being created in certain geographic locations than in others. This has the potential to make the job market and the academic application process more competitive, but it means there will always be a need for more occupational therapy educators.

Adjunct Professors & Guest Lecturers

Adjunct professors often supervise lab courses and take fieldwork students, but they may also teach classes. Adjuncts do not work as full-time educators, so they often teach one to three courses each semester while still working as a therapist. Many therapists interested in transitioning to academia begin by serving as an adjunct professor at one or more universities. Therapists who want to enter academia may also begin as guest lecturers or guest instructors. The responsibilities of a guest lecturer are even less than that of an adjunct professor, since they are often brought in to speak for part or all of one class. Guest lecturers may speak openly with students and field questions about the topic at hand or they may create a presentation that students can keep for later reference. They might also lead students through related exercises to enhance their learning, but guest lecturers are not responsible for duties such as grading papers or administering exams.

OT educators typically call upon clinicians who are subject matter experts (SMEs) or have experience in certain areas to be guest lecturers for their students. Professors often aim to schedule specific guest lectures at points throughout the semester when those topics align well with their curriculum. Some examples of topics include animal-assisted therapy, entrepreneurship, program development, community mental health, neonatal intensive care units (NICU), and driver rehab

programs. If students respond well to a guest lecturer and the course instructor finds they offered beneficial information, they may be brought back to speak with a new cohort in future semesters.

Part-time and Full-time Educators

Occupational therapy programs also need therapists to be part-time or full-time educators. Clinical professors (sometimes referred to as professors of practice) are those who maintain a successful clinical career while also excelling in teaching. These educators often author publications in peer-reviewed journals and are actively involved in local or national associations, but do not teach or do research on a full-time basis. Some universities may also employ research professors, who are typically paid through grant funding. An educator may receive this title if they teach courses while also collaborating with a research institute that is not associated with the university. Research professors may also temporarily be part of a university's department if their research involves the university in some way. The latter instance does not require the professor to teach formal courses in the way other educators do.

Associate professors are full-time educators who are considered faculty due to their permanent position at a university, also known as tenure. Associate professors are often mid-level, meaning they don't have as much experience as other educators in their department. Assistant professors are entry-level professors who recently became full-time educators. Because they are one step below associate professors, they are on a tenure track and can become associate professors if they do well in their current roles.

Section 1 Personal Reflection

What sort of considerations should an occupational therapist teaching in an occupational therapy assistant program be aware of?

Section 1 Key Words

Adjunct professor - Any professor who teaches one or more university classes but is not a full-time educator

Bridge program - Academic programs (usually college-level) that combine the application process for two degrees; for example, a prospective student will apply for and enter a program to complete their Bachelor of Science in Health Science Studies and Master of Science in Occupational Therapy and complete the two programs back-to-back

Cohort - As it pertains to academia, a group of students who are at the same point in an academic program

Entry-level requirement - Also known as prerequisites, these are the minimum educational requirements someone needs to enter an academic program; prerequisites for occupational therapy programs often include introductory-level english, biology, physics, anatomy, and statistics courses

Post-professional program - Any type of program that offers a degree beyond the basic requirements to enter a field; a post-professional program for occupational therapists would be an OTD, since the entry-level requirement is a Master of Science in Occupational Therapy

Pre-accreditation phase - A point in the accreditation process when an academic program has met outlined standards but the accrediting body needs to verify they are or will be put into practice when the program begins taking students

Section 2: Academic Duties and Requirements

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Depending on the type of educator role an occupational therapist assumes, they will have various responsibilities. First and foremost, each academic program must have a program director who heads up the occupational therapy department. Program director qualifications differ slightly depending on the program. OTD and MOT program directors must hold a doctoral degree in any field while OTA program directors must have a minimum of a master's degree in any field. OTD and MOT program directors are required to have at least 8 years of experience as a clinical, administrative, or research-based occupational therapist and at least 3 years of full-time teaching experience. OTA program directors must have a minimum of 5 years of experience as a clinical, administrative, or research-based occupational therapist or occupational therapy assistant. OTA program directors must also have at least 2 years of full-time teaching experience.

Program directors are full-time educators who likely cannot continue regular clinical work as a therapist. However, in order to continually qualify for their role as a program director, they must also fulfill all the requirements to work as an occupational therapist in the state where their university is located. This means they must maintain an active occupational therapy license even if they are not treating patients. Due to the nature of their duties, it is also crucial that program directors have some background in curriculum design, program evaluation, and content delivery.

Because program directors offer high level oversight, they have similar duties regardless of the type of occupational therapy program (OTD, MOT, OTA) they oversee. The main duty of a program director is administering and managing the program as a whole. This includes but is not limited to duties such as:

- Budgeting
- Planning for course implementation

- Maintaining the program's accreditation status according to ACOTE

- Selecting all staff and faculty for the department

- Fulfilling any and all professional development requirements needed to keep their occupational therapy or occupational therapy assistant license

- Evaluating the efficacy of all course instructors at least once per semester

- Engaging in various strategies for professional development

- Remaining updated on and using current evidence-based practice, best practices, and trends in the field

Academic fieldwork coordinators (AFWCs) are another example of important faculty members in an occupational therapy program. These educators are responsible for organizing, monitoring, and in some cases also developing an occupational therapy fieldwork program. AFWCs often wear more than one hat, so it is not uncommon for them to teach courses while managing a fieldwork program. They are dually responsible for overseeing fieldwork educators (who operate at fieldwork sites) and fieldwork students.

AFWCs working in OTD programs must have at least 2 years of experience as a clinical occupational therapist and hold a doctoral degree, which is not typically limited to the field of occupational therapy. AFWCs working in MOT programs must also have at least 2 years of experience as a clinical occupational therapist and are required to hold a minimum of a master's degree in occupational therapy. In the realm of OTA programs, AFWCs must hold at least a bachelor's degree while having a minimum of 2 years clinical experience as an occupational therapist or occupational therapy assistant. Academic fieldwork coordinators are tasked with the following duties:

- Guaranteeing that the fieldwork program complies with ACOTE standards

- Building and maintaining relationships with fieldwork education sites that offer experiential learning that aligns with the program's curriculum design

- Offering development opportunities for fieldwork educators to vicariously build learning experiences for fieldwork students

- Arranging a certain number of fieldwork placements for students in accordance with program and accreditation requirements

- Administering and grading student exams, projects, quizzes, and other assignments for the courses they teach

- Fulfilling any and all professional development requirements needed to keep their occupational therapy or occupational therapy assistant license

- Monitoring and adjusting affiliation agreements with fieldwork sites

- Ensuring all student health records are updated

- Advising and supporting students throughout their placements

- Remaining updated on and using current evidence-based practice, best practices, and trends in the field

A site coordinator is an educator who is only present at larger and potentially more established universities that have more than one site (or campus) where students take classes. For OTD and MOT programs, site coordinators and required to be registered and licensed occupational therapists. The minimum requirement for both Bachelor- and Associate-level OTA programs is for the site coordinator to be a registered and licensed occupational therapy practitioner. This means the site coordinator for all OTA programs can be an OTR or OTA.

Regardless of how far apart the campuses are, the main duties of the site coordinator involve ensuring there is continuity and uniformity in the program

implementation at each site. This means there must be sufficient collaboration and coordination between all faculty members and a continual effort to adhere to the program's objectives. Site coordinators are also responsible for keeping in ongoing contact with the program director regarding any barriers to consistent implementation or deviations from the program's objectives.

Another type of educator that can be found in occupational therapy programs is a Doctoral capstone coordinator. Since Doctoral capstone coordinators are only found in OTD programs and not PhD or lower-level academic programs, the minimum educational requirement for this position is an OTD. Otherwise, it would be difficult for them to lead students through Capstone projects with a strong occupational therapy focus. The duties of a Doctoral capstone coordinator include:

- Collaborating with the program director and other OT faculty to ensure the program is developed according to ACOTE standards

- Ensuring the capstone part of the OTD program remains fully compliant with ACOTE standards after creation

- Fulfilling any and all professional development requirements needed to keep their occupational therapy or occupational therapy assistant license

- Assigning various capstone projects to students at the start of the semester

- When applicable, building and maintaining relationships with capstone sites

- Managing student evaluations of capstone sites

- Remaining updated on and using current evidence-based practice, best practices, and trends in the field

- Administering and grading student exams, projects, quizzes, and other assignments for the courses they teach

- Preparing students for their respective capstone projects

- Coordinating with capstone advisors on a regular basis

- Assisting with curriculum development for the program as a whole, as needed

- Providing preparation classes for prospective capstone students

- Completing advising for students on their own capstone project

- Teaching standard courses in accordance with their specialty

- Staying actively involved in scholarly work

The remainder of staff within an occupational therapy program are considered core faculty. As we mentioned earlier, they may be full-time or part-time educators who assume roles such as associate professor or clinical professor. Adjunct professors may also be included under this category of educators if they teach more than one course per semester and have been with the university for several years. Since core faculty members may teach on a range of topics depending on their breadth of knowledge, the minimum requirements are typically to maintain an active license in their respective position (occupational therapist or occupational therapy assistant).

Clinical professors are often required to hold at least a Master of Occupational Therapy, with an OTD or other doctorate degree being the preference for many universities. Clinical professors are usually required to have at least five years of clinical experience in the field. Requirements also include holding a national OT or OTA board certification along with an active license to practice in the state(s) where they teach and work. This distinction is important if the educator lives in one state but commutes to the university in another nearby state, or if the

position partially involves instructing via distance learning. The duties of a clinical professor often include:

- Developing courses according to program curriculum

- Instructing two or more courses per semester (based on cohort size and program need)

- Advising students

- Remaining updated on and using current evidence-based practice, best practices, and trends in the field

- Administering and grading student exams, projects, quizzes, and other assignments for the courses they teach

- Fulfilling any and all professional development requirements needed to keep their occupational therapy or occupational therapy assistant license

- Mentoring students in the completion of research projects

- Supervising on-campus clinics or lab classes, which may include demonstrating and instructing students on any number of evaluation and treatment methods

- Conducting research for scholarly publications

Depending on the demand and the availability of an AFWC, clinical professors may also assist with fieldwork-related duties such as coordinating site visits and evaluations or maintaining relationships with fieldwork sites.

Associate professors typically need a minimum of a master's degree in occupational therapy. Many universities also require associate professors to have some prior experience in academia, either as a guest lecturer or adjunct professor. Since associate professors of occupational therapy are higher ranked than some of

the other roles we've discussed, they also have additional responsibilities. The duties of an associate professor of occupational therapy include:

- Teaching occupational therapy courses

- Performing research

- Advising/mentoring occupational therapy students and teaching/graduate assistants

- Disseminating the results of research in scholarly publications along with local and national sources such as conferences

- Creating proposals to assist with funding for research projects

- Fulfilling any and all professional development requirements needed to keep their occupational therapy or occupational therapy assistant license

- Participating in public service for the university

- Attending relevant conferences on behalf of the university's occupational therapy department

- Remaining updated on and using current evidence-based practice, best practices, and trends in the field

- Helping train guest lecturers, professors, and teaching/graduate assistants

- Reviewing and narrowing down the list of occupational therapy student applicants

- Conducting interviews with occupational therapy student applicants

- Organizing faculty events, seminars, and other forums where students can network with practicing therapists

- Administering and grading student exams, projects, quizzes, and other assignments for the courses they teach

- Making decisions regarding acceptance of occupational therapy student applicants

- Designing courses and related materials, including syllabi, curricula, and content

Adjunct professors are most often also required to have at least a master's degree in occupational therapy. Since adjunct professors do not have full-time responsibilities as educators, teaching experience is rarely required to get this position. Many therapists start off as adjunct professors and work their way up the hierarchy if they wish to enter academia on a more regular basis. The type of duties an adjunct faculty is expected to fulfill will vary greatly depending on how many courses they teach per semester along with the type of courses. However, as a rule adjunct professors are not responsible for course design or creation, hiring or interviewing faculty, or conducting research to be published since those fall under the scope of more established educators. Adjunct professors may be asked to advise students occasionally, but this is also not a standard part of their role. Adjunct faculty who teach lab courses are usually responsible for proctoring and grading practical exams, while adjunct faculty who teach lecture-based courses are typically responsible for administering and grading exams and projects. As with occupational therapy educators who teach in any capacity, it is also the responsibility of adjunct faculty to utilize best practices at all times and fulfill all professional development standards needed to maintain an active occupational therapy or occupational therapy assistant license.

While there are certain minimum and preferred requirements for an educator's experience and academic qualifications, ACOTE does set forth certain standards for the degree levels of the occupational therapy department as a whole. All full-

time core faculty instructing in an OTD program must hold a doctoral degree in some field, but only 50% of the full-time core faculty are required to have a PP-OTD. Each full-time core faculty member teaching in an MOT program must hold at least a master's degree. In terms of the distribution, 50% or more full-time core faculty must possess a doctoral degree in some field and 25% or more full-time core faculty must hold a PP-OTD. All of the full-time core faculty members teaching in a baccalaureate-level OTA program must hold at least a bachelor's degree. At least 50% of the full-time core faculty in this program must have a minimum of a master's degree in some related field. The faculty qualifications for associate-level OTA programs are a bit simpler in that all full-time core educators must hold at least a bachelor's degree. There are no higher-level degree requirements for this type of program.

Curriculum Design and Development

As we mentioned, several full-time educators are responsible for curriculum design and development. This is a large undertaking that is typically done over the span of several months. In academic settings such as elementary and middle schools, curriculum development must follow certain state and federal guidelines that have been set forth. Many of these guidelines are in place because certain organizations complete the initial step of curriculum development (assessing student needs) and inform schools of the results. However, in higher education settings such as universities, educators are usually responsible for the entire process. In order to take on curriculum development educators must follow these steps:

- Assessing student's needs

    - Evaluation of student needs is typically done according to standards set forth by ACOTE, at least for core courses such as theory and intervention methods. However, educators responsible for curriculum

development and design may have some professional freedom regarding the focus of elective courses and projects with core courses.

- Evaluating teaching methods

  - This is typically a duty performed by the program director, since it involves taking a close look at the techniques educators use when relaying the course content, the way they interact with the students, and how students perform as a result.

- Creating learning objectives and goals

  - Just as an occupational therapist would do with patients, it is important that educators create objectives for each course. This allows educators to measure student progress over the span of a semester, create related learning plans for the course, and develop examinations, projects, and other assignments that effectively test a student's knowledge in those key areas.

- Designing an outline

  - Before creating actual course material, educators must develop a large-scale, bird's eye view of what they want the course to look like. This will inform the structure and content of individual lessons along with helping to identify what learning materials may be needed.

- Developing curriculum according to lessons

- Selecting learning materials (both required and supplementary) to go along with all lessons

  - This firstly includes finding educational software, books, and online resources that are suitable for each lesson. Once these are in place,

the next step is for educators to ensure they have materials spanning multiple formats to support various types of learners. Some examples include videos, articles, textbook chapters, workbook activities, practical exercises, written assignments, and more.

There are several types of curriculum design that occupational therapy educators should keep in mind. First are subject-centered design approaches, which place a focus on pieces of knowledge and particular skills associated with a subject area. In the realm of occupational therapy, an example of a subject-centered design approach would be the process of completing range-of-motion and manual muscle testing on a patient. This is a tangible skill the majority of students will need once they enter the field.

Problem-centered design approaches are another type of curriculum design. These approaches focus on giving students the ability to look at real-world problems and develop solutions for them. Since occupational therapy is a very solutions-oriented field, problem-centered design approaches are very pertinent in certain courses. A fitting example of this is problem-based learning (PBL) seminars, which present students with case studies pertaining to individuals or communities with disabilities, public health concerns, etc. In a small workgroup, students are expected to identify the main problems impacting the patient(s) and pinpoint potential solutions for them, ranging from adaptive equipment to skills training and much more. PBL seminars are intended to broaden a student's way of thinking not only beyond the classroom but also beyond the confines of traditional patient care settings such as hospitals.

The last type of curriculum design is a learner-centered design approach. This emphasizes the goals and needs of each individual learner. This approach is less obvious since it rarely takes the form of individual courses. Rather it should be the underlying approach used in each course, since it helps make course material

more accessible for all students. One of the ways educators can implement learner-centered approaches in each of their courses is by utilizing the Universal Design for Learning, which is a framework that helps all educators develop accommodating learning environments that cater to various learning differences.

There are certain topics that ACOTE standards require all occupational therapy programs to cover. As a result, educators who are tasked with the job of curriculum design and development will often get experience with a range of subjects. ACOTE standards require all occupational therapy programs to address the following areas:

- Human body, development, and behavior

- Impact of diversity, lifestyle, socioeconomic, and sociocultural factors on disease

- Social determinants of health

- Theory development

- Frames of reference, models of practice, scientific evidence

- Relationship between occupation and activity

- Therapeutic use of self

- Screening and assessment tools

- Occupation-based interventions

- Nature and benefit of occupation

- Activity analysis

- Assistive technology

- Compensation and remediation

- Functional and community mobility

- Orthoses and prostheses

- The use of technology in practice

- Physical agent modalities

- Feeding disorders

- Activity grading and modification

- Care coordination and case management

- Quality management and improvement

- Service delivery methods

- Personnel supervision

- Therapeutic communication (interprofessional and patient-based)

- The teaching-learning process

- Healthcare team dynamics

- Credentialing and licensure requirements

- Discharge planning and referrals

- Reimbursement systems and documentation standards

- Advocacy, legislative, and policy issues

- Business management

- OT's role in health promotion and disease prevention

- Clinical reasoning

- Ethics

- Professional development

The above topics are requirements for all OT programs, but keep in mind that each occupational therapy program will go into varying levels of depth depending on the degree type. For example, an OTD program typically requires students to take a more intensive course on occupational therapy theory while a COTA program would offer a more introductory course on that subject. Additionally, OTD and MOT programs may require students to take basic sociology, psychology, or anthropology courses to assist with the learning process for certain topics. COTA programs often incorporate such topics into existing OT courses.

ACOTE also states that all MOT and OTD programs must incorporate qualitative analysis and quantitative statistics into their curriculum, while there are no such requirements for COTA programs. Similarly, COTA programs do not include content on the application of assessment tools, the interpretation of assessment results (standardized or non-standardized), locating and securing grants, and research procedures.

Strategic Planning

You may be familiar with the term strategic planning as it pertains to businesses. This activity is something most business owners and other administrators must keep in mind when making business decisions and overseeing operations.

In academia, strategic planning understandably falls under the duties of the program director. This is mostly because strategic planning includes making large-scale decisions that impact the long-term work of an academic program. In particular, strategic planning in academia focuses on the individual actions that a program must take to remain in line with what the institution is, how it operates,

and why it does what it does. This tends to be a bit more complicated in academia than in traditional businesses, since an academic program must ensure it is in line with its field of study along with the university or college. This means an occupational therapy program director must ensure the program is giving students what they need to be therapists according to AOTA, NBCOT, and ACOTE standards. An OT program must also align with the institution's school of health sciences along with the mission of the university as a whole. It is important for program directors to place an equal emphasis on each of these aspects in order to run smoothly.

While much of a program director's job may seem to involve broad oversight and big picture duties, they also must keep a close eye on the daily operations of their program. This helps them ensure each smaller aspect will keep them on track to meet their long-term objectives. Strategic planning in academia involves basing a department's work on the values, mission, and vision of the university, complying with all accrediting bodies, and keeping the institution in good fiscal standing as far as their department goes.

The major aspects of a strategic plan include:

- Explaining how planning is done within the program

- Outlining the program/department's values, mission, and vision and how this coincides with the values, mission, and vision of the university

- Identifying the main objectives of the program along with any strategic issues or barriers the program faces

- Detailing methodology, processes, workflows, and more that allow the program/department to meet the previously outlined objectives

- Determining how the program/department plans to measure success (key performance indicators, SMART goals, metrics, benchmarks, etc.)

While the program director will be responsible for a large part of strategic planning for an occupational therapy department, there are other key figures involved. It is important for internal stakeholders such as students, faculty, alumni, and university administration to be part of the process. External stakeholders, especially those who provide grant funding, scholarships, and donations to the department, should also have a say.

The program director will likely need to meet regularly with a planning committee with representatives from each of these groups. Strategic planning in an academic setting is often an arduous, complex process. For this reason, larger universities with many departments may choose to create smaller task forces and committees within the planning committee to assist with various aspects of the process. The planning committee (and smaller sub-groups) is typically led by the chair. This role may be assumed by the university president or a senior-level administrator. Some universities may also allow a general faculty member to sit as chair of a strategic planning committee. Other members of the committee include faculty and volunteer representatives from each category of internal and external stakeholders. Students are considered internal stakeholders who may participate, which is ideal for those with a particular interest in strategic planning or students who have a related major such as organizational leadership. It is also common for major decision makers at the university – including vice presidents, provosts, or directors of university departments, schools, and divisions – to be present at planning committee meetings.

These committees typically spend time on the following tasks:

- Obtaining feedback from as many pertinent stakeholders as possible

- Incorporating this feedback wherever it is indicated

- Engaging in ongoing assessment of internal and external operations to pinpoint a program/department's weaknesses, strengths, opportunities, and threats (one of the best ways to do this is by using a SWOT analysis)

- Prioritize institution-based goals when forming objectives

- Creating daily duties and initiatives that align with the long-term goals

- Securing and using resources appropriately to help meet long-term goals

- Adjusting the plan as needed over time

- Disseminating information to necessary parties within the university about the intention, process, key members, and final decisions made as part of the committee

Section 2 Personal Reflection

What educator position might a therapist with a mental health background be well-suited for?

Section 2 Key Words

Capstone - A required course for graduate students to demonstrate their knowledge in a certain field or specialty area; capstones often consist of both a course and a single semester-long project or internship; the course involves students meeting once weekly with their capstone advisor in a small group setting to discuss the structure of the project and review deliverables that contribute to the project as a whole; students must also complete a large portion of work (more than is typical for other courses) outside of class in order to meet their deadlines and complete the project by the end of the semester

Chairperson - The lead officer of a governing body; also known as a chair, the chairperson is the head of a committee, board, or other organization and helps the group meet their goals

Key performance indicators - A specific way to measure progress or long-term and short-term goal achievement over time; also known as KPIs, these metrics can help managers and other leaders understand how their team is performing, where improvements may or may not be needed, and what decisions should be made

On-campus clinics - Clinic setups that take on volunteer patients who are treated by students, each of which is supervised by a professor; also called a pro bono clinic, these are intended to be hands-on learning experiences for students so patients are not charged for the services provided; some on-campus clinics are for students in one allied health discipline (physical therapy, occupational therapy, speech therapy, or nursing are a few examples) while others may have several students to service a range of patient needs

Universal design for learning - A general framework that is often used in educational settings to encourage flexible, accessible learning for students with a range of abilities; all types of students (those with and without cognitive, learning, or physical disabilities) can benefit from universal design for learning, which is why it is becoming the standard for general education classes in many academic settings

Section 3: Barriers & Skills for Success in Academia

11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36, 37,38,39,40

Whether you realize it or not, there is a lot of crossover between clinical occupational therapy work and academia. Educators are required to interact with

students who have a variety of learning needs, which is not all that different from how they would coach, educate, and instruct patients in clinical settings. Some occupational therapy educators must use their critical thinking, research abilities, and verbal communication skills to design curricula that effectively conveys certain information. From there, educators must be adaptive and make modifications on an ongoing basis to ensure each student is able to succeed. As many therapists know, flexible thinking is also important in clinical care since providers must consistently think on their feet and make changes to a plan of care based on the ever-changing needs of patients. These are just a few examples of the skills therapists can transfer from clinical practice to academia.

Some therapists looking to enter academia may find they already meet the minimum educational requirements for their desired role. Other therapists may need or prefer to engage in more training. This may mean receiving another degree, taking a continuing education course, or doing independent research to prepare them. Whatever decision a prospective occupational therapy educator chooses, professional development can be a good option to acquire and sharpen hard and soft skills.

Both soft and hard skills can be useful for therapists in academic settings. In fact, it is ideal for any kind of professional to have a combination of both. Soft skills are defined as non-technical skills, personality traits, or qualities that workers possess. The reason they are called soft skills is because they can be more difficult to measure. However, many industries are moving away from this term because it suggests they may not be as valuable as they are. While these are more often learned from life experiences rather than formal training, it is possible to find development opportunities focused on soft skills. Some effective ways to learn soft skills in a formal setting is through a combination of mentoring, gamification, training in large groups, and a range of self-directed learning such as podcasts, virtual reality settings, and on-demand videos. It is best for this type of training to

be highly interactive and focused on the practicing of skills in real-time, as this is especially crucial for skills such as emotional intelligence.

Regardless of their field, many people possess soft skills because of their versatility in all workplaces. Research shows that organizations are more productive, efficient, and successful when their employees possess good soft skills. One study even showed that employees whose managers are emotionally intelligent demonstrated greater creativity and innovation while being overall much happier with their jobs and their lives. This shows how great of an impact soft skills have on workers in any industry. The results of this research are even more applicable to allied health educators, since their aim is to train coming generations of healthcare professionals who ideally should possess soft skills in order to successfully treat patients. Therefore, the ripple effect of soft skills goes much further for educators than most people may realize. Some examples of soft skills include:

- Interpersonal skills, or communication (in healthcare, this includes interprofessional and patient communication)

- Time management

- Active listening

- Stress management

- Critical thinking

- Leadership

- Teamwork

- Problem solving

- Ability to take constructive criticism

- Organization

- Decision making

- Adaptability, or flexible thinking

- Attention to detail

- Persuasion

- Professionalism

- Cleverness

- Motivation, work ethic, and reliability

- The ability to compromise and negotiate

- Creativity

- Positivity

- Conflict resolution

Hard skills are technical skills that someone can obtain through training programs, traditional education, and other similar avenues. Hard skills in the therapy industry include the administration of certain standardized assessments, how to write rehabilitation goals, the use of physical agent modalities, the incorporation of complementary health approaches into treatments, and much more. Hard skills can also be a bit more basic such as the use of certain electronic health records (EHRs), patient education programs, and other relevant software. In academia, this includes learning management softwares such as Blackboard Learn, Canvas, Google Classroom, Moodle, and more.

Studies show that many practicing healthcare providers feel their academic training on certain hard skills such as patient and family education could have

been more comprehensive. Participants in several studies note that much of their academic training focused on more tangible skills such as evaluation measures and the use of manual techniques. This left them feeling as if their communication skills were lacking once they became a practicing therapist. This is an interesting finding, since both written and verbal communication are widely considered one of the most in-demand skills for educators. Other experts highlight the importance of incorporating soft skills into the curricula for all STEM and related academic areas, which includes allied health professions. Additional research also posits that consistent reflection should be part of every program's science curriculum to help emphasize the transfer of these skills in clinical spaces.

Research also overwhelmingly shows that communication, creativity, and critical thinking are among the most difficult soft skills to teach and the hardest for organizations to find in employees. Most therapists consider these to be strengths, since clinical environments often foster such skills on a daily basis. Occupational therapists looking to transition from clinical settings to academia would benefit from highlighting these assets in their application, cover letters, and resumes. Therapists hoping to attain a position as an educator can also prepare themselves to discuss such topics during their interview. This may mean thinking back on their time as a clinician and remembering relevant scenarios that highlight their ability to think critically, use creativity, and communicate effectively. It is also a good idea to think of the ways in which you have used other soft and hard skills in clinical and even non-traditional settings or roles (such as program development or consultative work), since this shows your versatility. This is especially true of skills such as critical thinking and adaptability, which are often used in academia.

In recent years, many occupational therapy and other allied health programs that have relied on solely in-person formats for years have had to demonstrate a particular amount of flexibility and growth in soft skills. This was necessary in

order for them to adapt to the sudden onset of digital learning and distance education brought on by the COVID-19 emergency regulations. These shutdowns initially presented many challenges for educators, students, and providers, especially educators who still held clinician roles in hospitals and other settings with high exposure rates. However, all parties involved had many unexpected opportunities to obtain and grow a range of skills they may have not had the chance to otherwise. This correlates with research that suggests a dynamic combination of digital and interactive learning is one of the most ideal mixes for students.

Knowing what you now know about soft and hard skills, many sources have listed a range of specific qualities as crucial for an effective educator. Some examples include:

- Communication, including active listening, engaging others, and non-verbal methods such as being approachable

- Adaptability

- Collaboration

- Empathy

- Discipline

- Patience

- Creativity

- Respect

- Self-awareness

Just as occupational therapists must have a desire to help people overcome their problems to achieve a better quality of life, educators should be inspired to learn.

This should first and foremost be apparent in how they interact with students and how they work with learners who are discouraged or lack motivation. Their passion for learning should also be visible in their own lives and careers. It is important for others to see educators as people who love to learn and grow beyond what their roles require of them. In order to have a desire for growth, educators should also be consistent about self-reflection so they can continue to improve their own approaches to teaching and development.

While there is significant research that suggests that a combination of hard and soft skills are the key to success in academia, other studies infer something slightly different. One study mentions gender stereotypes may play a part, especially in the transition from pre-tenure positions to tenured positions. Researchers posit that stereotypically male qualities (including assertiveness, strength, leadership, and independence) were more desirable and more commonly found than stereotypically female qualities (such as sensitivity, gentleness, sympathy, kindness, and helpfulness) during the pre-tenure phase. This same study suggests the opposite is true after educators reach a tenured status. While gender stereotypes tend to be narrow and limiting to all parties, this study does show the importance of versatility above all else in this industry. Educators should have a range of soft and hard skills in their repertoire, since shifting between certain modes is crucial to the success of many professionals in academia.

Barriers in Academia

There are many tools available to occupational therapists who choose to enter academia, but there are also a range of barriers that therapists may experience. Evidence shows that one of the biggest barriers is a lack of gender and racial equity in academia, particularly in the area of research. This inequity has also led to biases against women faculty and most often those who are also considered people of color. Research shows that 6% of all public health faculty and 6.1% of all

tenured public health faculty identify as Latinx. Numbers are similar (6.2%) for Black public health faculty. Women with children and women with disabilities also experienced further barriers to participation in educator roles. These difficulties were especially exacerbated by the COVID-19 pandemic. Research shows that women with children and/or disabilities unanimously reported increased feelings of isolation and stress between their priorities, but a sense of resilience in the midst of such challenges.

Some studies even note that there is a perception of female academia in healthcare professions being less effective educators. Individuals who live in rural areas and are from low socioeconomic backgrounds are additional examples of minority populations that receive and participate in higher education differently. Research suggests many factors play a part in why individuals from rural areas may not seek employment in academic settings or fail to assimilate properly in them. Some examples include being too far away to volunteer for research opportunities, struggling to manage work and education simultaneously, experiencing bias if they attended a small college or university, an inability to pay fees associated with graduate school or other forms of higher education, and having less parental guidance, social support, or other resources to assist in the pursuit of higher education. These barriers are typically present during or before someone enters graduate school, but individuals from rural areas often face other challenges during the tenure-track phase of their career. During this time, it is common for them to experience a financial burden, classism, a cultural rift between their own changing values and the values of those around them, and overall difficulty navigating the culture surrounding academia. Research also shows that people from rural areas are more prone to gap years during their tenure-track professorship, which is a testament to how difficult many of these barriers may be to overcome.

Additional research examined the effect of parental status, gender, and whether or not someone would require maternity or paternity leave in the near future. After conducting mock interviews where these factors were manipulated, the study found that parents were significantly less likely to be hired or recommended for the position. This correlation was present apart from gender, so both males and females with children were less likely to be recommended as compared to their counterparts without children.

In the research realms of academia, similar barriers are present. However, several studies mention this sphere also has limited supervision, a lack of resources preventing researchers from responsibly and effectively conducting their research, and unethical practices.

Section 3 Personal Reflection

What professional development opportunities might an occupational therapist seek out if they were looking to enter academia? What areas of their background might they highlight during the application and interview process?

Section 3 Key Words

Critical thinking - A type of thinking that strengthens someone's ability to reason with their surroundings through ongoing reflection and self-awareness; the steps of critical thinking include identifying, investigating, analyzing, reflecting, and deciding

Electronic health records - A digital collection of all information pertinent to a patient's health, including identifying information, health evaluations from all providers, progress reports, procedure and intervention notes, and more

Hard skills - Technical skills that someone can obtain through training programs, traditional education, and other similar avenues

Problem solving - A set of techniques someone uses to find potential, effective solutions to a problem; these methods may be used as a problem happens or before it arises

Soft skills - Non-technical skills, personality traits, or qualities that workers possess

Section 4: Strategies for Transitioning to Academia and Succeeding While There

41,42,43,44

While there are some barriers clinicians will have to face if they pursue academic roles, there are many strategies they can utilize to help them succeed. We will discuss some ways therapists can transition smoothly from a clinical setting to an academic one, ensure success in their chosen role, and minimize the impact of bias or inequity on their career.

Transition Strategies for Clinicians

Before accepting a job in academia, therapists should focus on finding a university or college that has the same mission and values they prioritize. This advice is often given to clinicians, since it will have an impact on the work you are asked to do and the resources you are given to do that work. Therapists should also look at the organizational structure to see if there is faculty support built-in or room for them to grow and take on other positions over the years. As such, networking is an important part of success for any educator. Clinician educators should be able to garner support from their peers, assigned or identified mentors, notable clinician educators in their area, and more as they embark on their academic journey.

Orientation is another important factor to be in place before accepting a job in academia. Therapists should inquire what the orientation process is like and what support will be at their disposal during their time in that position. For some therapists who are newly transitioning to academia from a clinical setting, lack of an orientation and not having a clear understanding of their role and expectations may be a deal breaker. Clinician educators with some prior experience in academia might find they can manage without a robust orientation as long as they find support in other ways. However, established faculty members can work to create or enhance a university's faculty orientation. This has dual purposes in helping the current faculty learn more about the university while impacting many future educators who make the same transition.

Therapists should also view "stepping stone" positions with caution. In many cases, these roles can help therapists test the waters and see if academia is for them. They can also be good starting points for therapists to progress to other work in academia. These roles are typically project-based, which means they are more flexible and temporary. This can allow an educator more freedom, less working hours, and added experience, especially if money is not a concern to them. But taking this type of role in addition to clinical work or a more traditional educator role can lead them to be overworked. It's also important for therapists to determine how much interest they have in that type of work, since this may not be worth the added obligation.

Another area that clinician educators must navigate is continuing to keep a clinical role alongside an educator role. This can be difficult for some therapists to balance alongside their family and social lives. The best way to handle this is to sit down with the staff or supervisor at your clinical role to discuss the educator duties you will be taking on and the hours you will be able or unable to treat patients. You can also do the same with the universities where you are interviewing or accept a position. Many therapists may feel the need to reassure

their current supervisors that they will not be leaving their clinical role, but there is no requirement for you to do this. If they are unfamiliar with the transition, you can always explain to them the benefits of your work as an educator, including your ability to take on fieldwork students and improved skills in the areas of patient education and program development. Maintaining a clinical role is not only a requirement for some educator positions, but it is also a great way to remain up-to-date on practices and trends in the field while actively applying clinical knowledge to the work they do.

In terms of skill development, clinician educators are also advised to create a research agenda to help them gradually learn about scholarly work and begin applying it to their job. This will also help clinical educators develop goals for themselves, identify areas of interest, and possibly even choose specializations. Another area of skill development pertinent to academia is a clinician educator's teaching style. Just as providers develop their therapeutic use of self that guides how they interact with patients, educators will need to do the same for students. Each style will be unique and should ideally be flexible enough to accommodate a range of topics and learning needs. An important part of this teaching style is engaging students and not simply relaying information. Clinician educators should keep in mind that effective teaching is less about the quantity of information instructors relay than it is about the quality of information. Students will be most engaged and learn the best from key information, anecdotes, and your professional experiences. Additionally, because academia involves a team-based teaching approach, clinician educators should remember that they will have relevant clinical expertise to share with each occupational therapy cohort.

Just as therapists rely on progress notes, documentation, and testing to determine if patients are learning and growing, clinician educators must understand there are different metrics used in academia. Educators should be prepared to look at

test scores, class participation, written assignments, and more as measures of their success in teaching.

Therapists entering academia should be able to find a healthy balance between all of their commitments. It is recommended that they say yes to enriching learning opportunities such as service-oriented projects and campus-based committees. But they should be able to say no when they simply don't have the time to commit or it would serve as a detriment to their mental health. Since work in academia is overall more autonomous and flexible than it is in clinical settings, clinician educators should be able to adjust their duties and priorities to find a new balance between work and their personal lives.

Therapists transitioning to academia should remember that organizational structures move more slowly than they do in clinical settings. Therefore, it may take time for therapists to move up the ladder to higher positions and even implement new programs and protocols. Above all else, flexibility is considered a key quality in this part of the profession, since it can be difficult but rewarding to move between settings and even various educator roles. Clinician educators who are adaptable can also expect more job security as they may be able to transition more easily between positions once they enter academia.

Transitional Strategies for Organizations

As we mentioned, there are often a range of barriers for women and people of color who wish to enter academia, especially in the healthcare fields. Other strategies prove useful in helping therapists overcome these and other barriers to obtain and thrive in academic roles. Some recommendations include:

- Holding leadership accountable for inequities or obstacles that prevent women and/or people of color from entering academic roles

- Ensuring women and people of color are involved in recruitment and evaluation efforts

    - Programs can do this by applying a bias range to all teacher evaluation scores to level the playing field for anyone who is at risk of racism or sexism

    - Use standardized rubrics for recruitment and require two or more committee members to review all applications

    - Anyone writing letters of recommendation should use this same rubric along with a gender bias calculator

- Improving paid leave policies for parents of any gender

- Incorporating an equity advisor position in departments to advocate for pay transparency and equity, hiring, advancement, nominations, and cultural issues

- Creating clear job descriptions that not only convey a university's commitment to diversity, equity, and inclusion, but also are transparent about work roles and pay

- Making accommodations for all applicants or faculty with children, including but not limited to quality childcare and lactation support

- Offering monetary rewards and recognition for all mentors

- Discussing pay raises at each review

- Considering non-academic work experience just as much as research experience

- Encouraging family-friendly work events

- Making demographic information for publication reviewers and authors publicly available

- Assigning peer mentors to all new faculty

- Minimizing paycheck delays for scholarships, work-study programs, and other paid opportunities

- Monitoring the data for those who are first-generation college students, from rural areas, or are considered low socioeconomic status

- Creating junior-senior mentorship opportunities along with multiple mentor networks, which are formalized programs that build relationships between mentors and mentees based on career level, expertise, and other factors

  - These should be present throughout someone's career and especially at times of transition, such as mid-career, which is when women often struggle the most to manage work and family demands

Program directors should regularly perform equity analyses to gain a high-level look at any barriers that may exist from an organizational standpoint and take steps to remove them. Educators at this level should also consistently review policies and practices to ensure they do not prevent women and/or people of color from entering executive academic roles. Program directors can also implement cluster hiring initiatives while ensuring there is equity of job duties across all positions. To ensure all educators are successful and departments experience meaningful change, directors should focus on validating each educator's experiences, supporting their research, recognizing their achievements, and taking corrective action to target any injustices that arise and prevent them in the future.

Section 4 Personal Reflection

What might be a sign that an academic position is not a good fit for you?

Section 5: Case Study #1

An occupational therapist is considering entering academia as a replacement for her current job. Her main motivation is to find a less physically strenuous job, since patient care has been aggravating a back injury she has. She has no experience in teaching and is also not sure if she would want to be an educator full-time. She has 10 years of experience as a senior therapist in the inpatient rehabilitation unit of her local hospital. She lives in a rural area and is not open to moving since her husband has a well-paying job in the area. She is especially interested in virtual educator positions at universities in other states because she would get to work from her home. The college she graduated from is around 40 miles away and there are no other local universities. She thinks it might be best to reach out to them to see if they have any positions available, but she is nervous and doesn't know what to do first.

1. What is the best first step for this therapist to take in her job search?

2. What role might this therapist be a good fit for?

3. Is there a certain path that would be the most suitable for this therapist?

Section 6: Case Study #1 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What is the best first step for this therapist to take in her job search?

   Since this therapist is not sure if she wants to be an educator and doesn't know what it would even entail, it's best for her to do some research first. She should look at the different types of educators, the requirements for each of them, and their job duties. This will give her a good idea of what her day-to-day responsibilities would be. From there, she can develop an opinion about whether or not those roles are of interest to her. If she is still on the fence, it might be helpful to reach out to individuals who are currently occupational therapy educators. They can answer her questions, recommend resources that can give her more information, and offer suggestions for next steps if she decides she is interested.

2. What role might this therapist be a good fit for?

   With her specialty in inpatient rehab, this therapist may like starting off as a guest lecturer at her local university. If the students say they learned a lot from the lecture and the therapist enjoys interacting with the students, preparing lectures, answering questions, and more, she may want to mention to the course instructor that she can do additional lectures as the need arises. If she wants to immerse herself in academia more, she may be a good fit for a project-based position where she can work on a temporary basis. This would allow her to get even more teaching experience with less obligation.

3. Is there a certain path that would be the most suitable for this therapist?

   If the therapist decides she may not like academia based on her research, guidance from her mentor, or her experience lecturing, she may want to look into more flexible clinical options. Work as a hand therapist may be less physically demanding and she can even switch practice settings and

become a telehealth provider to work from home. It is not advised that this therapist enter a digital educator role as her first foray into academia, since that will not offer her much mentorship, resources, or support. If she decides to

Section 7: Case Study #2

An occupational therapist has been working as a clinician educator for 6 years. He works part-time in an outpatient clinic while maintaining a position as a clinical professor. He previously was experiencing success in both roles, but has recently been struggling to keep up with the demands after having his first child. He continues to get good reviews from his supervisors in each setting, but he worries that he won't be able to keep up with his duties for much longer.

1. What tools can this therapist use to help him?

2. Who might be able to provide him with support during this transition or time of need?

Section 8: Case Study #2 Review

This section will review the case studies that were previously presented in each section. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What tools can this therapist use to help him?

    This therapist would benefit from making a pros and cons list, either mentally or on paper. This would allow him to outline what he likes about each position and how he is performing in each. The therapist should also take into consideration how much value and job satisfaction he gets from

each role. If he is feeling more favorably toward one than the other, it may be a good idea to transition into full-time employment in that role instead to lighten his workload. Additionally, the therapist can speak to the program director at the university to see if there are other opportunities that would be a better fit for his current circumstances. The director can also recommend accommodations like on-campus childcare or parental leave that can help him focus more on family. This time off can also help him reassess his priorities and come back with a renewed purpose or more clarity in regards to his professional goals.

2. Who might be able to provide him with support during this transition or time of need?

It's best for this therapist to discuss his concerns with a mentor, either a new or existing one. They can shed some light on what the best course of action is and offer emotional support. Similarly, his peers or program director can be a resource to help him through this time. He may also want to consult the employee assistance program or on-campus counseling if he is especially struggling and is exhibiting signs of mental health concerns.

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