THE EXPERIENCES OF OCCUPATIONAL THERAPY CLINICIANS TRANSITIONING TO

THE ROLE OF FACULTY MEMBER: IMPLICATIONS FOR FACULTY DEVELOPMENT

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ABSTRACT

This qualitative, phenomenological study was conducted for the purpose of examining the experiences of occupational therapists transitioning from an occupational therapist to a full-time faculty member within a university setting. Using a phenomenological approach based on the work of Giorgi and Giorgi (2008), the study addressed the broad research question: What is the experience of occupational therapists transitioning from the clinic to academia? A purposive sample was used to select 11 occupational therapists for personal interviews.

Six elements of the general structure of the overall experience were revealed. The six elements found were (1) Opportunity and support to make a professional impact through the academic environment, (2) Steep learning curve to survival in the new context, (3) Maintaining emotional equilibrium and sense of competency, (4) The art of teaching, (5) Finding balance: Use of environmental supports, and (6) On the edge of a broader view of the educator role. Each element of the general structure of the experience was supported by the literature and was validated through analysis of the occupational adaptation theory. The intersection of the constructs of occupational performance and adaptation were found to have occurred throughout the process of the role transition of junior occupational therapy full-time faculty. These six elements of the general structure have important implications for practice to recruit, to develop and to retain qualified occupational therapy faculty.

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CHAPTER 1. INTRODUCTION

The beginnings of the profession of occupational therapy were characterized by the need to use occupation as a therapeutic tool in treating people with poor health and handicaps (Whiteford & Wilcock, 2001). The American Occupational Therapy Association (AOTA) Occupational Therapy Practice Framework: Domain and Process describes the term occupation as the breadth and meaning of everyday activities that people need or want to do (AOTA, 2002, 2008). Occupational therapists work with individuals, populations, and organizations to engage in occupations that promote health and participation in everyday activities (AOTA, 2010c, 2010d). Occupational therapists view the person holistically addressing the physical, cognitive, sensory, psychosocial, and other aspects of performance in a variety of contexts that support engagement in everyday life activities (AOTA, 2002, 2008, 2010c; Finlay, 2001; Gray, 1998). Common occupational therapy interventions include assisting people recovering from injury to regain skills, helping children with disabilities to participate fully in school and social situations, and providing support for older adults experiencing cognitive or physical changes (AOTA, 2013b). Occupational therapists work in a variety of settings such as hospitals, outpatient clinics, school systems, pediatric outpatient clinics, early intervention, home health, long term care facilities, community settings, industry, and mental health inpatient and outpatient settings.

Demand for Occupational Therapy Educators

Employment for occupational therapists is expected to grow 33% between 2010 and 2020, much faster than average of other occupations (U.S. Department of Labor, Bureau of Labor and Statistics (BLS), 2013). This growth is directly correlated to the aging population (Kornblau, 2001; Otty & Wrightsman, 2013), the higher number of children with autism spectrum disorder (BLS, 2013; Kornblau, 2001; Powell, Kanny, & Ciol, 2008) and medical

advancements and technologies that allow children born prematurely and individuals with chronic and acute illnesses to live longer productive lives (BLS, 2013; Kornblau, 2001).

This increase in the demand for occupational therapy personnel comes at a time when there is a shortage of qualified occupational therapy faculty. The increase in student program enrollment in occupational therapy, the growth of new occupational therapy programs across the country, and the approaching retirement of baby boomer faculty will combine to make this shortage more imminent (Fain, 2011; Otty & Wrightsman, 2013). There is a need to recruit, develop and retain occupational therapy practitioners in academia, but transitioning from the role of a clinician to that of an occupational therapy educator can be a challenging experience (Crepeau, Thibodaux & Parham, 1999; Nolinske, 1999; Mitcham & Gillette, 1999). Although occupational therapists do utilize interventions that involve teaching clients valuable ways to increase occupational performance, very few occupational therapy practitioners have received explicit preparation for teaching in a faculty role (Crepeau et al., 1999; Crist, 1999; Mitcham & Gillette, 1999). Becoming a faculty member requires a new set of skills and socialization into an environment that is quite different from the health care systems where occupational therapists practice (Crepeau et al., 1999). Therefore recruiting, developing and retaining effective faculty members that thrive in academia may be difficult (Crepeau, et al., 1999; Nolinske, 1999; Mitcham & Gillette, 1999). The American Occupational Therapy Association (AOTA, 2013a) is concerned about this issue and has initiated workshops to prepare faculty, but there have not been any studies published regarding the occupational therapy faculty transition experiences. The workshops provided by the American Occupational Therapy Association have been informed by other professions, but there is a need to understand the occupational therapy faculty

experiences in order to provide support, to develop, and to retain new full time faculty in the role of an occupational therapy educator.

Purpose Statement

This phenomenological study will describe the experiences of occupational therapists transitioning from a clinical practitioner to a full time faculty member within a university setting. This study will identify barriers as well as supports available to clinicians transitioning to academia and assist in the development of strategic efforts of leaders and mentors in the profession to support, develop, and retain new occupational therapy faculty in their role as educators.

Significance of the Problem

There are published studies on how nurses and others transition to the role of a full-time educator, but this is not the case for occupational therapy practitioners. Studies from nursing literature and professional teaching literature suggest that challenges to new faculty may include designing courses, teaching, advising, adjusting to the new role expectations, balancing the role expectations of research, teaching, and service, and learning how to navigate within the cultural environment of academia. In addition, there are increased demands on educators for accountability of student learning and participation in scholarship to advance the profession of occupational therapy (AOTA, 2007a; 2012).

The changes in the occupational environment have an impact on clinicians transitioning to the faculty role. Because occupational therapy practitioners initially are socialized into their professional roles as clinicians, the shift to academia requires a second socialization into the faculty role (Crepeau et al., 1999). According to Siler and Kleiner (2001), clinicians are socialized differently than academicians, creating a potential for culture shock when a clinician

assumes a faculty role. Although teaching, research, and service activities are core functions and expectations in the academic profession, they are not typically required in the clinical environment (Braxton, 2011; Toews & Yazedjian, 2007). Little is known as to what are the specific challenges that occupational therapy faculty encounter during the transition and what are helpful supports to assist in the transition. College teaching is arguably the only profession in the world where no specific training is required, yet full-time faculty have been expected to know how to teach and balance scholarly activities, and service within their new role (Nolinske, 1999). New faculty members often have little preparation or experience to cope with the development of academic teaching, research skills, and the psychological aspects of role change (Mitcham & Gillette, 1999). Therefore, establishing foundational concepts and themes about how occupational therapy faculty experience the transition process is necessary in order to meet the needs of new occupational therapy faculty.

Research Questions

Qualitative methods will be used to answer the following broad research question: What is the experience of occupational therapists transitioning from the clinic to academia? Topic questions to further understand the occupational therapy faculty experience are:

1. What stands out in their experience?
2. What challenges did they encounter during their experience?
3. What adaptations did they make to the challenges encountered?
4. What were some helpful supports in their experience?

Conceptual Framework

According to Ravitch and Riggan (2012), a conceptual framework is composed of three primary components: personal interests, topical research, and a theoretical framework. A

conceptual framework outlines the arguments for the study along with the inter-relationships among the primary components. The conceptual framework for this study was developed through investigation of related literature, personal experience of the researcher, and a theory utilized in occupational therapy practice that was developed by Schkade and Schulz (1992), known as occupational adaptation theory.

Through investigation of the literature it was found that although there are published studies on how a nurse transitions to the role of a full-time educator, this was not the case for occupational therapy practitioners. There will be an increased demand for full time faculty members in occupational therapy programs due to the increased demand for occupational therapy services, increasing enrollments in occupational therapy programs, and a decreasing number of full-time faculty due to retirement of baby boomers in the profession. This "perfect storm" will occur within the next 10 years with many new faculty members transitioning from the clinic to the classroom. This researcher's personal interest in this topic comes from the perspective of transitioning from the clinic to teaching at a technical college, to recently transitioning to a university setting where more emphasis is on research, teaching and service. Research studies from the nursing literature and professional teacher literature, along with research studies on the role transition of students from academia to practice in the occupational therapy literature further informed the researcher choices for the literature review topics in this study and methodology used.

The occupational adaptation theory will be used to guide the literature review and this research study because the premise of the theory refers to the adaptation process that occurs during role transition. Although the theory was originally written to guide occupational therapy practice when working with patients experiencing a major role transition due to a disability or

injury, this theoretical framework will be appropriate to assist in describing the major role transition of an occupational therapist to that of a faculty member. The theory describes the interaction of the person in their environment while completing an occupational challenge required in a new role.

The flow of the occupational adaption process begins with the occupational challenge and proceeds to a perception of the internal and external expectations for occupational performance (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2009). On the basis of the person's perceptions, an occupational response is generated, the response is evaluated, and the feedback to the person is integrated from the occupational response for future use (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2009). At the same time, evaluation and feedback integration functions are taking place in the occupational environment element (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2009). Refer to Appendix A for the schematic of the occupational adaptation theory.

A purposive sample of occupational therapists that are in the process of transitioning from the clinic to a faculty position in an occupational therapy Master's degree programs were chosen for this study. The sample was obtained through nomination of participants by program directors of Master degree programs. Participants interviewed have worked in the academic setting anywhere from 1 to 5 years. Participants that have had up to five years of experience in an academic setting are more likely to articulate the experiences encountered in academia from a broader perspective, due to their ability to reflect on the transition process over the years, versus participants that are in their first year in the academic setting. From a personal perspective, I am able to describe my experiences in much more detail now in my second year at a university setting, than I was in the first six months. The limitation of five years was used because those

participants that have more than five years of experience in academia may not be able to articulate the nuances of the transition experience. Interviews were conducted with occupational therapists that are employed full-time in the academic context rather than those who teach at an adjunct level, but retain clinical work. My perception was that full-time faculty were more likely to experience the cultural differences between the clinical and academic environment.

A phenomenological research design was chosen for this study. Role transition is very personal and each person may experience the transition process differently. In order to find out about each individual's experience, interviews with open-ended questions were used. Data was collected through personal interviews that were audio-taped and transcribed. Data analysis included highlighting significant statements that provided an understanding of how participants experienced the transition from the clinic to the academic environment. Data was analyzed through the lens of the occupational adaptation framework with attention to role transition, adaptation, and environmental influences. Development of key constituents (themes) were used to describe the participants experience and a structural description of the environmental factors that influenced how the participants experienced the transition process were included (Creswell, 2007; Finlay, 2002; Giorgi & Giorgi, 2008).

Definition of Terms

Academic Fieldwork Coordinator: A faculty member of an occupational therapy or occupational therapy assistant program that is responsible for advocating the development of links between fieldwork and didactic aspects of the occupational therapy curriculum, communicating about the curriculum to fieldwork educators and for maintaining contracts and site data related to fieldwork placements. This individual serves as a liaison between the student and fieldwork educator when the student is at the clinical site (AOTA, 2012).

Adult Education Knowledge: Teaching and learning processes and skills used in the teaching of adult learners.

Andragogy: The art and science of helping adults learn (Knowles, 1984).

Community of practice: The culture of an organization and/or assembly of professionals that share similar values and identities.

Fieldwork educator: A currently licensed or credentialed occupational therapist or occupational therapy assistant who has a minimum of 1 year of experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program (AOTA, 2012).

Fieldwork experience: Experiential education provided in the clinic that will assist the occupational therapy student to apply the knowledge learned in the classroom to occupational therapy practice.

Full-time faculty: Core faculty who hold an appointment that is full-time as defined by the institution, whose job responsibilities include teaching, research, and service.

Mentoring: A relationship between two people in where (the mentor) is dedicated to the personal and professional growth of the mentee (AOTA, 2012). A mentor has more experience and knowledge than the mentee.

Novice faculty: A faculty member that holds the title of instructor, adjunct, or assistant professor that has less than 6 years of experience in scholarly activity, teaching and service within a university setting.

Occupation: The term occupation refers to the breadth and meaning of everyday activities that people need or want to do (AOTA, 2008). The core of occupational therapy involves an understanding of occupation and purposeful activities and their influence on human

performance (AOTA, 2010a). Occupations are self-initiated, goal-directed and socially organized everyday activities that humans engage in from birth to death that may be personally satisfying and may serve an extrinsic purpose (Yerxa, 1998).

Occupational therapist: An occupational therapist is a graduate of an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) who has passed the national certification examination and meets state requirements for licensure/registration (AOTA, 2009b).

Occupational Therapy: Therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, work, community, and other settings. "Occupational therapy addresses the physical, cognitive, psychosocial, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life" (AOTA, 2007a, p.3).

Occupational Therapy Education: Entry-level Master's degree programs that are the entrance into the profession of occupational therapy and are accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). Some programs may require students to earn a baccalaureate degree in a related field before entering the master's-degree program in occupational therapy. Other entry-level programs may require extensive prerequisite coursework but not mandate a baccalaureate degree. Students enrolled in a professional occupational therapy program to study service delivery of occupational therapy that is governed by standards of the profession (AOTA, 2007c).

Role transition: Refers to the transformation in a person's occupation and identity to a new role through experiences and training.

Scholarship: Systematic investigation designed to develop or contribute to generalizable knowledge. Scholarship is made public, subject to review, and part of the discipline or professional knowledge base.

Delimitations of the Study

This study was limited to new full-time faculty in occupational therapy that have changed career paths from the clinic to an institution of higher learning within the last one to five years. The study participants were limited to higher education institutions that are working within an entry level master degree program in occupational therapy that only offers an entry level Master's degree and was not affiliated with a clinic on the university campus. The limitations of the participant population may impact the generalizability of the study. However, the results of the study may be transferable to other situations of allied health professionals, including occupational therapists transitioning to academia from various practice settings.

Organization of Remaining Chapters

Chapter 2 discusses the literature relevant to this study, including trends in occupational therapy education, occupational adaptation theory, related literature on role transition, the influence of context on role transition, adult learning theories and principles, faculty development, and socialization into the academic community. Chapter 3 presents the qualitative methods used in this study, including a description of the phenomenological study design, sampling procedures, and data analysis methods. Chapter 4 contains the participant portraits that include the first portion of the data analysis of the participant interview summaries. In Chapter 5 the qualitative findings will be presented. A discussion of the findings related to the literature, implications for practice and a summary of the research study are provided in Chapter 6.

CHAPTER 2. LITERATURE REVIEW

Trends in Occupational Therapy Education

In October of 2003, the Board of Directors of the American Occupational Therapy Association (AOTA) developed a Centennial Vision designed to be a road map for the future of the profession to commemorate the 100th anniversary of the association in 2017 (AOTA, 2007b). There were 10 important trends and change drivers in society that were considered to be relevant to the future needs for occupational therapy services (AOTA, 2007c). The relevant drivers of change included aging and longevity(Kornblau, 2001; Otty & Wrightsman, 2013; Powell et al., 2008), health care costs and reimbursement (AOTA,2007b, 2013a; Kornblau, 2001; Walker, 2001), prospective and preventative medicine (AOTA, 2007b; Kornblau, 2001), assistive technologies (AOTA,2007b; Kornblau, 2001), lifestyle values and choices, stress and depression, information access/learning, universal design for active living (AOTA, 2007b), the increasing diversity of the population (AOTA, 2007b; Kornblau, 2001), and the changing world of work (AOTA, 2007b; Kornblau, 2001).

The profession of occupational therapy is unique and dynamic, grounded in occupation, and is influenced by emerging knowledge and technologies (AOTA, 2007d). Occupational therapy practitioners are skilled at analyzing limitations that may result in diminished occupational participation and designing therapeutic programs through which people learn new skills or re-learn skills lost to illness, injury, or contextual constraints (AOTA, 2009c). The healthcare system is constantly changing and occupational therapy practitioners must be prepared upon entry into the profession to cope with the demands of the evolving environment (Padilla, 2007). The *Blueprint for Entry-Level Education* is a document designed to identify the content knowledge that occupational therapy practitioners should receive in their educational programs to prepare for the future of the occupational therapy profession (AOTA, 2010a). The

Blueprint identifies key knowledge that occupational therapists must understand to address the occupational performance needs of the people that they serve (AOTA, 2010a). As of January 2007, the master's degree is the lowest degree level where one can enter the profession as an occupational therapist, and occupational therapy assistants must obtain an associate's degree (AOTA, 2007c). The 2017 Centennial Vision states "We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (AOTA, 2007b). The education of future occupational therapy practitioners must consistently reinforce the development of new knowledge supporting the use of occupation, the application of clinical reasoning based on evidence, the necessity for lifelong learning, and the improvement of professional knowledge and skills (AOTA, 2007d). Further, occupational therapy education must focus on transforming practice as students learn the profession rather than waiting for students to transform it once they complete their degree (Padilla, 2007).

The Centennial Vision requires the profession of occupational therapy to definitely address specific concerns with regard to our educational processes and outcomes (Musselman, 2007). As social concerns evolve, occupational therapy practitioners must understand the occupational implications of broad contextual issues that affect health and well-being both directly and indirectly (AOTA, 2009c). To accomplish this, the profession must create a pervasive culture of scholarship to support the efficacy of occupation-based intervention and assure that graduates of a professional program are able to analyze and integrate research results into practice (Musselman, 2007). The profession recognizes the necessity of a broad range of scholarly endeavors that will serve to describe and interpret the scope of the profession, establish new knowledge, interpret and appropriately apply knowledge to practice, and engage

learners in their development and understanding of the profession (AOTA, 2009a). Among the

many challenges to occupational therapists by the *Centennial Vision* is the integration of

education, research and practice to gain recognition as a powerful discipline (Copolillo,

Shepherd, Anzalone, & Lane, 2010). Hooper, (2010) suggests that in order for the profession to

reach the vision of meeting society's occupational needs, occupational therapy educators should

keep the core subject of occupation and its complex relationship to identity, community, health,

and well-being as the center of focus in the daily classroom.

The role of educators in working toward the 2017 vision will be (1) the standardization of

our educational institutions; (2) the role of mentoring in establishing a professional identity; and

(3) the importance of networking within the occupational therapy profession and with other

professionals (Wolf, 2007). In addition, there are specific attributes that an educator will need to

develop depending on the context and changes that occur in the healthcare environment such as

the characteristics of innovator/visionary, scholar/explorer, leader, integrator, and mentor

(AOTA, 2009c). An innovator/visionary thinks outside of the traditional confines of the

profession to predict and propose ideas to meet future societal needs (AOTA, 2009c). A

scholar/explorer seeks, uses and produces knowledge and effectively disseminates new findings

to inform and address societal needs, and an integrator makes connections through analysis to

create a new, coherent understanding (AOTA, 2009c). According to the AOTA (2009c)

document on specialized knowledge and skills of occupational therapy educators of the future,

the desired attributes of occupational therapy educators will appear on a continuum from novice,

intermediate, and advanced levels of skills that will depend on the experiences, available

opportunities, and strengths of the educator. It is recommended that the contents of the

specialized knowledge and skills for occupational therapy educators' document are used to

articulate the professional development plans of faculty teaching two or more courses in the curriculum (AOTA, 2009c).

In the AOTA workforce survey (2010b), occupational therapy faculty reported that the workload distribution was 51% in teaching, 16% in scholarship, 12% in service and 21% in administration, advising, and student issues regarding fieldwork. The results of the workforce survey revealed that between 2015 and 2024, 226 out of 649 faculty members working in occupational therapy programs are planning to retire, leaving the future of the occupational therapy profession into the hands of novice faculty members (AOTA, 2010b; Fain, 2011; Otty & Wrightsman, 2013). This massive exodus from the profession of teaching in entry level master degree programs in occupational therapy is coming at a time when there is a 33% expected growth in the demand for occupational therapy services between 2010 and 2020 due to society's changing healthcare and occupational needs (Otty & Wrightsman, 2013). These changes in the workforce of occupational therapy faculty require a closer look at the transitional processes that occupational therapy practitioners experience and the meaning of those experiences when moving from the clinic to a university setting.

Occupational Adaptation Model and Role Transition

Schkade and Schultz (1992) developed the occupational adaptation model that explains the normal developmental process that leads to competence in occupational functioning within one's role expectations. One of the most important features of the occupational adaptation perspective is the integration of constructs of occupation and adaptation into a single interactive construct (Schkade & Schultz, 1992). One assumption of this perspective is that occupational adaptation is a normative process that is most pronounced in periods of transition (Schkade & Schultz, 1992). Professional transitions involved in job changes, promotions, and new responsibilities challenge the adaptation capability (Cohn, 1993). Figure 1 (*Occupational*

Therapy Student Manual, 2013) is an adaptation of Schkade and Schultz (1992) occupational

adaptation theory captures the process of occupational adaptation during role transition.
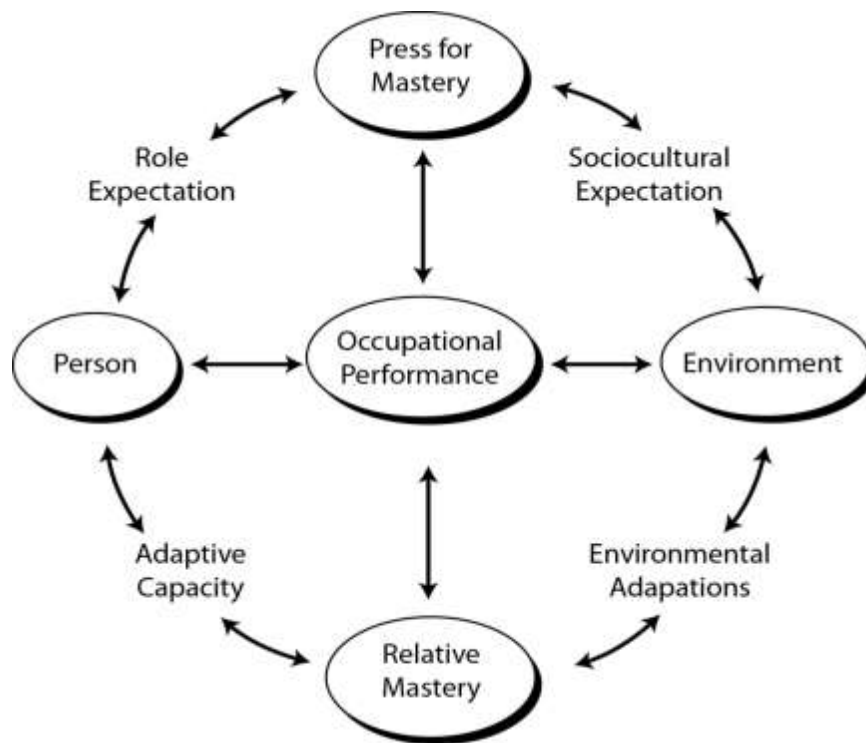
Figure 1. Occupational adaptation theory during role transition.

Schultz (2009) explained the process of occupational adaptation and the interaction of

internal and external factors: "The *occupational role expectations* of the person and of the

occupational environment intersect in response to the unique occupational challenge that the

individual experiences. A demand for adaptation occurs. The person makes an internal adaptive

response to the situation and then produces an *occupational response*. The *occupational*

response is the outcome—the observable by product of the adaptive response" (p. 465, italics in

original). This response may be an action or behavior that the individual carries out in response

to the occupational challenge (Schultz, 2009).

Because the occupational response is a consequence of the desire, demand and press for

mastery, the criterion used to assess the quality of the occupational response is *relative mastery*

(Schkade & Schultz, 1992). Individuals experience mastery uniquely, relative to how well they feel their occupational response met the occupational challenge within the context of their occupational roles (Turpin & Iwama, 2011). There are four ways that individuals may evaluate their relative mastery: (1) efficiency—use of time, energy, resources; (2) effectiveness—the extent to which the desired goal was achieved; (3) satisfaction to self, and (4) satisfaction to society (Turpin & Iwama, 2011).

Occupational challenges occur within roles played by the person so the expectations of a particular challenge will vary due to the environment and one's roles (Schkade & Schultz, 1992). The occupational environment is the context where the particular occupational role is carried out and represents the nonhuman and human factors of the physical, social and cultural subsystems within the environment (Schkade & McClung, 2001). As one can see by the schematic of the occupational adaptation theory during role transition, the relationship between the person and environment during an occupational challenge is influenced by several factors.

This research study explained the factors that influenced the transition process of occupational therapists that transitioned to the faculty role in the academic environment. The research design, methodology, and data analysis added knowledge about the transition experience and validated the occupational adaptation theory in regard to the transition experience of the participants. The results from this study can be used to inform the profession on recruitment, development and retention of occupational therapy faculty.

Role Transitions Seen in Occupational Therapy Students on Fieldwork

Garrett and Schkade (1995) tested the validity of the Occupational Adaptation Model of Professional Development (OAMPD) during Level II fieldwork of occupational therapy students. Level II fieldwork is the first transition from the classroom to the clinical setting where

students may experience occupational dysfunction due to role performance expectations exceeding student capabilities, or when student's perceptions of role expectations differ from those of the facility staff (Garrett & Schkade, 1995). The OAMPD proposes that students have three classes of adaptive response behaviors available for use: primitive (hyperstablized), transitional (hypermobilized), and mature—a combination of blended stability and mobility (Garrett & Schkade, 1995). These behaviors are part of the adaptive response generation sub-process of occupational adaptation (Schkade & McClung, 2001). Primitive behaviors of the student may emerge when task demands are too difficult or unfamiliar where the student may attempt to avoid or escape, deny requisite knowledge or even demonstrate "frozen" posture or other anxiety induced immobility (Garrett & Schkade, 1995). According to Schkade and Schultz (1992) the extended use of primitive behaviors leave an individual *stuck*—unable to produce adaptive movement. The student that becomes *unstuck* exhibits transitional behaviors where the student generates lots of activity, but it is not goal directed or purposeful (Garrett & Schkade, 1995). When the student adapts successfully to the challenges of Level II fieldwork, mature responses are exhibited (Garrett & Schkade, 1995). It is important to note that the classes of behaviors are not viewed as a series of stages to reach a higher level—individuals will continue to have all three classes of behavior in their response repertoires and may respond with mature behaviors under one circumstance and primitive behaviors during another (Garrett & Schkade, 1995; Schkade & McClung, 2001; Schkade & Schultz, 1992).

Role Transitions Seen in Novice Occupational Therapists

The next transition occurs when a student experiences changes in role expectations to an occupational therapy practitioner. Tryssenaar and Perkins (2001) conducted a phenomenological study to understand the lived experience of the transition process as it happened from the last

fieldwork placement through the first year of practice. Six rehabilitation students, three occupational therapists and three physical therapists, participated in the study (Tryssenaar & Perkins, 2001). The lived experience of the first year of practice included four consecutive stages: (1) The transition from the classroom to the clinical practice arena that occurred throughout the last fieldwork placement; (2) The start of professional practice that brought excitement and trepidation during the first 6 months; (3) Reality of practice stage occurred between 6 to 9 months of practice where there was a realization that working as an occupational therapist was not always a pleasant experience; and (4) The adaptation stage marked the beginning of a therapists new world of professional practice (Tryssenaar & Perkins, 2001). Themes from the journals included (1) descriptions of new practitioner expectations, (2) self-doubt and concern about competence, (3) politics within the workplace organization, (4) shock regarding facility politics and relationships and requirements of professional capability and dedication, (5) reflections on occupational therapy education processes, and (6) strategies to master the new practice environment (Tryssenaar & Perkins, 2001).

Toal-Sullivan, (2006) studied the lived experience of six Canadian occupational therapists during their first year of practice. The transitional experiences of the participants revealed that new practitioners were challenged by their limited practical experience, responsibilities of client care, system issues and role uncertainty (Toal-Sullivan, 2006). The author identified the need for greater exploration of the transition from student to practitioner and support of learning within the work environment and across contexts for professional development of occupational therapists (Toal-Sullivan, 2006).

Sutton and Griffin (2000) conducted a longitudinal study of Australian occupational therapists during their first year of practice with respect to expectations about working as an

occupational therapist, work values and work preferences. The findings of the study indicated that students hold inflated expectations about their first job and retain traditional occupational therapy work values (Sutton & Griffin, 2000). Waite (2013) indicated that confidence of a new occupational therapy practitioner in any setting has to do with fitting in and socialization into the community of the work setting. Sutton and Griffin (2000) found that three of the four top factors related to job satisfaction were related to work environment and the amount of support provided to novice therapists in their role as an occupational therapy practitioner. The team's knowledge and perception of occupational therapy were found to be important to new practitioner's professional identity (Toal-Sullivan, 2006).

Clinicians as Fieldwork Educators

Once a novice clinician is confident in their skill set, demonstrates the ability to interact with co-workers and clients, and has adapted to their new role, that clinician may become a fieldwork educator. A clinician with more than one year of experience is eligible to become a fieldwork educator (AOTA, 2012). Preceptorship acknowledges that education provides the foundation of a competent professional but cannot fully prepare the individual for the complexities of practice and the demands for expanding skills and knowledge (Morley, 2007). Most fieldwork educators wear at least two hats—the hat of a clinician and the hat of a fieldwork educator (Stutz-Tanenbaum & Hooper, 2009). Higgs and McAllister (2005) conducted a phenomenological study of clinical educators who also worked as therapists in speech pathology. Higgs and McAllister (2005) found valuable insights into the nature of the role of the clinical educator with six themes emerging: (1) a sense of self, (2) a sense of relationship with others, (3) a sense of being a clinical educator, (4) a sense of agency, (5) an endeavor to seek dynamic self-congruence, and (6) growth and development.

A core phenomenon found in the study by Higgs and McAllister (2005), was that the sense of self influenced how the fieldwork educators related to others, approached being fieldwork educators and took action in the workplace. According to Higgs and McAllister, (2005) personal investment in relationships with students created vulnerability as well as growth for both student and educator. Overall, an identity as an educator expands the fieldwork educator role to include designing learning experiences where the student learns to care deeply about clients, be more aware of self, use evidence, focus on the occupational needs of clients, engage in lifelong learning, and become an active member of the professional society (Stutz-Tanenbaum & Hooper, 2009). Interestingly, Stutz-Tanenbaum and Hooper (2009) also found that an occupational therapist that served as a fieldwork educator identified themselves first as a clinician, and second as a fieldwork educator.

Studies of Transition in Nursing

Although there are few studies in the literature about occupational therapists transitioning to higher education, there have been several studies in the nursing literature about transitioning from the clinic to the academic environment (Anderson, 2009; Dempsey, 2007; Schriner, 2007; Siler & Kleiner, 2001). Anderson (2009) described the work-role transition of nurses entering academia in her explanatory study of 14 expert nurses during the first two years of their career change. Early in the transition process, participants described expectations about student behavior, workload and the skills necessary to be an educator (Anderson, 2009). In the next phase participants focused on fitting in and establishing relationships, establishing credibility, and learning about the academic environment and new responsibilities in their role as part of the academic community (Anderson, 2009). Schriner (2007) described how cultural differences and similarities affected the transition of nurses into the faculty role from professional clinical

practice. Siler and Kliener, (2001) found that unfamiliarity with the academic culture was a basis for surprise when the reality of work and the academic situation differed from what was known before or expected. Novice faculty participants were unfamiliar with culture, language, and expectations of academia because this was not something that was encountered in a hospital setting or business world (Siler & Kliener, 2001). Schriner (2001) also found specific themes about cultural expectations versus cultural reality of novice educators, and noted changes in student culture that may have had an impact on novice faculty expectations.

Dempsey (2007) conducted a descriptive study of six clinical nurses in Ireland who transitioned to the role of a nurse educator. Five dominant themes were (1) feelings experienced during the transition; (2) educational preparation for the role; (3) actual and potential support structure available; (4) hindering factors of the role; and (5) overall transition experience (Dempsey, 2007). Fear of the unknown, role expectations, and a sense of loss of the clinical role with decreased self- confidence in ability to perform the new role were described by the participants (Dempsey, 2007). In Anderson's (2009) study, participants described their expectations and the reality of their roles as an educator and whether or not the new role was a good match. As participants become acclimated to their new roles, the focus shifted to survival, adjustment, and feedback about their performance from colleagues (Anderson, 2009).

Siler and Kliener (2001) found that novice faculty were most concerned about their performance as teachers and sought support from colleagues on teaching and fulfilling responsibilities of the faculty role. Participants did identify a lack of confidence in their teaching ability, workload, time constraints, and limited orientation to their new role and the university structure as hindering factors in role development (Dempsey, 2007). Preparation for the role through courses and support of colleagues and administration assisted in the transition process

(Dempsey, 2007). Neese (2003) agreed that experiential learning and mentored teaching were found to assist in the successful transformation of a clinician to an educator.

A period of uncertainty was evident in the studies of nurses transitioning to the educator role (Anderson, 2009; Dempsey, 2007), as participants questioned whether they had made the correct decision in leaving their previous clinical roles. Participants considered the role transition to be positive, despite experiencing anxiety and stress in the early stages (Dempsey, 2007). Negative feelings and experiences encountered were found to decrease as participants accepted their role change, gained experience in their new role, and became more familiar with their work environment (Dempsey, 2007). Anderson (2009) also found that novice faculty in their second year in the academic environment were able to identify and initiate changes within their own teaching, began to envision the future, find a balance between teaching, clinical expertise and personal lives, and had gained confidence in their new role.

Whenever an occupational challenge is experienced within a role expectation, an individual has a set of internal expectations of performance based on their capabilities, previous experiences, and the environmental contexts previously encountered (Schkade & Schultz, 1992; Schkade & McClung, 2001). The occupational adaptation model examines the elements of the person, occupational environment and the interaction between the two during performance of role expectations (Schkade & Schultz, 1992; Schkade & McClung; 2001). The person elements in the occupational adaptation theory are composed of the sensorimotor system, cognitive system, and psychosocial system (Schkade & Schultz, 1992; Schkade & McClung; 2001). The sensorimotor, cognitive and psychosocial systems are influenced by one's genetic, environmental and phenomenological subsystems (Schkade & Schultz, 1992; Schkade & McClung; 2001).

Anderson (2009) found that participants thinking processes such as analysis, knowledge, comprehension, application and synthesis occurred during the role transition from a nurse to a novice educator. The psychological aspects of transitioning to a new work role included coping with role expectation changes and adjusting to the new role (Anderson, 2009). According to Geijsel and Meijers (2005) emotions are involved in the process of role transition and even have a key role. In addition, the social aspects of transition emphasize the relational elements involved in establishing oneself in a new role (Ashforth, 2001).

Faculty Development

Faculty development has been broadly defined to include any and all assistance to faculty to help them fulfill their roles as teacher, content expert, researcher, leader, and team member (D'Eon, Overgaard, & Harding, 2000). The essential features of teaching include designing and instructing students with specific outcomes in mind, use of a variety of teaching methods, justification of teaching methods based on the learning phase of the student and learning environment, social context, and influence of the moral development of students (D'Eon et al., 2000).

Occupational therapists entering academia encounter periods of learning, development of competence and adjustment to the culture of the institution (Vassantachart & Rice, 1997). To some degree there are some faculty and clinician role similarities. Within both roles the occupational therapy practitioner shares clinical expertise and knowledge, provides meaningful active learning activities, facilitates effective relationships with individuals, works collaboratively with team members, and provides positive reinforcement and feedback (Crist, 1999). In the role of an educator, the occupational therapy practitioner must be ready to engage in new professional development activities and continuous learning related to quality

teaching, scholarship, and service in addition to establishing a specific clinical teaching expertise (Crist, 1999). According to the AOTA workforce survey, (2010b) the majority of workload distribution for occupational therapy faculty was focused on teaching students.

When working with novice faculty members, it is important to utilize adult learning principles during faculty development. Knowles (1984) coined the term andragogy as the art and science of helping adults learn. Novice faculty need to be provided with specific strategies to use when teaching adult learners. Key features of faculty development in medical education are the use of experiential learning strategies, the value of constructive feedback, utilization of adult learning principles to promote effective teaching and learning, a collegial relationship with peers, and the use of multiple instructional methods to achieve objectives (Steinert et al., 2006). Teaching medical teachers how to teach is especially challenging given the lack of formal training in the underlying educational sciences, the demands of having to learn on the job, and the potential for discomfort in learning new skills and approaches (Pololi et al., 2001).

Adult education theory suggests that learners need to perceive the relevance of educational material to learn most effectively (Brookfield, 1995; Knowles, 1984). Deeper learning occurs when the learner is emotionally engaged during or by the learning, therefore opportunities to reflect on learning should be incorporated into faculty development so that faculty can develop a greater self-awareness of personal experiences and feelings about being taught and teaching others (Pololi et al., 2001). Hewson (2000) advocated use of learner-centered, interactive, experiential, and reflection teaching strategies for faculty development based on adult learning principles. Occupational therapists develop reflective skills as students and these are a necessary requisite to advancing competence and autonomy (Morley, 2007). Critical reflection helps teachers distinguish the dimensions of students' actions and motivations

teachers can affect from those that are beyond their influence, assisting teachers in making informed decisions in the classroom (Brookfield, 2002).

Gibbs and Coffey (2004) conducted a three year international study of the training of university teachers and found that a teacher's behavior and approach to teaching improve student learning processes and outcomes. Steinert et al. (2006) also suggested that an important outcome of faculty development is improved student performance. Student-focused teachers are more likely to have students who make sense of the content rather than students who take a surface approach, that is, memorize content (Gibbs & Coffey, 2004).

Faculty development should not be an isolated event in the lives of teachers, but an ongoing matter where groups of teachers spend time questioning and clarifying the purpose of the teaching used, explaining, criticizing and justifying activities in the light of a renewed understanding of the purpose and context of teaching (D'Eon et al., 2000). Mitcham and Gillette (1999) recommended that the occupational therapy profession adopt a more systematic approach to conceptualizing, planning, and orchestrating faculty development not only for practitioners new to academia, but also for faculty members throughout their academic careers. These authors also recommended that the profession of occupational therapy develop strategies to socialize and encourage prospective faculty members to develop the necessary academic qualifications before assuming academic positions.

Socialization into Academia

Entry into the academic workforce can be described as challenging. Effective mentors guide using their institutional knowledge of the norms, values and procedures of the institution and from professional experience (Mullen & Hutinger, 2008). The premise of mentoring is that beginning faculty will become quickly socialized to the academic organization with the help of

seasoned colleagues who serve as role-models and advisors. Within academia, mentorship

traditionally involves assistance in teaching skills, research, and career advancement as well as

with learning to navigate institutional and academic culture (Carey & Weissman, 2010).

The traditional mentoring relationship is ideally reciprocal, mutually-beneficial, and both

personal and professional (Carey & Weissman, 2010). A mentor fulfills psychosocial and career

functions in the life of a person new to the organization and its culture (Cawyer, Simonds, &

Davis, 2002). From the psychosocial perspective, mentors act as role models who provide

counseling, acceptance and friendship. Psychosocial mentoring refers to helping novice faculty

members with the cultural, environmental and personal adjustments relevant to their new

positions and involves role modeling, acceptance and confirmation, counseling, and friendship

(Borders et al., 2011). The psychosocial function, when nurtured, fosters personal satisfaction in

the relationship and workplace as well as competence, effectiveness and professional identity

(Tenenbaum, Crosby, & Gliner, 2001). From a career standpoint, a mentor sponsors, coaches

and protects the novice faculty member as he/she develops professionally (Cawyer et al., 2002).

Tangible examples of mentoring as a career function include aiding novice faculty in publication

productivity and research presentation, development of professional skills and networking, and

learning how to read college politics and cultural mores (Mullen & Hutinger, 2008).

In the early stages of a mentoring relationship, the career development component may

be more important. As the relationship matures, the mentees may be in need of a different kind

of mentor, depending on their social needs at that phase of their career (Kosoko-Laski, Sonnino,

& Voytko, 2006). Novice faculty members had been experts who gave up their sense of control

and started over in the life of a novice in academia (Cowin, Cohen, Ciechanowski, & Orozco,

2012). Cowin et al. (2012) found that the affective domain was critical in the mentoring

relationship. Having a mentor is a predictor of career satisfaction for faculty in academic medicine (Kosoko-Laski et al., 2006). Mentees found the mentoring relationship beneficial in supporting their writing growth and in negotiating the emotional turbulence in their contexts (Cowin et al., 2012).

Cawyer et al. (2002) found five characteristics of mentoring relationships that may impact a new faculty member's socialization, thereby assisting in the development of his/her organizational identity. The characteristics were (1) interpersonal bonding, (2) social support, (3) professional advice, (4) history of the relationships within the department/organization, and (5) accessibility to the mentor. In order for a new faculty member to assimilate into a new work environment the individual must have the ability to establish supportive interpersonal relationships, opportunities to understand the structure of the organization and learn the day-to-day operations of the work environment (Cawyer et al., 2002). Miller & Noland (2003) found that mentors in their study placed a greater emphasis on communication of the unwritten rules of research, teaching, and service to mentees. Faculty that are mentored become more productive scholars and more confident teachers, feel less isolated and have more collegial relationships with other departmental faculty, report higher career and job satisfaction and experience greater career advancement than those that are not mentored (Borders et al., 2011). Lack of time, limited access and the presence of perceived conflict of interest are all potential barriers to the establishment of informal mentoring relationships (Leslie, Lingard, & Whyte, 2005).

Mentoring is one avenue for improving the quality of work life for organizational members. New faculty members seek open communication with administrators and colleagues as they confront the challenges of a new job. These challenges often include the lack of confidence in pedagogical skills, problems decoding expectations of the organization, learning to

budget job and family responsibilities, creating relationships with colleagues and producing research (Schrodt, Cawyer, & Sanders, 2003). Schrodt et al. (2003) findings suggested that new faculty who are mentored felt more connected to their work environments than non-mentored peers. Novice faculty that were mentored had a greater sense of ownership of their departments, received information about tenure and promotion, research, teaching and service expectations more frequently than non-mentored faculty members (Schrodt et al., 2003). Mullen and Hutinger (2008) found that formal mentoring supported by administrative leaders and faculty leaders led to opportunities for new faculty to learn all facets of scholarship development in the areas of research, teaching and service. Lack of mentorship has consistently been identified as a barrier to completing scholarly projects, publication, and is frequently perceived to be one of the most significant impediments to academic careers in medicine (Carey & Weissman, 2010).

Creighton University School of Medicine and Wake Forest School of Medicine sought to increase the number of women and minorities at the full professor rank within their respective universities through establishing a mentoring program (Kosoko-Lasaki et al., 2006). The overall success of the program is being evaluated by objectively tracking: a) the rate of retention of faculty at one year and five years, b) number of faculty achieving tenure, c) number of faculty achieving promotion, d) advancement after departure from the university setting, e) number of memberships in professional organizations, and f) number of participants in local, regional and national committees (Kosoko-Lasaki et al., 2006). The long-term goals of the program are to increase the number of women promoted to senior faculty ranks and leadership positions, and to foster the retention of women faculty (Kosoko-Lasaki et al., 2006).

Borders et al. (2011) explored the principles of good practices in mentoring for promotion tenure seeking faculty members employed within the counseling department at their

university. The findings were that faculty members preferred informal mentoring compared to formal mentoring; that is when individuals choose each other they form a more successful relationship and can create an individualized approach tailored to the needs of the novice faculty member (Borders et al., 2011). Mullen & Forbes (2010) also recorded the benefits of informal mentoring—through the pairing of less experienced faculty with more experienced faculty, the continuation of cohorts from graduate school, and the use of electronic communities. Peer mentoring was found to increase work satisfaction by enabling an individual to feel competent and confident in his or her role in an organization and provided psychosocial support that senior faculty members could not provide in the same way (Borders et al., 2011).

New faculty may require more assistance from senior colleagues in their adjustment to academia, which includes establishing their identity as researchers and teachers (Mullen & Forbes, 2010). Collegiality is used to refer to the bonding relationship that untenured faculty experience with peer mentors and senior faculty and also their immediate professional environments (Mullen & Forbes, 2010). Untenured faculty who participate in the academic culture as an opportunity for professional growth may stand a much better chance of becoming empowered in their new roles (Mullen & Forbes, 2010). Cawyer & Friedrich (1998) suggested that the socialization processes an organization uses to orient new members can have a significant impact on both new members and the organization. Regardless of context, how messages are communicated and what is communicated affects members' perceptions of their new environment (Cawyer & Friedrich, 1998).

Schrodt et al. (2003) concluded that faculty who participated in a mentoring relationship reported receiving more adequate information about the research, service and teaching expectations of their departments than non-mentored faculty. Among many factors associated

with the promotion and tenure of allied health faculty were participation in clinical practice, scholarly preparation as indicated by a terminal degree and availability of mentors (Peterson, Stuart, Hargis, & Patel, 2009). Institutions that provided mentoring programs to assist faculty with scholarly activity had a greater percentage of successful candidates during the promotion and tenure process (Peterson et al., 2009).

Summary

There are many types of role transitions that occur within the context of occupational therapy practice; (1) Students transitioning from academia into practice environments during fieldwork experiences, (2) transitioning to the role of an occupational therapist in one's chosen professional setting, (3) advancing expertise and development from novice to expert clinician, (4) becoming a fieldwork educator, and (5) transitioning to the sociocultural expectations of organizations and practice settings throughout one's professional career. However, one of the aspects of occupational therapy service delivery that has not been studied in context is the experience of transitioning from an occupational therapy clinician to a novice faculty member in a university occupational therapy program.

During each role transition, there is an interaction between the person and their environment in mastering their occupational performance to meet role expectations (press for mastery). The person's desire to master the occupational challenge of teaching, conducting research and writing publications, and providing service to the university, department, community and profession occurs within an unfamiliar sociocultural environment (interaction of person and environment during occupational performance). The measure of success in meeting the occupational challenge rests in the evaluation of one's efficiency, effectiveness, satisfaction to self, and satisfaction to society in meeting goals and role expectations (relative mastery).

Learning to navigate the environmental landscape and understand the expectations of performance in context is influenced by one's emotions and cognitive processes (adaptive capacity). Adaptive capacity is the ability to generate a response during an occupational challenge that will permit an individual to successfully perform the task that satisfies the desire for mastery within their role expectation. The individual continues through the process of adaptation by evaluating their own response and feedback from others to generate a more productive response that can be incorporated into other situations and contexts.

The challenges of experiencing a role transition may be alleviated by faculty development initiatives in higher education institutions and within the profession of occupational therapy. Faculty development is not an isolated event, but could be an ongoing socialization of graduates and clinicians to higher education with specific plans for ongoing faculty development that is student centered. Adult learning principles and use of reflection of one's learning experiences and feelings if incorporated into plans for faculty development allow faculty to understand and learn about themselves in order to assist in the establishment of a new personal and professional identity within their new role.

An important component of faculty development is the professional socialization process and understanding the culture of the institution within their new role. Mentoring programs that are designed to assist faculty in establishing their personal and professional identity within the institution have been related to faculty personal and career satisfaction, success in career advancement in the areas of teaching, research, and service, alignment with the institution, and retention of faculty. Senior faculty members may serve as a role model and advisor to new faculty members to assist in their psychosocial adjustment and professional development. Faculty members that feel that they "fit" in to their department and institution tend to become

part of the community of practice and participate and engage socially with others in their department and university setting.

CHAPTER 3. METHODS

The purpose of this phenomenological study was to describe the experiences of occupational therapists transitioning from the clinic to a full time faculty position in a Master's degree occupational therapy program. This study identified barriers and supports available to clinicians transitioning to academia.

Permission was secured from the Institutional Review Board at North Dakota State University prior to the start of the study (Appendix B). Qualitative methods were used to answer the following broad research question: What is the experience of occupational therapists transitioning from the clinic to academia?

Topic questions to further understand the occupational therapy faculty experience are:

1. What stands out in their experience?

2. What challenges did they encounter during their experience?

3. What adaptations did they make to the challenges encountered?

4. What were some helpful supports in their experience?

Phenomenological Design

Phenomenology seeks to describe the psychological meanings that constitute an experience through investigating and analyzing lived examples of the phenomenon within the context of the participants' lives (Giorgi & Giorgi, 2008). Because experience is created through the interaction of the individual and the world, changes in either will alter experience. The phenomenological approach is used to understand the participants' experience. Phenomenology is a form of interpretation that says human consciousness is the key to understanding the world (Shank, 2002). Describing the essence of a lived phenomenon is accomplished through study of several individuals that have shared a common experience (Creswell, 2007). Descriptions from participants of their experience and the search for psychological meaning as lived by the

participant drives analysis of the data (Giorgi & Giorgi, 2008). According to Giorgi and Giorgi (2008), there are four main steps during data analysis: (1) read the entire description of the experience of each participant to get a grasp of the global experience, (2) put a slash in the text every time there is a different meaning in phenomenological attitude, (3) make meaning units bearers of psychological meaning through thick descriptions (transformation and synthesis of data) and (4) describe general structure (essence of the participant's experience) and the key constituents and relationships among the participants lived experiences.

The phenomenological approach elicited in-depth information as to how new occupational therapy faculty experienced the transition from the clinical environment to the academic environment. Using a phenomenological lens enabled the researcher to study the phenomenon of the experience of occupational therapists transitioning to academia. Through data analysis, a general structure of the essence of the participant's experience was revealed and twelve key constituents (themes) emerged. The outcomes and implications for practice from this research study will be discussed further in chapter six.

Researcher as Instrument

Phenomenological interviews require patience and skill on the part of the researcher to rely on participants to discuss the meaning of their experiences (Creswell, 2007). The quality of the data collection was dependent on the ability of the researcher to attend to personal bias and to be attentive to the perspectives of study respondents. Markers of a good qualitative researcher as an instrument include familiarity with the phenomenon and the setting under study, strong conceptual interests, and good investigative skills (Miles & Huberman, 1994). In order to develop an equitable interviewing relationship, the researcher must be aware of her own experience with race, ethnicity, gender, linguistics, class, hierarchy, and status (Seidman, 2006).

Reflexivity can be defined as thoughtful, conscious self-awareness. Reflexive analysis in research encompasses continual evaluation of subjective responses, inter-subjective dynamics, and the research process itself (Finlay, 2002). Bracketing is a method of suspending one's natural assumptions about the world so that what is essential in the phenomena of consciousness can be understood without prejudice (LeVasseur, 2003). By acknowledging factors influencing a fundamental stance toward respondents the researcher can guard against evaluative wording and can more objectively capture the views of the respondent (Emerson, Fritz, & Shaw, 1995).

As a middle-aged white woman and an occupational therapy educator who herself recently transitioned from a technical college to a university medical school, the researcher brought life experience and credibility to the interview process. The researcher has been an educator and fieldwork coordinator in an occupational therapy assistant program for the last 12 years and was familiar with a wide variety of practice environments and the educator role in a technical occupational therapy program. The researcher's experience in teaching and meeting with a number of occupational therapists in regard to fieldwork issues has resulted in well-developed communication and interview skills. This was an asset when conducting this research study. The researcher's recent experience transitioning to a university environment caused it to be a challenge to suspend her own interpretations of assuming a new faculty role, through reflexivity and bracketing of one's experience. Finlay (2002) stated that a phenomenologist's first task is to "bracket out" beliefs so that she can enter the lived experience and attend genuinely and actively to the participants view. According to Finlay (2002), the researcher goes through the process of self- dialogue between one's pre-understandings and the research process. In addition, there is an analysis between the self-interpreted constructions of the researcher and

those of the participant (Finlay, 2002). Regular writing of reflexive field notes and collaboration with the project advisor was utilized to mediate the impact of researcher bias on data collection.

Unit of Analysis

The main unit of analysis was individual junior faculty interviewees. Study participants were full-time assistant professors working in Master's degree occupational therapy programs. Study participants had between one and five years of experience working in academia in their respective programs. With consent from the participants, interviews were taped and transcribed.

Study Participants

Purposeful sampling is often used in qualitative research in order to locate individuals who can provide an understanding of the research problem (Creswell, 2007). During selection of participants for phenomenological studies, it is important that all participants have experienced the phenomena being explored, such as transitioning from the clinic to academia, and can clearly describe that experience. The sample groups should be as homogeneous as possible to allow the researcher to explore a phenomenon as it is shared by a specific group (Clarke, 2009).

A purposive sample of full time occupational therapy faculty teaching at an accredited Master's degree entry level occupational therapy programs in the United States was utilized for this study. In order to find individual therapists from across the nation in different geographical regions, the researcher searched through advertisements for faculty positions in *OT Practice* magazines. *OT Practice* separates the listings for full-time faculty into South, West, Northeast and Midwest geographical areas. The advertisements from 2011 and 2012 were collected and the researcher made a list of full-time faculty positions in each geographical area along with the program director's contact name, and email address. Programs that were seeking faculty to teach in Occupational Therapy Doctorate (OTD) programs were eliminated. Advertisements that listed

academic fieldwork coordinator positions as entry level assistant professor positions were also eliminated due to the dual role of full-time faculty member and coordinator of fieldwork.

Earlier this researcher attempted to search out specific schools using the American Occupational Therapy Association website, where accredited Master degree programs are listed in each state. However, there was no way to tell whether assistant professors listed on each of the school websites were assistant professors that had transitioned directly from a clinical setting, or just merely transferred as a full-time faculty member from one program in one state to a new program in a different state. Therefore in order to gather a sample size that would include licensed occupational therapists that had transitioned directly from a clinical setting to an academic setting, the sample was drawn from the list of advertisements for full-time faculty from the 2011-2012 *OT Practice.*

An email was sent to program directors of Master's degree occupational therapy programs that included the criteria for participants to be included in the study. The email (see Appendix C) included as attachments, the consent form (see Appendix D) and invitation to participate in the study (see Appendix E). Ten program directors were contacted in the Northeast region, followed by eight in the Midwest, seven in the South, and six in the West geographical regions of the United States. The program directors were asked to forward the email along with the invitation to participate in the study and consent form attachments to new faculty within their department that met the criteria.

Within an hour of sending out the nomination e-mails to program directors, this researcher began to receive e-mails from prospective participants. This researcher sought to complete eight to ten interviews from across geographical regions of the United States. In order

to accomplish this task, interviews were conducted over the telephone, through Skype, or Face Time.

According to Starks and Brown-Trinidad (2007), although a large sample may provide a broader range of the phenomenon, data from eight to ten individuals who have experienced the phenomenon—and who can provide a detailed account of their experience, should suffice to uncover the core elements of the experience.

Ten interviews were set up from direct e-mails from the participants after receiving the forwarded message from their program directors. An additional interview was set up after a program director referred the name of an individual that met the criteria for the study and a follow-up invitation to participate in the study was sent to the prospective participant. There was an average of five e-mails sent to each participant in order to set up the interview times and format (telephone, Skype, or Face Time). A total of 11 participants were interviewed for this research study. See Appendix F for amended IRB.

All participants were assistant professors that had transitioned during the last one to five years from working as an occupational therapist in a clinic to a position as a full-time faculty member. Nine of the participants had taught as an adjunct instructor prior to making the move to full time academia. Of the 11 participants interviewed, five were from the Northeast, two were from the Midwest, two were from the South, and two were from the West geographical regions. According to the 2013-2014 academic programs annual data report published by the AOTA, the Northeast region of the United States has the most schools with occupational therapy Master degree programs with a total of 50 schools. The Midwest region has 40 programs, South region has 37, and the West region has a total of 16 programs. The Southwest region is listed with only 14 programs, however as stated previously, the *OT Practice* magazine advertisements only use

four regions, divided into the Northeast, Midwest, South, and West geographical regions. Ten participants (91%) were females, and one participant (9%) was a male. According to the 2010 workforce survey from the AOTA, 87% of occupational therapy educators teaching in Master degree programs are female, and 13% are male so the sample was fairly representative of the population. Participants had been practicing in a clinical setting between 10 and 30 years for a total of 219 years of practice among participants. Eight of the participants had practiced in pediatric occupational therapy prior to coming to work in academia full-time, and six of the participants began teaching full-time after obtaining their Occupational Therapy Doctorate (OTD) degree. Interestingly only five of the participants had taken a course on adult learning and education in their doctorate program. See Table 1 for further description of the characteristics of the study participants.

Data Collection

The primary method of data gathering used in phenomenological studies is the use of face-to-face interviews (Giorgi & Giorgi, 2008; Seidman, 1991). In this study a semi-structured one-on-one interviews with open-ended questions was utilized. At the root of in-depth interviews was an interest in understanding the experience of other people and the meaning they make of that experience (Seidman,1991). As there were no predicted responses, there was flexibility for additional and clarifying questions and these were added as appropriate for the interview situation. A practice interview with an OT colleague was conducted in the researcher's home office. Neither the participant nor the data from the practice interview was used in the study; it was a means of determining whether the questions asked were clear to the interviewee and it also provided a chance for the researcher to practice her interviewing skills. Ten of the semi-structured interviews were conducted between January 15 and February 28,

Table 1. Participant Characteristics.

Subject	Age	Years in Practice	Area of Practice	Level of Education	Adjunct Instructor	Adult learning classes
P1	56	30+	Pediatrics	OTD	No	No
P2	46	21	OT Generalist; Pediatrics	OTD	Yes	Yes
P3	55	30+	Physical Disabilities	OTD	Yes	No
P4	55	30+	OT Generalist; Pediatrics	OTD	No	No
P5	33	10	Pediatrics	MS, OT	Yes	No
P6	36	12	Pediatrics	OTD	Yes	No
P7	45	14	Pediatrics	MOT Pursuing PhD	Yes	Yes
P8	38	12	Mental Health	PhD, OT	Yes	Yes
P9	45	23	OT Generalist; Pediatrics	MS, OT, Pursuing OTD	Yes	Yes
P10	47	22	Physical Disabilities	OTD	Yes	No
P11	38	15	OT Generalist; Pediatrics	OTD	Yes	Yes

2014 by telephone, Skype, or Face Time. The last interview was conducted over the phone and

had to be split into two parts due to an unforeseen circumstance of the participant. The first

portion of the interview occurred on April 17, 2013 and was completed April 21, 2013 after a

school holiday. Of the ten other interviews already completed four were conducted via

telephone, four were accomplished over Skype, and two were over Face Time. One of the

interviews over Skype was delayed from its original date due to a snowstorm that took away

power for three days in the northeast region of the United States. The participant contacted the

researcher and arrangements were made to complete the interview the following Friday,

February 21, 2013. All of the interviews were completed by April 21, 2014 with the majority of

interviews completed by February 28, 2014.

Miles and Huberman (1994) suggested that data reduction occurs when the researcher

chooses the questions to ask in the interview in order to understand the participant's story. The

interview protocol included the research question outline with four main topic questions focusing

on (1) the participant's decision to move to academia, (2) influence of the environmental context,

(3) challenges and supports experienced in the educator role, and (4) adjustments made by

participants in their role as educators. See Appendix G for the interview script. Responsive

interviewing was used to allow the researcher to listen and respond to the participant instead of

using predetermined questions from the protocol (Rubin & Rubin, 2005) in order to gather rich,

thick details about each participant's experience.

In the phenomenological approach interviewers use primarily open ended questions

(Seidman, 2006). A major task of the interviewer was to build upon and explore the participants'

responses to these questions with the goal of participants' reconstructing their experience

(Seidman, 2006). Giorgi and Giorgi (2008) used broad research questions such as "tell me about

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a situation where you failed to learn" (p. 29) in order to understand the common experience of learning how to do something as a sample project in their book on phenomenology. Rubin and Rubin (2005) described the use of main questions, follow-up questions and probing questions when preparing and conducting an interview. The interviewer asked each participant broad questions such as (a) "tell me about your experiences moving from the clinic to academia" and (b) "how has your experience in academia changed during the time you have been in your role as a full-time faculty member?" Throughout the interview process the researcher asked follow-up questions and probing questions in order to understand the participant's experience as an occupational therapist moving from the clinic to academia as a full-time faculty member.

Most interviews with participants were 60 minutes to 90 minutes in length. One interview lasted 120 minutes. Participants were asked to select a format (telephone, Skype, or Face Time) and a time that would work best for them to complete the interview. Interviews were taped and transcribed following a verbal consent from the participant. Consent forms describing the risks and benefits of the study were provided with the initial invitation to participate in the study. Participants were not asked to sign the consent form. Rather at the beginning of the interview, participants were asked whether they had questions about the consent form and were asked to give verbal permission to the researcher to use the content of the interview for this research study. The researcher also jotted down field notes during the interviews and completed personal reflections after each interview. Initially the researcher transcribed the interviews, but after the first half of the interviews were completed, a transcriptionist was located and hired. Since a majority of the interviews took place in a six week period of time during the semester, a transcriptionist was hired to complete the interviews to assist the researcher with completion of interview transcriptions in a reasonable amount of time. The researcher completed six of the

interviews and the transcriptionist completed the remaining five. To ensure accuracy of the

transcriptions, the researcher replayed all audio recordings and compared them with the

transcribed data. Once the digital files were transcribed, they were destroyed. All information

was kept under lock and key at the researcher's home prior to analysis. It was anticipated that

the original transcriptions would be provided to the participants. However, the main adviser to

the study suggested that the participants would be more likely to review the individual interview

summaries than the interview transcripts, therefore the interview summaries were sent to each

participant to ensure accuracy prior to further data analysis. A full description of the processes

used to establish credibility and reliability of this study are discussed later in this chapter as well

as in chapter five.

Data Analysis

First, systematic readings of the transcripts of each interview provided the researcher

with a sense of the participant's whole experience, and continued until "a good grasp" of the

material was achieved with the aim of gaining an empathetic understanding of the language of

each participant (Kinn & Aas, 2009). Next, meaning units were formed by a careful rereading of

the description and noted by a slash in the text every time the researcher perceived a change in

the meaning in the participants' descriptions (Giorgi & Giorgi, 2008; Kinn & Aas, 2009). Third,

the meaning units were transformed with the goal of making the implicit psychological meaning

explicit to reveal meanings that were lived but not necessarily clearly articulated (Giorgi &

Giorgi, 2008). Thick description provided an interpretative process that sought to understand a

phenomenon in its fullest meaningful context (Shank, 2002). This third step generalizes the

analysis of data, so that it is not situation-specific and allowed for a description of what took

place in the participant's experience (Giorgi & Giorgi, 2008). A grid was constructed to depict

each aspect of the data analysis process. See Appendix H to view the sample grid format. In the first column, the meaning units (constituent parts of the data broken up) are described in the participants own words. The making of the meaning units is a practical step that will help in the achievement of the next step, which is the transformation of the meaning units into the words of the researcher as depicted in the second and third columns of the grid. The number of transformations completed was dependent on what was necessary to understand the meaning of the experience. Again, this step provided a description of what took place during each participant's experience (Giorgi & Giorgi, 2008). The meaning units were transformed using two columns. The first column was used for the initial transformation and the second column was presented for synthesis and further description of the psychological dimension if appropriate. The end product for step three "transformation of meaning units" was the completion of columns two and three on each individual interview's grid format. Once the transformation process was completed, the final synthesis column was reviewed and an individual interview summary for each participant was written. This method allowed for transparency of the data analysis process and provided ease of tracing the general structure back to rich descriptions provided by the participants. See Appendix I for an excerpt of the completed grid used for data analysis.

The excerpt has been provided to aid the reader in understanding the use of the grid and steps in the data analysis process. The provision of this visual aid was solely to help the reader understand the processes used and examine the transparency evident in the analysis process. Through providing only an excerpt of the data analysis grid, it assisted the researcher in protecting the identity of the individuals and kept the data sets confidential.

The final step of data analysis process is to develop the general structure of the experience. Dwelling on the phenomenon, the researcher clusters the formulated meanings from the particular to the general by retaining those features that were essentially invariant across all of the participants' transcripts (Creswell, 2007; Finlay, 1999; Kinn & Aas, 2009). The discussion of the structure of the experience belongs to the relationship between data and method and is gained by going over the last transformations of meaning units to determine what constituents are typically essential to account for the concrete experiences reported (Giorgi & Giorgi, 2008). The researcher's understandings are being continually modified moving back and forth examining the whole experience and the constituent parts between pre-understandings, interpretation, sources of information and what was being revealed (Finlay, 1999). This step was completed by reviewing the final transformations represented in the individual interview summaries to determine the general structure and key constituents that supported the general structure of the experience. The researcher verified the general structure by returning the transformed meaning units to see that all were at least implicitly included (Giorgi & Giorgi, 2008). The researcher continued to examine and review the meaning units and raw data in order to illustrate the findings of the study in more detail.

Validity and Reliability

Two broad types of threats to validity in qualitative studies are researcher bias, and the effect of the research on the setting or individuals studied, generally known as reactivity (Maxwell, 1996). Several strategies were used to reduce researcher bias and enhance the study's validity. Strategies included prolonged engagement with the participants and clarification of researcher bias (Creswell, 2007), use of reflexivity and bracketing (Finlay, 2002; Giorgi & Giorgi, 2008; LeVasseur, 2003), member checking (Creswell, 2007; Finlay, 1999), peer

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debriefing (Creswell, 2007; Maxwell, 1996; Miles & Huberman, 1994), thick description of data (Finlay, 1999; Giorgi & Giorgi, 2008), and triangulation of data methods (Creswell, 2007; Maxwell, 1996; Miles & Huberman,1994).

Clarifying researcher bias from the onset of the study was important to understand the researcher's position and any biases or assumptions that impact inquiry (Creswell, 2007). The researcher continually engaged in a reflexive dialectical analysis in an attempt to evaluate how her own subjective and inter-subjective elements impacted the research (Finlay 1999, Giorgi & Giorgi, 2008). In a phenomenological approach, the participants' expressions are accepted and valued. The researcher recorded what the participants said about their experiences rather than standing in judgment, aiming to capture simple, pre-reflective natural descriptions of how a phenomenon was experienced rather than assume that it was a reality (Finlay, 1999; Giorgi & Giorgi, 2008). In order to circumvent bias, the researcher engaged in journaling her thoughts and ideas that occurred during the research process. In addition, ongoing dialogue with the main adviser and an occupational therapy colleague also occurred. During data analysis the use of the Giorgi and Giorgi's (2008) grid format allowed for transparency in tracking the participants' original words to data synthesis. Prior to data analysis, the researcher was asked to present preliminary findings of the study at a conference, through reflection of the participants audio recordings. Before completing data analysis using the grid format, the preliminary findings were set aside. As data analysis occurred using the grid format, a clearer picture of the participant's whole experience emerged, dispelling any earlier bias and assumptions of the researcher.

Reflexivity refers to the process of researcher examination used to identify bias in terms of its impact on data-collection and interpretation of data. Through the use of reflexivity, subjectivity in research can be transformed from a problem to an opportunity (Finlay, 2002).

Reflexivity can be a valuable tool to examine the impact of position, perspective and presence of the researcher, promote rich insight through examining personal responses and interpersonal dynamics, and enable public scrutiny of the integrity of the research through offering a methodological log of research decisions (Finlay, 1999). Through reflective field notes, the researcher examined and recorded her perspective related to the study topic. This allowed the researcher to evaluate the thinking processes that impacted her understanding and interpretation of the phenomenon described by the participants. The method of bracketing or suspending one's natural assumptions about the world was done so that what was essential in the phenomena of consciousness can be understood without prejudice (LeVasseur, 2003).

Credibility, the degree to which the phenomenon described was the experience of the participants was cited throughout literature as a factor in assessing the integrity of the research conclusions (Creswell, 2007; Miles & Huberman, 1994; Seidman, 1991). A primary method for assessing the accuracy of the findings of the participants' realities was to complete a member check (Creswell, 2007; Maxwell, 1996; Miles & Huberman, 1994). Member checking decreases the potential for imposition of researcher bias and was used to confirm the truth value or accuracy of the researcher's observations and interpretations (Miles & Huberman, 1994).

During this study, member checking occurred when the individual interview summaries were developed. Members were asked to verify information and comment on their agreement with the interview summary (See Appendix J for follow-up interview e-mail). All 11 participants responded to the request for verification of the individual interview summaries. Three participants clarified statements they had made. The remaining participants verified that the interview summary was an accurate interpretation of the interview (See Appendix K for sample emails received for member checking). To address transferability, Maxwell (1996)

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recommended that data be detailed and complete enough to provide a full and revealing picture of what occurred in context. Creswell (2007) recommended reporting study findings using rich and thick descriptions of participants' experience.

Peer debriefing provides an external check of the research process, much in the same spirit as inter-rater reliability in quantitative research (Creswell, 2007). The role of the peer during debriefing is to act as a "devil's advocate" asking hard questions about methods, meanings and interpretations that provides the researcher the opportunity to talk about the researcher's feelings in the process (Creswell, 2007). The dissertation adviser, along with the dissertation committee external member from an occupational therapy program served as peer reviewers to assist in evaluating the analytical processes. This provided opportunities for the researcher to reflect on her interpretations of the data, and the data analysis process. Peer debriefing was utilized several times throughout the study to modify and affirm study interpretations (Miles & Huberman, 1994).

Another method for establishing credibility was through triangulation. Typically this method involves corroborating evidence from different sources to shed light on a theme or perspective (Creswell, 2007; Maxwell, 1996). Triangulation of data from the literature, participant member checks, and peer debriefing provided multiple data sources for validity of the interpretations and conclusions of the study (Creswell, 2007; Maxwell, 1996). Saturation of the key constituents (themes) that derived from the meaning of the phenomenon described by the participants also served as a method of triangulation.

According to Polkinghorne, (1989) a phenomenological study must be well grounded and well supported in order to be valid. Polkinghorne (1989) recommended five areas that need to be addressed by the researcher to establish validity. First, the researcher has to be sure not to

influence the participant's descriptions of their experiences. In this study, broad open ended questions were asked during the interviews as participants were asked to describe their experiences. During the first three interviews, participants asked "does that help?" or "is that what you are looking for?" and the researcher responded "Whatever you would like to share that has meaning to you." Next, the transcription must be accurate and convey the meaning from the interview. The researcher transcribed half of the interviews, and a transcriptionist was hired to complete the remaining interviews. To ensure accurate transcription, the researcher replayed all audio recordings while reading the completed transcriptions. Third, during analysis of the transcriptions, the data should be examined for potential alternative conclusions. The researcher provided data analysis to the main adviser and discussed interpretation of the findings with an occupational therapy colleague in order to gain feedback in regard to other potential interpretations of the data. Feedback from the main adviser and an occupational therapy colleague were incorporated into the data analysis and findings. Fourth, be sure that it is possible to go from a general structural description to the transcription to account for connections. The use of the grid format outlined by Giorgi and Giorgi (2008) allowed the researcher to trace the general structure and key constituents back to the original statements of the participants. Finally, be sure that the structural description is specific to the situation of the participant's experience. The main adviser and an occupational therapy colleague studied the structural description to ensure that it was specific to the situation of new junior occupational therapy educators.

According to Creswell (2007), reliability in qualitative research can be addressed through a variety of ways. This researcher addressed reliability through quality audio recordings of the interviews. In addition, the researcher listened to all recorded interviews while reading the

interview transcriptions to ensure that participants' words and vocal expressions were included in the original interview transcriptions.

CHAPTER 4. PARTICIPANT PORTRAITS

This phenomenological study examined the experiences of occupational therapists that have transitioned from the clinic to academia in the last one to five years. The context and individual summaries of each participant in the study will be presented in this chapter. The findings of the study are presented in chapter five.

Qualitative Interviews

The broad research question was "What is the experience of occupational therapists transitioning from the clinic to academia?" Topic questions to further understand the occupational therapy faculty experience included: (a) What stands out in their experience? (b) What challenges did they encounter during their experience (c) What adaptations did they make to the challenges encountered? (d) What were some helpful supports in their experience? This section of the chapter presents a description of the analysis procedures and subsequent findings of the study in a detailed and descriptive manner.

Data Analysis

Giorgi and Giorgi's (2008) method for data analysis, as described in Chapter 3 was closely followed. The focus of the analysis was to understand the experience of occupational therapists transitioning from the clinic to academia. Each participant was asked to discuss the challenges encountered in the faculty role, adaptations made, and helpful supports in the transition process. In order to understand the influence of the environment on the adaptation process, participants were asked to compare and contrast the clinical and academic environments and impact on the transition to academia.

Presentation of the Findings

The data will be presented in three parts, which is consistent with the data analysis procedures in phenomenology. Presenting the data in this way will allow the reader to follow the

process that occurred during analysis. The individual interview summaries will be presented in this chapter. The summaries will provide an understanding of each participant's experience and represent the analysis completed on each individual interview. In Chapter five, the general structure of the experience for the entire group will be reported. The final section of Chapter five will discuss the key constituents which support the general structure of the experience through detailed descriptions from the participant interviews. Presenting the findings in this manner allows for greater transparency of the findings.

Individual Interview Summaries

<u>P1</u>

P1 is in her late fifties and has practiced occupational therapy for more than 30 years. During her occupational therapy career she has worked primarily in outpatient pediatrics, but also has worked in acute hospitals, rehabilitation hospitals, and skilled nursing facilities. At one point she owned an outpatient pediatric company in another state. The economy went sour in her state and she had to close her company and "reinvent" herself. She likes learning and went to work on her doctorate in occupational therapy. She applied for a position across the country and accepted the position as a full-time faculty member. She teaches primarily pediatric courses but co-teaches physical dysfunction and foundation courses in occupational therapy. P1 reported that her main duties in her role at this public university are to teach and be involved in service with her students.

P1 suggested that what stood out to her the most in her transition was that there was not any orientation to the faculty position. She stated, "I literally walked through the door, was given a syllabus and shoved into an office—so I had no real guidance on teaching. I'm a good

clinician, had been a clinician for a long time, but the teaching aspect was like—ok, now here I am—just sort of self-taught."

P1 reported a big challenge to her was working for someone else and managing two households on a smaller salary. P1 had moved to a different state for her position in academia and was still paying the mortgage of her old home, while also paying for housing costs for the home where she currently lived. She mentioned that financial resources for continuing education courses were also limited. P1 was frustrated at the slow pace of change that occurred in academia and the lack of control that she had over those changes.

Another challenge has been the instability of the administration and its impact on the faculty in the occupational therapy program. However, with the faculty shortage, P1 suggested that the OT department and campus were eager to keep her happy in order to keep her as a faculty member.

P1 reported that she felt lonely being so far away from her adult son, especially over the holidays. Although she was invited to holiday events by other faculty, she was not comfortable spending time with them in their homes. She hoped that her son will be able to move to the state where she resided.

A challenge that she reported in regard to teaching was that she still experienced some nervousness when talking with a group of students. She felt more comfortable teaching one-on-one because she was accustomed to this type of teaching in the clinic. One of the adaptations she has made to adjust to her role was to come to class well-prepared. The experiences she has had teaching groups of students as a full-time faculty member has also helped her to become more comfortable in her role.

P1 described her growth in teaching over her first year. She reported that she had learned more about trends in practice and has updated her clinical skills through her role as a full-time faculty member. She reported that student's perceptions of her teaching abilities reflected her own feelings of mastery in specific classes that she taught. She found major discrepancies in student evaluations between courses where she was a primary teacher versus a co-teacher. She felt that she wasn't as prepared for co-teaching and did not normally guide the students like she would in the courses where she was the primary teacher. As a result, she reported that she will have to win over the students to gain their respect for her as a competent, confident faculty member in her pediatric courses next year.

Overall P1 felt satisfied with her experiences in her role as a full-time faculty member. She expressed an interest to be involved with research. She was excited about collaborating with the engineering department in research about OT things.

One of the most helpful supports during her transition was the collegiality of faculty within her department and on campus. She stated: "The faculty are great." She explained that faculty in her department were always willing to share ideas with her to help in her role. She also mentioned how friendly and relaxed it was among departments on campus. P1 provided an example of her plans to collaborate with engineering faculty on a research project.

Another helpful support during P1's transition was a program offered at the university to learn various teaching methods. P1 stated: "I love teaching. To me this is fun. This is not work." She was excited about doing things with students and the relationship she has with them and her ability to help students.

When reflecting on the differences between the clinic and academia, she stated: "It feels so different to me." P1 explained that she liked the pace of academia since it was slower than the

clinic and a big relief. The other major difference was evaluation of performance in the role. In the clinic, the occupational therapist evaluates the client's occupational performance. However, in academia, the students evaluate the occupational performance of how well the faculty member teaches a course.

P1 shared that one of the commonalities between the clinical and academic environment for her was the relationships she established with her clients and her students. In the clinic, she did everything she could to make the client feel better, and get them back to being as independent as possible. In the same way, P1 described doing everything she could to ensure students would be successful. She reflected on the importance of establishing and maintaining a supportive relationship with students. She described several situations where she worked with students to assist them in the development of professional skills needed in the clinic. She stated that she has found other faculty to be respectful and accommodating to student needs in order to assist in the learning process, and that was important to her as a member of the faculty in her department.

P2

P2 is 46 and has been an occupational therapist for over 20 years. She immigrated to the United States about 18 years ago. Once in the United States, she worked in long term care and acute care rehabilitation hospitals for seven to eight years and then transitioned to working in pediatrics. She worked in pediatrics for 10 years before accepting a full time position in academia. During the last four years, she taught a pediatrics class as an adjunct instructor for the Occupational Therapy Assistant (OTA) program one semester a year in her local community, while simultaneously working in the clinic setting. She indicated that prior to immigrating to the United States, she had taught at an occupational therapy school in her country. P2 obtained her

doctorate in occupational therapy prior to accepting a full time position in academia. She teaches pediatric courses, integration of fieldwork, problem based learning courses in physical dysfunction, and foundation courses in an occupational therapy program at a public university in her state.

P2 always knew she wanted to become an occupational therapy educator. While still a clinician, she enjoyed opportunities to teach therapists and students. In addition, she felt that as an educator she would have more opportunities to complete research in occupational therapy. A minor factor she also considered were the physical aspects of working in the clinic and her age. She had always wanted to teach in an OT Master's degree program, so when a full-time position opened up in a program two hours away from her family, she applied for it and was hired.

P2 described the responsibilities in her role during the first year as primarily in the areas of teaching in a variety of areas of OT that correlate with her experiences, advising, and some involvement in research. She has been involved with one student research project and expressed her desire to learn more about research and other aspects of her role, but was content to focus on teaching until she had established herself as an experienced faculty member.

In addition to relocating two hours away from her family, P2 reflected on other challenging experiences in education. She described her role as ongoing and that work was never done when she left for the day. She reported that it was time consuming to grade papers especially from midterm to the end of the semester. The preparation to teach a variety of different courses also consumed more time than she had initially thought it would. She acknowledged her concern that students may not think she was confident in her knowledge of OT when working with some populations. She mentioned that course materials developed by other faculty posed a challenge to her. It was a challenge to her to interpret someone else's work

and deliver the content confidently to meet the learning needs of a diverse group of students. P2 reported that another challenge to academia was that the salary was less. However, the flexibility with teaching her classes has allowed her to keep a foot in the clinic, make up for financial losses, and keep the relationship going with her patients that she has seen for years.

One of the adaptations she has made in her role was to learn how to filter student feedback on student evaluations and use it to improve her teaching and courses. She also suggested that she has been able to form relationships with some students, while others are not as close. She reported that there were some misunderstandings early on with students. To resolve the situation she initiated conversations with those students to resolve conflicts. By resolving the conflict, P2 felt that this enabled those students to learn from her better. P2 stated that she was always willing to work with students and adjust her approach to teaching as needed for student learning. Drawing from her experience as an adjunct faculty, she believed that she would be more comfortable and effective as a full-time faculty member as she gained experience as a full-time faculty member in a Master's degree program.

One of the helpful supports for the transition to full-time faculty with primary responsibilities in teaching was a teaching methodology course in her doctoral program. In addition she has sought numerous opportunities to learn more about teaching and sets aside time to attend courses offered on campus. She also stated that sharing ideas and resources with fellow faculty has been integral to development of her skills as a teacher. Teaching the same courses and student feedback on evaluations has also helped her form better ways to teach the course content. Although being away from her family has been difficult, the mentoring that she has received from senior faculty has been a huge benefit in adjusting to her full-time faculty position and made the transition easier for her.

When asked about the differences she perceived between the clinic and academia, P2 described the differences between time usage and expectations of performance. She stated that in the clinic she had to be accountable for every moment of her time, whereas in academia time usage was more flexible. She also felt micro-managed in the clinical environment, where in academia she had more independence and was expected to do her best to teach the students what they needed to know to be successful regardless of how much time spent at the office.

P2 described how social interactions are different with people in the clinic versus academia. She mentioned that clinicians respect her for teaching and continuing to work in the clinic. She described herself as the "main target person in the classroom" where in the clinic she was considered the same as other clinicians. She claimed that in the clinic there was always someone to socialize with, whereas in academia she has sought out other faculty to socialize with and has become comfortable with alone time.

Overall, P2 stated that she was comfortable with the teaching aspect of her role. She thought that through teaching occupational therapy to students she would be able to impact so many more lives through occupational therapy. She stressed the importance of occupational therapists educating the community about OT and providing client-centered care.

P2 reported the processes involved in student learning. She felt that the end result was worth the complaints and frustration expressed initially by students during the learning process. She stated, "Once they settle down, they are appreciative of what they learned." She felt fulfilled as an educator when students described what they learned and applied while on fieldwork experiences. She stated that teaching in a Master's degree program has been demanding, but the support of her mentors and sharing her experiences with students has been a fulfilling aspect of her role. In the future she would like to design a national initiative for OT clinicians to help

them prepare and transition to a full time faculty position. She felt that she could draw from her own experiences to develop a program.

P3

P3 is 55 and has been an occupational therapist for over 30 years. She worked in an acute care hospital and short term psychiatric clinic for six years, and has over 15 years of experience working in outpatient physical disabilities rehabilitation. During her career she obtained a Master's degree in business administration, and served as a rehabilitation director, administrator, and consultant. She also taught as an adjunct instructor for a business college. She has always enjoyed working and supervising students in the clinic. She found that each time she left a position in the clinic, she regretted the move, and went back to the clinic. She taught as an adjunct for two years in an OT Master's degree program before becoming a full-time tenure track faculty member.

P3 wanted to get into education because she felt ready to give back and mentor. She stated that she had already achieved "climbing up the career ladder" and had been a department chair, and an administrator. While supervising an OT student in the clinic, she was approached by the academic fieldwork coordinator to come teach in the OT Master's program. She taught as an adjunct in the OT program, found that she connected well with OT faculty and was hired to teach the clinical skills courses. P3 found that she liked how faculty solved problems, worked together and backed each other up. She felt like she was a "good fit" with the other faculty there. This "fit" helped her make the jump from the clinic to academia.

P3 described one of the biggest challenges she experienced was managing a new full time faculty position, working in the clinic, and simultaneously working on her doctorate. She just let go of a clinical position this year—the beginning of her fifth year as a full time faculty and

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stated: "I was afraid that if I went full time into education I was going to miss the clinic and regret the move." P3 described different times during her career that she had left the clinic, ended up missing it and going back. P3 reported that being able to keep her feet in the clinic allowed her to get comfortable and build confidence in being a full-time faculty member. Now she is confident in her role and ready to let go of the clinic. She explained that working in the clinic also helped ease into the financial situation because working in academia pays less than the clinic.

Another big challenge has been interfacing with faculty outside the health division. P3 noted that there were differences in communication and language used by career academics versus professional programs in the health division. This has made P3 change her approach when serving on committees with members from different disciplines. P3 reported that learning the language of academia and how higher education was organized also has been a challenge. P3 reported that she has learned the political aspects of doing business in academia. She has learned to be careful in how she asks questions and makes suggestions. She has had to keep in mind that not all academics in other disciplines are connected to the outside world, like OT education is connected to the clinic.

P3 reported that some of the adaptations that she has made in her role were in the area of teaching. P3 stated that had to "raise the bar" on herself. She had always been a good clinician, had worked in the clinic a long time, but didn't realize or expect that she had to make changes in how she taught as an adjunct in order to be an effective educator and prepare the students for any area of practice. This realization occurred after teaching higher level courses in the OT program. She loves teaching the senior Master's degree students. She updated her clinical skills and theoretical knowledge base in order to become a more effective teacher.

She felt that she was growing as a teacher partly because of mentoring of senior faculty, reading literature on teaching adult learners, and the students themselves. P3 realized that educating the students was more than presenting them with the material. She felt confident in her ability to lecture, entertain the students and organize the content. She was challenged by her department chair to "teach without talking." She has changed her thinking and approach to teaching, how she assesses the learning of the students and has gone beyond the information that she used to present out of the textbook. P3 felt that she was "becoming a much better teacher."

P3 has also noticed that she manages her time differently and carefully considers all of the parameters of teaching when preparing to teach. She indicated that she has made changes to discussion questions, interactive questions during lectures, writing of assignments, and even writing of the syllabus. She used to just go through and present the material, but has learned to design her courses in a way that encourages clinical reasoning, application, and depth of discussions in order to prepare the students to be OT generalists. Everything she has designed in her courses was to benefit the student's depth of learning the skills and reasoning needed for the clinic. P3 felt that advising student research projects in adult or mental health treatment was her "sweet spot."

Some helpful supports in her transition were weekly faculty meetings to talk about problems, advising, and addressing classroom situations. She has had lots of mentoring and was assigned a faculty mentor. She reported that there was also a campus mentoring program where resources for students and faculty use and ongoing education for teaching was provided to new faculty.

P3 has found avenues to continue to be social and active and indicated that the mentoring program at the college has helped ward off isolation. The mentoring program, centrally located

features of the office such as clusters of offices, central location of copying machine, and weekly faculty meetings, emails and impromptu visits from the department chair provide opportunities to interact socially. She felt that the collegiality and collaboration among faculty within the division assisted new faculty to make a connection with senior faculty and maintain a relationship. She stated, "I take advantage of the social kind of —they throw you a line."

Other helpful supports have been her ability to handle adolescent and young adult student behavior from her experience as a parent raising three adult children (ages 30 to 23). "I think I would have struggled more with teaching the students had I not had the experiences of parenting older children." When dealing with student evaluations she reported, "I learn from the students and their comments. Some students may think their grades don't reflect their abilities and so then write something on my evaluation that they don't like how they have been evaluated or taught—I'm politically astute—I know how to write that up."

When comparing academia to the clinic P3 stated, "different cultures inform the expectations." In the clinic you are expected to produce and are accountable for the quality of work and productivity. P3's perception was that in academia there was little in place to oversee the quality of the production. P3 indicated that the OT division was known as the "Git-R-Done" division at her institution because faculty make a change and move on it, versus study something and write a report on it. She mentioned that you can measure the changes that occur within the OT department, but that is not what she has seen from career academics. She reported that there has been some resistance to assessment of quality of teaching among many divisions at her university. P3 explained that as a former clinician she was used to a third party to assess quality assurance of her work such as Joint Commission on Accreditation of Healthcare Organization

(JCAHO) and the department of health. She was accustomed to using benchmarks to measure the quality of performance in the clinical role.

P3 reported that other faculty would say that her niche was teaching physical dysfunction classes. She has developed some ability in teaching advanced clinical reasoning. She stated, "My niche is physical dysfunction, but the path is clinical reasoning." She has been working on writing a teaching manual for clinical reasoning.

P4

P4 is in her fifties and has over 30 years of experience working as an occupational therapist. She has been a business leader and a home health agency owner. She continues to work on call in the clinic to maintain her clinical skills. She teaches advanced activity analysis, occupational performance of adolescents and adults, occupational performance and children, health and wellness, and emerging practice. She has had experience teaching in several other courses as well including kinesiology, occupational performance and disease, neurology, anatomy, and occupational performance and mental health. This is her fifth year as a full-time faculty member at a public state university.

P4 first moved from the clinic into academia when there was a shortage of faculty in her state. She was hired because of her skills as a clinician and because the department chair knew her and brought her into the academic world. She started teaching in a pediatrics course and realized there wasn't any such thing as part time in academia. P4 had always wanted to teach. Even before she was a clinician she wanted to teach. Once she became a clinician she wanted to teach at the university level. P4 had interviewed earlier in her career for a teaching position but turned it down because it wasn't a good fit for her life at the time.

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P4 reported that making the transitions at the educational level to stay in academia was one of the biggest challenges—i.e. getting the terminal degree. Another big challenge was to understand how academia works; i.e. checkpoints, milestones, application for tenure and timing of when such things happen. P4 also indicated that she is frustrated by the institution's organizational limits and speed of change to match the speed of changes in health care. In the clinical environment, changes occur much faster to remain competitive in the healthcare market. (She was concerned that education is not changing fast enough to prepare students for competitive clinical environment).

P4 explained that one of the challenges in the role of a full-time faculty member was that there was not a clear orientation of exactly how to do the job. She stated "you just sort of do it." P4 reported that academia is not like clinical practice where you know the basics, but every once in a while you get a patient that is more challenging. She reported, "Occupational therapists are trained to be clinicians, not academicians. In academia, you do what you need to do in order to prepare yourself and do a good job." There are still times when working as a faculty member that something comes up and she finds herself thinking: "I wish somebody would have told me that in the beginning." P4 had no idea of what it took to put a lecture together until she did it. She mentioned that students don't understand the amount of preparation it takes or the other responsibilities that faculty members have in academia.

P4 reported that there wasn't clarity on the details for job responsibilities of a full time faculty member. She felt that the autonomy as a full time faculty member was a great privilege and an asset and freed faculty to do more things. However, there was a lack of monitoring of faculty performance. She stated: "there isn't someone checking on how you are doing—you're just expected to do it and are trusted to do it, and unless something happens where students

complain or express concerns, you keep doing it." P4 stated that in the clinic there was a performance review conducted at least annually. The clinician's work was monitored and the clinician was provided feedback immediately if there was a procedural error of some kind. In academia, although a peer review is conducted annually, daily performance and methods to evaluate performance are not clear. P4 reflected on whether a peer review was the best way to assess performance considering that peers are on the same level.

P4 reported that there really wasn't a typical day in academia, but perhaps a typical week. There were a multitude of activities to do as a full time faculty member such as preparing for classes, grading, teaching, and fitting in research activities. Work was not done when one left for the day. Work was often extended into evenings and weekends in some semesters with heavier workloads than others.

P4 reported that the expectation for research at her university was to work with students so they have research experience as well as a global expectation to contribute to occupational therapy, and to publish. She explained that teaching is about 60% of the contract. Her university was not a research university so there was not dedicated time for research outside of student research dictates. She also does activities on her own to contribute to the profession.

P4 felt that she has changed since entering academia. She reported that going to graduate school changed how she thought, and with her terminal doctoral degree the sophistication of her thinking was refined even more. She reported that her teaching style has really changed. She has learned to manage adult learners and filter feedback on student evaluations to determine what learning activities worked and which needed to be revised or refined in order to teach courses more effectively. She believed that with support and experience, everyone gets better at what

they do. P4 reported that she has always been naturally comfortable in the classroom. Teaching has become such a part of her that she has difficulty explaining it in tangible terms.

P4 revealed that she felt her role has changed. She explained that," It took longer to feel like I really knew this job than any clinical job that I ever had." She noted how her role changed while in faculty meetings. In the beginning, she took on the role of an observer and felt her responsibility was to figure out how things fit together in academia and how higher education worked. Now that she understands that big academic picture and how the puzzle pieces fit together she speaks up in faculty meetings and feels that she has the responsibility to contribute and try to help meet goals of the department.

She believed that she was *in the process of being* earlier in her career as a faculty member and is now in *the process of becoming* in terms of developing her leadership skills in the faculty role. P4 explained that her level of education and experience in academia allow her to be equipped to become a leader. She felt that she was expected to lead as an educator and that the academic environment and the occupational therapy profession demanded leadership. P4 reported that being a faculty member is a dynamic process, and a complex role. She stated, "on some levels teaching has been the easiest part of the job."

P4 indicated that great mentors made a difference for her transition to academia. The first mentor she ever had was a master teacher. P4 reported that the collegiality of colleagues and the motivation and inner drive of each individual person also are determining factors for making the transition from the clinic to academia.

When asked about the differences she perceived between the clinic and academia, P4 reported that the culture and politics are really different in academia. She stated that she has been lucky to be in a department that is healthy and collegial, where faculty generally like each

other and enjoy working together. She described how anonymous student evaluations and peer evaluations are part of the academic culture. P4 described the impact of un-faced evaluations of students on a faculty member. The anonymous student evaluations created anxiety for the faculty member because they could not directly address the problem or issue that the student had with the faculty member's teaching approach. Peer evaluations don't happen in the clinic. Her perception in academia was that feedback may not be as honest or fully provided because of the need to preserve the relationship between peers in the department. P4 felt that the chair or Dean of the department should be conducting the peer evaluations, as peer to peer evaluations could be a recipe for trouble.

P4 reported that to her being an educator means to establish a legacy and power to lay the foundation for new leaders. Personally, P4 felt that she has more freedom to be a creative thinker and opportunity to share her perspectives. P4 reported that she loved being a faculty member, and was grateful for being in her role, but would have liked to have been in this role a little earlier in her lifetime. However she was grateful for the clinical experiences to draw from for teaching as a full time faculty member. P4 wanted students to experience how to think critically in order to elevate the level of thinking in the profession. She also wanted them to articulate the complexity and value of OT to the public in order to create more opportunities for occupational therapy throughout all communities.

P4 felt that currently there is a mismatch between education and practice in occupational therapy. She recommended classes in education at the curricular level to assist in learning more about aspects of occupational therapy education as a service delivery option. She thought that the leadership program of the AOTA should be expanded to include older clinicians. She felt

that this would create an opportunity for those individuals that peak at different stages in their professional lives to establish leadership skills.

P5

P5 is in her 30's and has been an occupational therapist for 10 years. Her areas of clinical practice include early intervention, working in neonatal intensive care units, feeding and swallowing, and outpatient pediatric settings with a focus on sensory integration. She has been an active member of her state association since her second year of clinical practice and an active member of the American Occupational Therapy Association (AOTA). She has a firm passion in helping to promote the field of OT on a community level. She taught as an adjunct lab instructor for the pediatrics and psychosocial courses in the occupational therapy program where she is now a full-time faculty member.

P5 reported that it was a "very big decision for her to make the transition from clinician to educator and that she was still making that transition." She stated that she felt that she would be able to pursue her passions and interest in Occupational Therapy as an occupational therapy educator. She felt frustrated in the clinic because she was not supported at the institutional level and did not have the time to pursue her interest in promoting occupational therapy in the community. From an educator perspective, she felt supported and encouraged to utilize some of her students to help to reach out into the community and create a better awareness of Occupational Therapy. P5 reported that part of her role as an educator was not just to have an individual impact at a community level but also help get future practitioners involved. She considered herself a big picture person. She thought that as an educator she could have an impact on promoting occupational therapy in the community. In order to make an impact in occupational therapy, she made the decision to move from the clinic to academia. Even though

she now works full time as faculty, she still has some clinical hours on the side because she just couldn't give up the clinical aspect of occupational therapy.

One thing that stood out to P5 as a full-time faculty member was that she had expected the transition to be a little bit easier than it was. She was a little shocked at how hard the transition was from the clinic to academia. Drawing from previous experiences of teaching labs as an adjunct, and presenting on topics to clinicians for continuing education, she had envisioned a "pretty smooth transition." Instead she was incredibly overwhelmed at the array of responsibilities of an educator such as preparing and teaching multiple classes, labs, organizing duties, and advising students. She realized that the transition was going to be a "little bit bumpier" than she had initially anticipated. She was very happy in her position but was not as prepared for it as she thought she was. She attributed her unpreparedness to not knowing what to expect in the transition process. P5 was excited about what she was doing, but stated that it was still new to her. She stated that she understood that she might not always teach in her areas of expertise, which is in pediatrics and psychosocial occupational therapy.

One of the challenges she described was that she felt that the academic world never stopped, and that there was a pull for educators to live in it 24 hours a day along with the students. She reported that she spent much of her time on course design, making sure assignments are appropriate, grading assignments, revising course materials, and answering emails and correspondence on a number of things. P5 reported that it took a lot of cognitive energy to design courses and that duties in her role were not automatic to her yet. She was frustrated with learning some of the technologies within the teaching role such as Blackboard, and would like to learn more, but doesn't have the energy and time to devote beyond learning the basics.

An unexpected challenge was supporting students to cope with issues in their personal lives while maintaining professional boundaries of the teacher/student relationship. Another challenge was classroom management, particularly when creating an interactive learning experience for large student groups within the lecture. P5 stated that this was an exciting learning process, but also a challenge to design an experience in the classroom that met the needs of all types of learners.

P5 felt as if she was still finding her way in her role as an educator and suggested that this was a normal process in becoming comfortable in this new role for everybody. She shared that she felt "so tired" at the end of the day, just like she did when she was a new clinician. P5 reported that the teaching resource on campus provided her with some feedback that was helpful, but also implied that her experience was typical of a new faculty member and that she should just kind of find her way, experience it, and work through it. She reported that navigating the technologies were not as intuitive or automatic as she had hoped either, so that coupled with everything else that was new to her took so much energy to complete.

P5 made adaptations to help try to establish a balance between her personal and professional life. She began by setting boundaries for herself on her work schedule. She reported that she has learned how to divide her attention between tasks, manage her time in preparation for classes, and effectively lecture and implement class activities. She felt that was able to manage her time better and has observed some patterns of her time usage that have helped her gain more control over her time. When teaching she has learned to structure the class activities differently to manage the classroom discussions. She stated that she has changed her approach and uses class time differently than she did when she first began teaching. P5 felt that she has been realistic about the challenges within her role, and has identified some problem areas

to address. She acknowledged that establishing a balance between her professional and personal life may be an ongoing challenge, as she has observed other faculty members struggling with the same area. P5 felt more comfortable in her role and was less overwhelmed now that she has figured out what skills she needs to work on. She reported that she was no longer in "survival mode" but more in the scientific, critical thinking kind of mode when approaching tasks in her role.

Helpful supports for P5 include supportive occupational therapy faculty and mentors within the department that have assisted her with teaching courses that they had taught in the past. Other helpful resources have been working with a team of individuals within her department to work on curriculum development. These individuals share their resources with her and provide feedback on test design, lectures, and class activities. P5 reported that there were several helpful resources on campus to assist in getting used to her role within the academic environment. The campus offered information for new faculty on university policy and procedures, orientation for new faculty, and working with challenging behaviors. She reported that there were also resources on campus for teaching and use of technology.

When asked about perceived differences between the clinic and academia, P5 responded: "The emphasis is just different. In academia it is about thinking of the OT field as a whole and developing the field. Students are the future of occupational therapy so much of the time and effort goes into preparing graduate students to fulfill our professional values. In clinical practice it is all about productivity, not so much about development of clinicians themselves as professionals or clinicians doing evidenced- based practice. It is about the client. I think that is one of the major differences."

P5 felt that there wasn't much of a difference in political aspects between the clinic and academia, just different stakeholders. As for cultural aspects, P5 stated that in the clinic, clinicians are paid to see clients, achieve the outcomes, and move to the next client. She felt that many clinicians did not buy into evidenced- based practice, where in academia she has found the intellectual culture was different. There was much more sharing of knowledge between faculty and students and learning new things. In academia there was more forward thinking and envisioning the bigger picture, where in the clinic it was more about billing time and less about learning new things or collaboration.

P5 reported that as a full time educator in occupational therapy, she wanted to share her passion for the field with students, help them feel prepared and understand the OT process, and have the skills needed to practice in the clinical arena. She wanted students to feel like OT was not just a profession, but a way of life. She felt that the academic world has given her the freedom and support to create new knowledge and be involved in the profession of OT at many levels.

P5 can see herself continuing to work in academia and possibly pursuing a PhD. She reported she wanted to establish her role as a faculty member and build community collaborations between the clinic and academia. Her goals include establishing the OT department as part of the community and making changes politically in her state by advocating for the value of occupational therapy for all members of the community.

P5 had some recommendations to help recruit clinicians to academia. She recommended that the profession as a whole reach out to clinicians in various areas of practice that want to make a difference and make changes in how things are done. She also recommended that academic institutions reach out to clinicians in the field and foster participation in teaching a lab,

teaching a course over the summer, adjunct teaching, guest speaking, or teaching clinical skills. P5 felt that sometimes occupational therapy as a profession limit potential resources when looking only for full-time faculty. P5 also described some ideas to inspire students to envision themselves within the role of a faculty member. She advocated for opportunities for students to run classroom activities, step into leadership roles, develop course materials and class activities.

P5 reported her perspective was that currently there is a gap between academia and clinical practice. She believed that establishing collaborative relationships with clinicians and faculty members to do research together, such as projects in the community, would help bridge that gap. She suggested accessing funding through research grants to assist with release time for clinicians to supplement salaries when involved in data gathering and research.

P6

P6 is 36 and has been an occupational therapist in various roles for 12 years. After 10 years of practice she went back to school to pursue her doctorate. After earning her occupational therapy doctorate in 2010, she had the opportunity to do guest lecturing and obtained a position as an adjunct instructor for an Introduction to Occupational Therapy course. In 2012, she became a full time faculty member. She teaches pediatrics, theory, supervisory management, and supervision courses at a small private university. She also owns two businesses, and is married with two children under the age of ten.

P6 reported that what stood out to her the most when moving from the clinic to academia was how other clinicians and individuals that she knew responded to her move to academia. P6 believed that people regard moving into an academic role as a "good thing," and that for the most part, people were surprised that she moved into academia as fast as she did based on her age. P6

stated that she always thought that teaching was going to be her long term plan, but she didn't think she would have done it as quickly in her career.

After she had opportunities to guest lecture and teach a course as an adjunct instructor, she realized that teaching was her calling. She felt passionate about teaching and loved to teach. While in the clinic, she supervised students who were doing fieldwork. She loved having students and teaching them clinical skills. Because of her love of teaching, the transition to a full time faculty member felt easy to her. P6 decided to become a full time faculty person because of the ability to make a larger impact on the profession through teaching several students.

P6 reported that one of the challenges in academia was the "role change of being a clinician to academic work." She felt that the intensity between the two roles was the same, but as a clinician she was able to quickly learn and do new things. However, in academia, she reported that it took much more time to think about how students learn, to develop courses and to teach students effectively. P6 expressed this new challenge like this: "Coming back to the basics of OT and having to read through the books and remember the component parts of *why I know what I know* took a lot of time for me."

P6 was accustomed to working in a team while a clinician and wanted to be able to work with faculty members that were willing to collaborate with each other and be on a "team" of faculty. Her initial perception of academia was that it was an environment where faculty seemed to be independent, self-driven, and self-reliant. To her surprise, she found the working environment at her university to be team-oriented. She believed that part of that may be due to the size of the university and the department. P6 stated that the majority (60%) of her responsibilities fall into teaching, but that she also has duties in service, research, administrative and advising. During her first year on campus, she developed three courses while

simultaneously teaching five classes. In addition, she managed all aspects of assignments and grading, along with other duties in her new role.

One of the most striking adaptations that P6 had to make was to realize that she could not be perfect in her new role. She stated, "Being the perfectionist that I am, it was hard for me to just do what I could and not be the best at it the first year." She stated, "It took that full year for me to be comfortable in how I felt… whether I was being effective or not effective in the classroom."

P6 reported that she tends to handle new challenges well. She stated that she was good at stress management and effective with time management. She acknowledged that her first year was not a great experience for her, and thought if that had been someone else, it may have been a very stressful situation for them. She said "I don't know if it would have been worth it for anyone else, unless they were really passionate about what they were doing." She felt like she had support from the other faculty. She stated, "They knew that I was doing the best that I possibly could." She also felt supported by her husband and children.

P6 reported that her second year as a full time faculty has been less stressful. She felt less stressed because she was more prepared. She has also formulated opinions about things and has begun to find her voice during meetings. She attributed her newfound voice to a greater understanding of the policies, procedures and goals within the university, and her experiences over the last two years. This has led her to express her thoughts and feelings more confidently in meetings.

Helpful supports included availability of many mentors within her department. She reported that senior faculty members were helpful and willing to help her be successful. P6 asked many different faculty members the same questions to gain perspectives on teaching from

multiple sources before developing her own strategies for teaching and deciding what strategies worked best for her. P6 stated that she learned how to teach primarily by talking with other faculty members and observing in their classrooms to see how they managed the classroom and used various teaching strategies. She was able to use this information and apply it to her own course structure, classroom management and teaching techniques. To ensure that she was comfortable with her skills, various faculty members came to check on her on several occasions and offered feedback, particularly during her first year. Other than taking one education course while adjunct teaching she did not have any other type of instruction for learning how to teach or design courses.

P6 reported that although she was paired with a mentor outside the department, she never met that individual or was contacted by that individual. Instead, she sought out other first year faculty from other departments and arranged to meet them for lunch and discuss how things were going for them as new faculty. There was formal training for technology use on campus, but it did not assist her with pedagogy, teaching skills or using effective teaching strategies, just navigation of the technology.

When asked about the expectations between the clinic and academia, P6 stated: "I think the expectation that you need to be effective and efficient in your job is still the same, but ways in which you are delivering the OT services are different." P6 felt that in academia there was a lot of stock and value in what the students perceive to be effective—whether teaching strategies used are helping them learn. In the clinic, it was about productivity, working with the team, and the perceptions of the client and the team in regard to whether you were a good occupational therapist. P6 felt that in order to be an effective teacher in an OT program, faculty must establish a personal relationship with the students. She suggested that students look to faculty for more

than just knowledge experts—they want career and personal advice as well. She believed that as a faculty member it was her responsibility to help students develop personally and professionally. P6 felt that the interpersonal relationship between faculty and students was important to student development and preparation for a long career in occupational therapy.

P6 explained that as an occupational therapist working in the school setting, she worked hard to collaborate with other disciplines working with students she saw on her case load. She felt that establishing a trusting relationship with the other members on the team to trust each individual's ability to carry out the treatment plan was an important component of the collaboration process. She stated "they trusted her ability as an OT and she trusted their ability in their discipline as well." Within the academic environment, she doesn't know whether other OT faculty trust her abilities, but felt that assumptions are made that she must be good at what she does. P6 explained that she found that there was a lot more autonomy as a faculty member than as a clinician. Fellow faculty members make the assumption that was doing what she should be doing, and don't come around to check on her as often as they did during the first year. In the clinic relationship there are other clinicians around all the time, observing what you do.

P6 felt that the academic culture can be very intimidating. One of the biggest fears she had was wondering if she was going to be able to live up to "those OT's that have published 80 times and have done amazing research." She thought "Do I have enough skill at this point to compete with something like that?" P6 stated that on top of academic knowledge and teaching courses the level of research that needs to be done to help the profession was high, and it is expected that all faculty conduct a level of research at her school.

P6 reported that she was excited to be an occupational therapy educator because she gets to shape the future of OT by shaping a new generation of occupational therapists that are more

efficient and effective leaders. She felt that "being able to connect with students and make them develop their passions strengths, weaknesses make me have an effect on the whole OT profession."

P6 described her niche on the faculty as an expert in pediatrics and entrepreneurship. She also is closer to students in age, so felt that she was considered the "glue" between faculty and their understanding of student perspectives. She felt that she brings "a little newness" and energy to the department.

P6 hoped that within 5 years she will be up for tenure and will be doing well with her research and her full time faculty role. She also planned to maintain her role as a business owner. Later down the line, 10-15 years from now she would like to become a program director of an academic occupational therapy department.

To sum up her experience, P6 explained that she felt that teaching was her calling. She reported that she was "not doing this because of the money or the hours, summers off or that sort of thing." She stated, "I think my heart is in it, in the right place. I think my experience may be different because this is truly what I am meant to do." P6 explained that her experience may be different than other new faculty members that have transitioned from the clinic based on discussion with other faculty members who have made the transition from the clinic to the academic environment.

P7

P7 is 45 years old and worked as an occupational therapist for 14 years in outpatient pediatrics, school system settings, and psychosocial occupational therapy. At one point she owned a successful pediatric therapy business. She taught as an adjunct in biology for six years before teaching occupational therapy courses, and altogether had taught as an adjunct for over 14

years. For two years she taught full-time in an occupational therapy assistant program, before teaching in a Master's degree program full time. She is currently teaching full time and going to school for her doctoral degree. She is married and has two daughters in college.

P7 reported that adjusting her expectations of students was the biggest thing that stood out to her in academia. She had always had high expectations of students in the clinic. Now in as an OT educator she was expected to mentor and foster professionalism in students. This was a change for her. She explained that she has realized students are still learning how to work in teams, be fair to one another, and be ethical. P7 reported that she has to make sure that she was objective and fair with students as they learned about professional collaboration.

P7 stated, "I always knew that I wanted to do some part of education. I love learning. I love school stuff." She thought that she would primarily be involved in education as an adjunct. P7 felt that teaching has forced her to keep sharp, to research and to stay on top of things. She did not think she would actually go into full time education, but when the opportunity came, it was earlier than she expected it to be. P7 reported that it was really that thirst for knowledge and research that sparked her desire to teach.

P7 reported that one of the major challenges within her role was that the expectations were not clearly defined. She felt confused about her role as an advisor and noted that the boundary lines between advising and counseling of the students blurred at times. She stated that it would have been really nice for someone to assign courses and then outline how long she should expect to spend preparing materials and herself to teach. She stated "you just kind of jump in and go." She explained that she wasn't prepared for that and spent countless hours doing research. P7 explained that the expectation for research are there and she likes to do research, but there wasn't anyone that told her how to go about doing research such as journals to

start with, the electronic database to the library, or individuals to contact for assistance. She reported that she spent hours of her time outside of work figuring out how to navigate the library databases, the online teaching platform, and even the e-mail system. That was stressful to her because she wanted to be independent and not have to ask her mentor about everything, but at the same time, it would have been helpful to know more about the resources available. She suggested that there are unknowns in academia and that academia is " a- learn- as- you- go area of OT." You just get in there and figure it out as you are going along. An additional challenge for P7 was the role-delineation between her administrative and teaching duties shared with another faculty member in her department.

Another challenge was learning how to teach. P7 reported that she learned to teach primarily through trial and error. P7 reported that her first year of teaching in the Master's degree program was anxiety provoking, that she was researching constantly to be able to answer questions or guide students in finding answers to their questions. She felt that there was "a ton of preparation" to teach. She felt so tired, more of a mental fatigue than the physical fatigue of the clinic. She stated that being trained as an occupational therapist was a huge benefit because of the knowledge that people have different levels of performance. That knowledge helped her adjust her teaching for a variety of learning styles.

P7 reported that she has changed in her approach to her role in academia. For example, now she is quicker to request help or guidance or seek clarification when she has a question or an issue arises. She has become more honest about her feelings if overwhelmed and asks for assistance more readily.

P7 felt that she has become more efficient with research. Now she does research because she has a passion for it and to build on the knowledge that she has in occupational therapy. She

reported that she felt she has built up a knowledge base in theory and practice interventions sufficiently to teach it. Now research is more about her interest and what she likes doing.

P7 reported that she has been more flexible with her time and schedule to meeting student needs. P7 explained that she felt that flexibility was the number one thing in academia. She stated that her planned schedule was a proposal of how she might spend her time, but purposefully has to build time for flexibility into her day. She reported that she was constantly using her brain, and that there was always something new to learn. P7 described her typical day as "rigorous" and fast moving. P7 noted that student interactions and relationships have always been fairly positive for her but are much more effective as she has gained experience.

She reported that she has grown in her teaching skills. She described that she was more efficient as a teacher. Instead of delivering information she has learned strategies to facilitate learning through interaction, discussion, and problem-solving with the students. She felt that she has made the shift from the clinic where the client comes first to academia where the student comes first. This perspective has helped her to diversify her teaching to the student's needs and implement a variety of teaching strategies. She felt that she has also continued to learn from the students and their perspectives about various issues. P7 explained that she learned from student feedback and has learned to ask for specific feedback to help improve assignments, class activities, and the learning process.

P7 declared that she felt that she has become more innovative now in her clinical thinking than she was when she was practicing in the clinic. She reported that she was more innovative because she has a moral duty to stay current with everything that she taught in order to inform the students. During the transition to academia, P7 kept her "fingers in the clinic" by serving as a consultant for some new clinicians. P7 reported that she felt more adequate with theory

application and current with interventions than when she was a clinician. She stated "as a clinician it can be easy to stay in a rut with the population you are serving, the models you work under, the hierarchy of OT you are in." She reported, "I think I am a much better OT after three years of full time instruction in OT, than I ever was in practice. I know I am."

Helpful supports for P7 have been a mentor and regular weekly faculty meetings to discuss questions and issues regarding the teaching role that had not been answered. She felt that this has eased the transition and provided more control for her to plan how to handle student or classroom issues. She reported that the mentor helped with using the online platform system, midterm evaluations of students, and tips on delivery of information. The mentor also provided books on teaching and strategies for teaching. P7 explained that her mentor was helpful to her in learning the processes in education, such as graduate school, about the organization itself and individuals to contact on campus for help with specific areas. P7 reported that having a mentor within the department has been helpful for her to learn new things in context as they occur, versus a day or two of a full-blown orientation. P7 reported that as a new faculty person it has been a helpful support to have peers around to bounce ideas off of. This was in contrast to some of the clinic settings that she worked in such as a school system where she felt isolated at times.

When asked about the differences she perceived between the clinic and academia, P7 stated: "In the clinic one is held accountable for the time spent with clients, where in an educational setting, one is accountable for oneself." She noted that there was more flexibility in academia for working hours, but basically in academia one works until the job gets done. Even though there was "time off" between semesters in the educational setting, it really wasn't time off. For example, as a clinician on vacation she would not be contacted about issues in the

clinic. In the educational setting, she found that she was still on call and expected to respond to emails and phone calls in the event an issue arose with a student, course, or committee.

P7 described academia as "a culture of its own." She explained that in occupational therapy there wasn't as much flexibility in the curriculum as English or Biology, because of specific accreditation standards for education that must be met. P7 reported that as a teacher, she has learned to balance the relationship lines with students. P7 explained one of the differences that she perceived between the clinic and academia were that as an occupational therapist in a clinic she worked on a team equally with her peers in their respective disciplines. In the academic environment most of her interaction was with students that will eventually be colleagues.

P7 reported that as an occupational therapy educator, she felt obligated to be a role model and was accountable for how she conducted herself, as demonstrated in the information she chose to share and the quality of her instruction. She explained that she felt that an educator has a big role that has to be taken seriously. P7 stated that she has been very satisfied in her role as an educator and has loved to see students become passionate about the field of occupational therapy. She is excited about the changes in OT and believed that it was exciting to be in an educator during these changes. She had not decided whether she likes being an educator more than a clinician, but felt that she could not be more satisfied in her role as an educator right now. P7 reported that her academic position has been much more taxing than her clinical work ever was, but that was what she was hoping for, because she was looking for a challenge—for something more. P7 stated that there have been days when she has really missed being a clinician. P7 stated that the educator role has not been an easy job, but she loves it.

P7 described her niche on the OT faculty. She stated that her strengths are use of the holistic approach in OT application of the psychosocial aspects of OT into all areas of practice. In academia she has become better at articulating occupational therapy and differentiating OT from other disciplines. She felt that she has been consistent in defining occupation and articulating what occupational therapy has to offer to everyone.

P7 reported that 5 years down the road she felt that she would be taking on more administrative duties within her position, and would continue to teach. She stated that she loved having relationships with the students and would not be happy if she couldn't have at least half of her time spent teaching students. P7 explained that as an educator she has used more of her psychosocial skills in academia, than she ever used in practice. She described how she used her therapeutic use of self to assist students with healthy communication with her and peers to assist them in the development of interpersonal and professional skills.

P7 had some recommendations to better prepare new faculty for the role. She felt that the first thing that a new faculty member must do was to change their line of thinking from the clinic to academia. She explained new faculty have to change their approach and prepare themselves for a different area of occupational therapy practice and be willing to adjust to how they interact with students to teach a diverse group of learners. She also thought that new faculty should be assigned a mentor to go through the new faculty manual to assist with understanding one's role expectations and strategies on how to go about meeting the challenges within the role.

P8

P8 is in her late 30's and has over 12 years of experience as an occupational therapist. She has worked primarily in acute and partial hospitalization mental health unit with children and adolescents. She established a fieldwork program at her clinic and began supervising

occupational therapy and occupational therapy assistant students early in her career. After she

obtained her doctorate she began her full-time teaching career. Currently she is responsible for

teaching mental health with adolescents, introduction to occupational therapy, inter-professional

healthcare, year-one and year-two group leadership classes, and has collaborated with her

department's academic fieldwork coordinator in the development of a role emerging fieldwork

site.

P8 began thinking about a career in education when a faculty member approached her

when she was in school and told her to consider teaching after working in the clinic for at least 5

years. While in the clinic, she developed a fieldwork program for occupational therapy and

occupational therapy assistant students, and taught students how to work with clients at her clinic

under her direct supervision. She taught as an adjunct instructor via distance when the

opportunity arose—and simultaneously pursued a doctoral degree and worked in the clinic with

fieldwork students. She stated, "I always had an interest in teaching—this was a—natural

progression to the goal of becoming an educator."

P8 reported that what stood out to her in academia was the lack of structure of time

compared to the clinic. She stated: "In the clinic your time is structured and set out, but in my

first semester I had a lot of down time." I thought: "What am I supposed to do with my time?"

Another thing that stood out to P8 was that nobody ate lunch together in academia. In the clinic,

that was an important time for clinicians to bond, by forming and establishing relationships with

each other. This wasn't the case in academia.

P8 stated that she feared that academia was going to be solitary. She discussed how

much she valued establishing rapport with her co-workers and working collaboratively with

others. Her perception was that in academia, educators try to collaborate, but it that it is so big

and bulky and time-consuming that not as much can be accomplished in a timely manner like it was in the clinical setting.

Some of the challenges P8 mentioned were that once in education she realized that the role expectations in academia were not clear cut. She stated "the clinic and teaching hats don't really go together." She felt that it was difficult to organize expectations of the role. She was not sure of how to gauge her performance to successfully meet the occupational challenges in her role.

She indicated that it was difficult to be efficient and manage time to align aspects of research, teaching, and service into her role. She felt that she ended up working a lot and was concerned that important work that would move her forward was not getting done. To establish a better balance between her personal and professional life, P8 reported that she had learned to advocate for herself. She realized that she could master what she loved doing without overextending herself and working too many hours.

Initially, P8 had some anxiety about whether she was meeting all expectations within her role. P8 used to worry about taking time off even during holidays because of the impression it may leave on others within the department as a new faculty member. Now she has learned that she could decline faculty member requests for coverage of classes, and still be seen as collegial. P8 worried whether she appeared confident and demonstrated competence when serving as a chair of a department committee.

P8 stated that she felt that as a new faculty member she was under a demand to establish herself. She stated "maybe that is self-imposed because I am a go-getter." P8 would like to be more connected to the larger institution in academia, beyond the department, but perceived that the academic culture within the larger campus did not value contributions of junior and non-

tenured faculty. P8 was looking forward to belonging to a larger institution and contributing to the institution, however anticipated that may not happen. So far, experiences at the institution have left P8 frustrated and unconnected to faculty outside the department, aside from her mentor.

P8 has noted that she has changed in her approach to the role during the time she has spent in academia. She has become more comfortable in her role when specific tasks were assigned to her that aligned with her interests and expertise. P8 commented that the use of the apprenticeship model of teaching seems to be used in academia. She believed that she was in the "process of changing." She continues to work hard on aligning valued interests such as research practice and the connection to clinical practice, along with her responsibilities as an OT educator.

Helpful supports for P8 were her previous experiences working with fieldwork students, experiences working as an adjunct instructor via distance, and her connection with her campus mentor. She also mentioned the collegiality of other faculty members within the OT department. The opportunity to participate in a structured mentoring program on campus has also been helpful. She has learned about resources on campus for students and faculty, and valuable information concerning grant writing and access to funds for travel and research.

 She has learned to ground her teaching practices in experiential learning theory. P8 believed that establishment of a personal connection with students has been an important aspect of becoming an effective teacher. While teaching via distance, she utilized experiential learning activities using the most appropriate technologies available. She stated that she tended to use reflective elements and case scenarios in her teaching to root concepts within the context of the clinic.

P8 reported that she was at a point in her career where she needed to align her responsibilities as an OT educator with research, service and teaching to make her own path.

She has been very satisfied with her job in general, loves coming to work, but has been trying to figure out the culture of the institution and how to approach things. She commented that there continues to be some ambiguity within certain parts of her role and she finds herself struggling because she doesn't really know how to proceed at times. She has become aware of her strengths as a faculty member with her niche for process and program development. She hopes to feel and be more organized in her approach to academia by balancing the many responsibilities of an OT educator in a competent, effective, and efficient way.

P9

P9 is in her mid-forties and has been an occupational therapist for 23 years. She began her career working with adults in physical rehabilitation and then later transitioned to working as an occupational therapist in the school system and worked there for 10-12 years. She began teaching full-time in a Master's degree program two years ago. Prior to that she had taught as an adjunct in the program where she is now full-time. She is married with four children that range in age from 22 years old to 10 years old.

P9 reported that she first thought about the possibility of becoming an educator after teaching as an adjunct instructor. She had a great experience and support from her mentor as an adjunct during her first year of teaching. She stated, "It just started to feel like a fit." She wasn't sure whether she wanted to change from the clinic to education, but felt that it would be a good opportunity for her, and would match her interests in using evidenced-based practice. As a clinician, she was constantly reviewing literature and trying to improve her practice. She felt that this may have put other clinicians on the defense and felt that she did not fit in with the other clinicians because of this pursuit of knowledge.

P9 stated that she started to find herself fitting into the academic component, even though she did not feel that comfortable teaching. P9 disclosed that public speaking had always been one of her greatest fears. When participating in an opportunity that involved public speaking she would over-prepare.

P9 explained that her teaching preparation had been her education as an occupational therapist and the 23 years of experience in the clinic setting, but she found that educators and clinicians educate in "a completely different manner." P9 reported that she contemplated going into education full-time because "I could reach so many more people through the students that were preparing to go out there" than what she was doing in her work as a clinician.

P9 explained that some of her first experiences with providing education were when she had set up and coordinated fieldwork for students in the clinic. She enjoyed supervising the students and had received feedback from fieldwork students that she should consider teaching. P9 reported that she discounted this positive feedback about herself as a teacher. She stated that one of her personal challenges was to "identify what I am doing well. I tend to focus on what didn't go well, more than what does go well."

P9 explained that the first thing that she can recall about the move to academia was feeling a little bit lonely. She stated that there were lots of variables for that feeling, but the most notable was because it was a major change from working in the clinic. In the clinic, she was used to having other clinicians around in the office, she was the person other clinicians consulted with to help solve problems, and she was comfortable in her role as a clinician.

P9 explained that faculty within her department left her alone to work because "they knew I had my hands full." She stated that she felt that she needed their guidance and support and they were available, but "I think [faculty] wanted me to come and ask for [help], and that's

just not the person that I am." P9 reported that other faculty had been there for many years, so it may have been difficult for them to empathize that "everything that I had to do, seemed like it was the first time." P9 felt that academia was a "lonely environment," in contrast to the clinical environment. The unavailability of mentors for P9 made her transition to academia more difficult and contributed to her feelings of being alone.

She reported that she had gone through an orientation at her university, but it was overwhelming to her. P9 stated "It was an unbelievably difficult period of my life." P9 reported that she had studied a little bit about imposter syndrome and for a time felt like she fell into that category. She still does periodically. She explained that she thought she needed more support from faculty than she had received. When the new program director stated that she was doing well and things were working out well, she thought, "Oh my God, she believes so much more in me than I really have the ability to do—and I don't know how to get through this."

P9 suggested that some of these feelings of inadequacy were because she never had an assigned mentor the first year and stated, "I felt there was no one." She indicated that she didn't feel that she understood what was required of her and that while there was some mentoring from senior faculty, it didn't meet her needs. There wasn't any structured meeting times for mentoring, and so there wasn't that emotional support within the mentoring relationship. She recalled that the college had set up a formal mentoring program, but she had not ever met her assigned mentor in that program either.

P9 explained that when she entered as a full-time faculty member, the department was getting ready for accreditation, so that her entry to academia was not the most timely. Much of her first year was packed with faculty meetings to prepare accreditation materials. This new set

of rules created a great deal of anxiousness, because she became acutely aware of what she did not know.

An additional challenge was that P9 was working on her doctorate while simultaneously trying to develop her skills as an educator. She reported that her work does not stop and that she can't find a stopping point, to where she can have balance between her work, school, and her family. She stated: "I thank God I have the family support that I do for this lifestyle change." P9 reported that it was a great deal of work to move to a new practice area such as education. She stated, "It's like you bounce directly back into that entry level position." Even though P9 had transitioned from different clinical positions as an occupational therapist, she stated that stepping into the role as a full time faculty member dropped her right back down to a place where there was just so much more to learn.

P9 described challenges to teaching were that she felt anxious and would spend countless hours getting ready for class. P9 explained that initially she filled her lectures with information on the PowerPoint slides. Although she was able to share her clinical experiences with the students, she had not received any type of training to design and implement class activities, or engage students with different learning styles. She stated that she knew how to educate a client and their family members but that was completely different than educating students in a classroom setting.

She stated that course materials that she inherited from other faculty were a challenge, because it made it more difficult for her to "wrap herself around the material that she was teaching." P9 explained that when planning her own classes, her delivery of the material was so much better than when she had to plan from someone else's work. P9 reported that she enjoyed the interactions with the students, and would judge the success of her teaching on that basis. She

stated that when there was good interaction with the students it gave her energy and her comfort level to teach blossomed. She explained that after five to ten minutes of class, she would settle down. P9 reported that she was more comfortable teaching in a small group such as a lab because it was more similar to the one-on-one or small group interactions that she was accustomed to in the clinical setting.

P9 reported that another challenge in academia was the research component. She was good at researching the literature while in the clinic to apply to practice, but was not accustomed to setting up a research project. P9 had was assigned to be a co-chair of a research group of occupational therapy students. However, the chair of the research group left, and P9 had to redirect this group along another research path with less guidance than originally proposed. P9 stated that she figured out how to explain the research process to students and has sought out courses in her doctorate program to help her learn more about research in her role as chair.

P9 explained that getting used to the technologies used in education was also a challenge for her. She stated that she felt inefficient when using the online platform or trying to use the social media with students. She reported that she worked on using technologies in her courses to become more comfortable, but that it was a time-consuming process.

P9 stated that yet another challenge in academia was to understand the culture of the college. She reported that she had to "step outside of who I really am" to meet the expectations of being a faculty member. For example, she felt that the culture of academia pressures faculty to "get your name out there" and to go to college events alone that were out of her comfort zone. She explained that she did not have a problem with approaching people if she has an agenda, but if "it is just to be seen and have people see who I am" that was very difficult for her. She stated that was probably the biggest challenge of academia and continues to be a challenge.

P9 reported that her perception was that professional programs are viewed differently than academic programs on campus. She explained that there seemed to be differences in communication between academic and professional programs. From her perceptions and attendance of events where other colleges on campus are present, and discussion with faculty in the health division, professional programs seemed to have a lower priority than academic programs at her university.

P9 described another challenge in her role was to understand the expectations to obtain tenure. Although she currently is a non-tenured faculty, she is still expected to complete scholarship, service, and teaching aspects within her role. Right now, the scholarship expectation has been excused for her doctoral work. She described it as follows: "I feel like I need to just get that teaching role down. I feel like I have to separate myself out to these other pieces and then document them and submit them for my reappointment just like I would for tenure." P9 explained that the tenure process was confusing to her and that it was hard to prioritize and document performance because it is not an immediate necessity in her role. She suggested that the service expectation for tenure was not explicit. However, she reported that she has served on some committees and has become the chair of the inter-professional education committee, so felt good that she was on the right track with her service duties. Networking with other faculty in the health division has been a real positive experience, but a time consuming aspect of her role.

P9 stated that she could see extreme changes in herself as a faculty member between her first and second year. She mentioned that her program director came in and did a review of her class and had some great feedback. P9 reported that one of the biggest changes in her role has been the improvements that she has made in teaching. P9 reported that she plans to continue to

improve her teaching skills and seek people outside of her department to come in and see her teach. She also plans to observe teachers in other departments.

She felt that she has gained an overall perspective of the college's role and its functioning and has learned a lot of information through serving on committees. In other parts of her role, she felt that she was still in the "learning mode," as opposed to someone that can provide input. She also believed that her knowledge of higher education has helped her with advising and advocating for her children that are about to begin college too.

P9 reported that there have been some extreme changes in "who I am and how I look at things. I just don't feel like the same person that I was and I'm not sure why." She stated that she communicates on a different level. She described that in her personal life she has "less connections with people than before." She has noticed that the relationships that she has with clinicians in her social group have changed a little bit. P9 believed that may be due to the changes that have taken place in her.

P9 stated that her focus has become so much different. She felt that she was at an entry level in education striving to be more comfortable in her new role. P9 explained that she felt that she has grown in the online world and has able to communicate with her students better. This has allowed her to be more flexible. She noted that in one of her classes she used to be so content focused during the first year. Now she is much more student focused in her second year of teaching. She thought that she had changed her approach in her routine in order to be more flexible.

P9 reported that her comfort level was "so much different" in year two than year one. She felt that she had more growing to do to get more comfortable in her new role but still could not believe the differences between year one and year two. She described some of the service

and scholarly activities she had been involved in during her second year that she was not ready

for during her first year. She stated that a faculty member had told her that the first three years

would be the most difficult and then she would become more comfortable and confident. She

said, "I do see that scaffolding going on." She felt that she had improved her skills in teaching,

research and service and was successful in meeting the occupational challenges assigned in her

role. P9 explained that she was holding on to the feeling that the future will be different for her

and that eventually she won't feel discomfort in her role.

P9 reported that some of the most helpful items for her to learn the teaching aspect of her

role have been an adult learning class in her doctorate program and feedback from faculty during

peer reviews and upon request. P9 reported that she consistently has looked for learning

opportunities. She has been trying to learn from other faculty's experiences and discuss with

them experiences in the classroom that have gone well and those that have not. P9 reported that

once accreditation was over more individual faculty would be available to share their

experiences in academia with her. P9 reported that courses in her doctorate program are helping

her learn to use technology more effectively and that as a student she has begun to get some

practice using the technologies available in her online doctorate courses.

Another helpful support for P9 was being contacted by clinicians in the field for help in

problem-solving in an area of her clinical expertise. She stated that occasionally a former co-

worker contacted her to consult with her about an issue in the school system. When that

happened it validated her experiences as a clinician and she felt more valued in her faculty role.

She stated, "Thank goodness every time they call. It really is good for me."

As stated previously, P9 did not receive the benefits of a structured mentoring program

within her department or campus. The lack of mentoring was a barrier to helping P9 transition

into her role and left her feeling overwhelmed and alone. Other faculty members were collegial and tried to be helpful to her, but tended to wait for her to ask for their help. P9 reported that faculty members in her department are together for meetings and retreats. However, during the meetings there were specific items that need to get done within a specified amount of time. Therefore opportunities to talk about experiences in the classroom about teaching and learning strategies with other OT faculty have been limited.

P9 stated that she felt that a peer mentoring program with other new faculty on campus would have been helpful to her. She reported that she would like to be able to express some of her feelings in a safe environment with other new faculty that are on a similar playing field. She stated that she was not comfortable talking about her feelings with her co-workers because they were already comfortable in their role. She stated that most of the faculty members in her department are tenured and comfortable in their role. She added: "They are not in the same place as I am. They are where I was when I left the clinic."

P9 described some differences that she saw between the clinic and academic contexts. She stated: "In the clinic, you are never really alone." She added that there is a lot of alone time in academia other than when teaching.

She explained that she felt like in the clinic some things were done in a mediocre fashion. In the clinic, the therapist was evaluated on productivity, not the quality of treatment that was provided to the client. P9 felt frustrated in the clinic when trying to improve quality. In academia, there was support to do things better. During her time in academia, P9 has given herself the responsibility to make changes to improve and meet the occupational challenges within her role. She has felt supported by the academic environment to do that. She stated, "I'm not somebody who really needs the recognition, but I really need the support." P9 explained that

she felt that she can be involved in so much more in academia to help shape the profession of occupational therapy. She stated: "In academia they value your participation in other things."

P9 felt that her responsibility as an educator was so much greater. She reported: "Anything I do and say creates this person who is going to go out and touch so many more people's lives." She discussed that what she taught and how she taught would have an impact on occupational therapy services delivered to the populations that her students would see in the future. She explained that she is working hard on identifying teaching strategies and creating a learning environment that would fit student's needs that are in the weekend program on her campus. She also reiterated her plans to seek feedback from other faculty for assistance in designing course content and strategies to facilitate student learning.

P9 stated that in 5 years she wants to earn her doctorate and be better in her role as an occupational therapy educator. She reported that she would like to develop her research capabilities and publish someday. P9 reported that she wanted to conduct research that would help bridge the gap between occupational therapy practice and education. She was also interested in research on autism and has structured her research group agenda for the next three years for research on sensory integration.

P9 described several strategies for getting clinicians interested in education as a service delivery option in occupational therapy. She stated that the profession needs to take the time to guide adjunct instructors into academia, and that faculty in academia should partner with clinicians for research in the clinic. She suggested that connecting with clinicians should not be left to only the academic fieldwork coordinator, but that faculty should be involved in visiting sites and establishing relationships with clinicians. P9 stated that she discovered the gap between the clinic and education when she was adjunct teaching. She felt that by working with

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adjunct instructors and establishing relationships with clinicians would help to "socialize" clinicians into thinking about a role as an educator in occupational therapy.

P10

P10 is in her late forties and has been an occupational therapist for 22 years. She has practiced occupational therapy in rehabilitation hospitals and outpatient clinics and has specialized in hand therapy. She also has clinical experience in working with pediatric clients with traumatic injuries and their families. She is in her second year of teaching. She teaches courses in evidenced-based practice, physical disabilities, hand therapy, and musculoskeletal practice in a non-tenured track faculty position at her teaching university.

P10 decided to become an occupational therapy educator because she wanted a new challenge and went back to school for her doctorate. She had been guest lecturing since 2004, and after earning her doctorate she inquired about opportunities to teach. P10 considered the physical demands of her clinical position and knew that she would need to make some changes as she aged in order to keep herself marketable and viable in the field of occupational therapy. She felt that teaching was a logical progression of her career especially after finishing the post-professional doctorate program. P10 joined as a full time faculty member in the program she had originally graduated from with a Bachelor's degree, and noted the changes between the Bachelor's and Master's degree program.

One thing that stood out to P10 was the lack of specificity in measurement of performance in academia. P10 described the surprise she felt about the performance evaluations in academia. The objectives for the year's performance were fairly similar to clinical practice, but the performance evaluation was more of a discussion of course evaluations and feedback from the students, rather than examining specific skills in her role as an educator.

One of the main challenges in academia for P10 was grading and getting students to be receptive of constructive criticism. She explained that some classes have different personalities and that it has been difficult to find footing with a new class. P10 explained that some of her duties in her role are to advise students and facilitate a student mentoring program for students that struggle in the classroom. She noticed that the experiential learning opportunities offered through this mentoring program helped struggling students make the connection between concepts discussed in the classroom and practice.

P10 described that when she first came into academia, she had come in the middle of the semester. The faculty member that had started at the beginning of the semester attended the classes until P10 was "ready to solo." One of the classes that she had taken over was evidenced-based practice. When she took it over she made some big changes and changed the structure of the course. She reported that student feedback was good in regard to the changes.

P10 described that it was difficult to come in at midpoint, when the students did not know her. She stated: "It was a little bit of a shock to go from that daily feeling of control of my situation and on top of things—and knew exactly what I was doing and needed to accomplish— to come in at midpoint and need to teach—and get used to what I was doing." It was challenging to make the material her own, because even if the content was in her practice area, it was difficult to know what the course designer was thinking or the angle they were coming from. Concepts that were unclear were used as a means of online discussion with the students. She described her typical day as "non-stop" particularly during the spring semester as that is a heavier teaching schedule for her.

P10 reported that she has felt that she has changed since coming into academia. Typically a shy person she had always had to challenge herself to do things like teaching or

presentations. She explained that she has been less timid and more interactive in faculty meetings, in her role on committees, and generally just more comfortable. She reported that everything has become just a little bit easier. It took her less time now to do some of the things that initially took her longer to do. She thought that she was more efficient now—than when she first entered academia.

P10 explained that her mentor has given her advice to not do grading at home. She also advised her to "not sweat the small stuff" and "to pick her battles." She stated that her mentor stressed the importance of balance between her personal and professional life. She reported that she does try to do fun activities that are not work related and tries to take breaks from working too much, particularly on nights and weekends.

P10 reported that she has been open to learning to present better and integrate learning. She used weekly quizzes in lecture class to formally assess student learning and has learned to observe for specific questions to discuss with the students as a group. During lab courses she has observed students during experiential learning activities to make sure that they are executing and practicing the skills correctly. P10 reported that she has incorporated active learning into her courses because students learn better than just straight lecture like she was taught. She incorporates case studies, small group activities, literature appraisals, discussion, and practicing of a variety of skills. She opens up the floor for students to discuss what they are struggling with in learning, particularly if she has observed students that appear disinterested or if too many faces that look lost. She has learned to be flexible in how much material she presents to students and how she presents it. P10 reports that the personality of each class has been different and that there were no hard-and-fast rules for how to interact with the class of students.

Helpful supports for P10 were classes on teaching adult learners in her post-professional doctorate program, and her mentor within the OT department. Her mentor shares information, answers any questions, and provides resources to her. She also noted that the collegiality of her peers has also been a great help to her.

 P10 explained that she has always been fairly in-depth in providing directions and breaking down tasks for teaching others, so putting together a lecture, and using visual information was something she felt comfortable doing. She reported that she has incorporated genuine, helpful feedback from student evaluations in order to make the next class better for students. She explained that when designing her courses, she ensures that she incorporates new content and topics that would be used for the registration exam.

P10 reported that another helpful support has been peer reviews. She has noticed that people in academia are more open to sharing new things and open to life-long learning. She described her excitement of sharing information and giving and receiving feedback with her peers in academia. In contrast, her experience in the clinical role was that some therapists were not open to feedback or new things and responded to feedback in a defensive manner.

When asked about the culture between academia and the clinic, P10 responded, "Really and truly I just feel like they are two very different worlds." She described the flexibility of time use in academia versus the rigidity of the clinic. In the clinic, there were stringent productivity standards to meet where time was monitored closely. She felt that the flexibility of how her time was spent in academia compared to the clinic was a nice benefit to the faculty position.

She also gave an example of research in the clinical setting and service related activities in academia. P10 explained that in the clinic, her title was a clinical education specialist and part of her role was to facilitate research among peers. She felt that she had more support in her

clinical role to do research than in her current non-tenure track faculty position. She has plans

for continued research, but has not been able to get funding for the project because research has

been a secondary objective in her new role.

P10 reported that her perception was that the occupational therapy doctorate (OTD) is

lower in the faculty ranks than the PhD and although satisfied with her current role, she feels less

valued than faculty with a PhD. With an OTD, P10 is more involved in clinical practice than

research, and faculty with PhD's do not do clinical practice. She is considering pursuing a PhD.

P10 reported that she was glad that she made the decision to move to an academic

position. She felt that she has been challenged in a good way and has begun to learn some of the

finer points of academia. She explained that there was a political pull to a certain extent where

research was taking priority over education at her facility. She stated: "It used to be patient care,

education, and research, and now the mentality of the entire campus has become research,

education, and patient care."

P10 reported that she felt that she was contributing to the future of the profession through

facilitating the students to become skillful and proficient in providing occupational therapy

services. She tries to set a positive example for students. Her advice to incoming faculty was to

"try to find balance, don't let your job overtake your life, and try not to take your course

evaluations too seriously."

P10 stated that she will still be teaching more of the clinical skills but hopes to

incorporate more research-related interests in the future, as she becomes more efficient in

dividing her time for teaching and special projects. One of her research interests is managing a

severely traumatized hand. She would like to extend some of the research that she completed in

her post-professional doctorate in that area.

P10 had some recommendations to help new full-time faculty become comfortable in academia. P10 recommended that there be an orientation for new faculty, along with a faculty manual and a formal mentoring program. She reported that new faculty should expect to seek out a mentor informally and advocate for their needs as a new faculty person.

P10 reported that some other ideas for assisting new faculty were peer role modeling and a co-teaching model where new faculty took turns teaching in the classroom. She recommended that formalized peer reviews and specific objectives should be met by new faculty prior to becoming independent in teaching a particular class. She also suggested that occupational therapists have significant clinical experiences before pursuing a faculty position.

P11

P11 has been an occupational therapist for 15 years and has practiced in a variety of settings. For the past 13 to 14 years P11 has worked full time at a school district for nine months out of the year. During the weekends, holidays, and summers he has worked as an occupational therapist in nursing homes, home health, inpatient and outpatient hospitals. P11 began teaching as an adjunct and taught medical terminology at a local college shortly after earning an occupational therapy doctorate (OTD) in 2010. After P11 inquired about other opportunities for teaching occupational therapy at local universities, he began teaching assistive technology for a local occupational therapy program as an adjunct. P11 is married and has two children under seven. He commutes to work two and a half hours each way, so he does stay away from his family a couple of days each week school is in session. P11 is in his second year at a university setting as a full-time faculty member.

P11 knew that he wanted to teach full time and had thought about the difference he could make with teaching a classroom of occupational therapy students versus just one person at a time

in the clinic. He explained that through teaching he felt that he could exponentially affect many more people than as a clinician and that through teaching occupational therapy students he could make a difference through occupational therapy in more people's lives.

After having some experience as an adjunct, he realized how much he enjoyed teaching and felt more prepared to take on teaching other courses in the occupational therapy program. The positive reviews that he had received from students as an adjunct inspired him to consider a full time position in academia. He had also learned from his wife's experience of switching from a clinical role to a teaching role, so he felt more prepared with changing roles.

P11 wanted a new challenge in his occupational therapy career and felt that he would either have to go toward education or management. He reported that he went into occupational therapy because of the variety of things that he could do in an academic career. He stated that he felt that academia aligned more with his goals and reasons why he went into occupational therapy, with the added bonus of aligning his research goals with practice. P11 also liked the idea of the flexibility that academia had to offer in regard to time with his family and keeping his foot in the clinic during the summers and holidays.

One other push for P11 was going through the leadership and education of neurodevelopmental disabilities (LEND) program. This program was based on creating community leaders to advocate for vulnerable populations. He was selected for this program and upon completion, realized that he could do so much more in academia for the community—as an occupational therapy educator with his set of leadership skills.

P11 reported that taking the risk of taking on something so different—and taking him out of his comfort zone was probably the most challenging aspect of his transition from the clinic to academia. P11 explained that designing assignments, using the new online platform, deciphering

another faculty member's lecture materials and connecting his own experiences to the information were the most challenging aspects of his teaching role. He stated that everything new such as new software and a new online platform was more of a challenge than actually teaching the classes. He stated: "The only thing I wasn't clear on was… not knowing what I don't know." P11 reported that advising was a big challenge. This was stressful to him since it was difficult to know the program well enough to advise students when still learning about the program. P11 reported that everything else worked itself out, such as teaching a few classes that he had not taught before.

P11 stated that no courses in his doctorate program stood out that helped him develop his teaching style. He reported that there was one class that dealt with teaching styles and learning styles. He felt that his experience instructing teachers how to implement programs for students receiving occupational therapy services in the school district helped him to develop his teaching style. P11 stated that he didn't model his teaching style after anything. For him, it was kind of a "learn- as- you- go approach." P11 explained that through his experiences as an occupational therapist working in the school system he realized that multisensory learning, use of visuals, and mixing lecture with hands-on learning seemed to help everyone learn. He noted that his education on human development and brain functioning that he received in his occupational therapy program helped him to prepare to teach more than anything else.

P11 reported that one of the biggest challenges on his journey in academia was deciding a focal area of research and teaching. He described the difficulty in letting go of some of the other areas of OT that he has experiences in to align his teaching and research interests in academia. Another immediate challenge was the commute and time away from his wife and young family.

P11 has made some adaptations in his role as a full-time faculty member. He explained that after one year of teaching full time, he has noticed the confidence he now has with understanding the occupational therapy program and using that knowledge for advising students. He described feeling more relaxed and comfortable with teaching in general and knows what to expect with technologies available. He also knows the students better.

Initially he felt like he was in survival mode, but now has more time to reflect on classes that he has taught and what he would do differently. P11 reported that he now anticipates other responsibilities that he needs to complete, such as teaching new courses, and the types of research that he would like to be involved in. Now he is able to readily switch his focus to future responsibilities versus just immediate duties within his role.

P11 explained that as a full-time educator he felt that he had more to learn and would continue to improve in his role. He felt that he had "a good handle on his relationship with his students," but may not have scratched the surface on where he wanted to be in his teaching. He stated that it was hard to fathom a specific comfort level as an educator because he was so new to it. At some point he would like to expand his teaching and research interests within his role.

P11 felt that there were many helpful supports in his transition to academia. P11 reported that the support system was really strong at the university where he worked. He explained that he did not feel like there was a hierarchy within the department. He stated that whether a person was on the tenure track or non-tenured track, everyone was a respected and a valued member of the department. He stated that he felt that the support and collegiality of the faculty members within the department was a key factor in making the transition to academia. P11 explained that the faculty support with advising and teaching some of the same courses within his first year in academia were helpful to him in becoming more comfortable in his role.

In addition, P11 reported that the transition to academia for him may have been easier because of the clinical practice components that are embedded within the classes that he taught. In this way, he was able to keep one foot in the clinic while embracing the teaching role in academia. P11 provided three examples of courses where students are engaged with populations in the community. In the courses that he teaches, he provides instruction of concepts in the classroom and assists students in the application of these concepts in clinical practice when supervising them in a community. He stated that the decision to move to academia has been a good decision so far.

When asked about differences that he perceived between the context of the clinic and academia, P11 reported that nothing stands out to him. P11 believed that some things are more common between the clinic and academia in regard to context. He stated: "the hierarchy is still there." He felt that there was a strong support system of faculty in the university setting. He stated: "In the clinic in some areas of practice, you are on your own island and are independent and on your own, whereas in academia, it has been completely different."

P11 reported that his niche on the occupational therapy faculty was establishing partnerships with the community, experience in pediatrics and the realm of technology in occupational therapy. He would like to pursue his PhD in the future, and do a little more research, but still sees himself teaching clinical skills. He also stated that the clinical background that he shared with students helped them to see the connection of what they were learning in the classroom and how they would use the information in the clinic. He felt lucky that the classes that he was assigned to teach were embedded in community practice so that made it easier for him to teach those classes.

Overall, P11's perception of his experiences in academia can be summed up by the picture that he envisions of his journey in academia. He reported that his picture of his experience as a full time faculty member would look like a climbing hill with many stops along the way. At the top of the hill would be an end—that really doesn't end, because he sees himself in academia for a long time. He stated that with research, one can keep the experience in academia fresh and "mix it up a little bit." P11 reported that he has challenges but they are laid out in front of him along the way. To date, he has had great connections, great experiences with the students and the community, and is eagerly anticipating the future.

He felt that there are so many avenues that he can pursue in academia that are driven by his own motivation. The freshness, flexibility and freedom of academia inspire him to move forward on his journey of life-long learning. He explained that there may be little turns along the way, but that academia is the main highway for his journey in his occupational therapy career.

CHAPTER 5. FINDINGS OF THE STUDY

This phenomenological study examined occupational therapists that have transitioned from the clinic to academia in the last one to five years. The findings of the study are presented in this chapter. Qualitative interviews were utilized to answer the broad research question: "What is the experience of occupational therapists transitioning from the clinic to academia? This chapter presents a description of the analysis procedures and subsequent findings of the study in a detailed and descriptive manner.

Data Analysis

Giorgi and Giorgi's (2008) method for data analysis, as described in Chapter three was closely followed. The focus of the analysis was to understand the experience of occupational therapists transitioning from the clinic to academia. Each participant was asked to discuss the challenges encountered in the faculty role, adaptations made, and helpful supports in the transition process. In order to understand the influence of the environment on the adaptation process, participants were asked to compare and contrast the clinical and academic environments and impact on the transition to academia.

To review, data analysis was completed using the Giorgi and Giorgi (2008) method. Giorgi and Giorgi (2008) utilize specific steps during data analysis. Before beginning the analysis the researcher read the entire description of the experience of all participants. This provided the researcher with a global sense of the description before proceeding further. The next step of the method was the constitution of the parts of the description to depict the meaning units. Through careful rereading of the description, a slash was put in the text every time there was a change in the meaning of the text. The meanings were then transformed to the language of the researcher and synthesized. This was accomplished in chapter three through use of the grid

analysis. The transformation of meaning units revealed the meanings that were lived but not

necessarily clearly articulated by the participant (Giorgi & Giorgi, 2008). This was

accomplished in chapter four through the interview summaries. The last step of the data analysis

was when key constituents were revealed and were directly related to the general structure of the

experience of the participants (Giorgi & Giorgi, 2008).   This was accomplished in this chapter.

Presentation of the Findings

The data will be presented in three parts, which is consistent with the data analysis

procedures in phenomenology. Presenting the data in this way will allow the reader to follow the

process that occurred during analysis. (1) The individual interview summaries and background

information of each participant was presented in chapter four. The summaries provided an

understanding of each participant's experience and represented the analysis completed on each

individual interview. (2) In this chapter, the key constituents that contribute to the general

structure of the experience will be identified. (3) Finally, the relationship between the key

constituents will be identified resulting in identification of areas that make up the general

structure of the lived experience for the entire group. Presenting the findings in this manner

allows for greater transparency of the findings.

Key Constituents

Key constituents are common themes that emerge when breaking up the data into

meaning units. Transformation of the meaning units is the next step to make implicit

psychological meanings explicit. Constituent parts of the description of participants help clarify

implicit matters of meaning of the experience of the participant. Twelve key constituents stood

out in the descriptions provided by the participants and supported the general structure of

occupational therapists' experience in transitioning to the role of an occupational therapy full-time faculty member. The key constituents found were:

- Occupational Therapy Educator Role is a Big Role in Shaping the Profession

- Two Different Worlds: Influence of Context on Role Transition

- Challenge: Learn-as-you-go Area of OT

- Challenge: Discovering how to Teach in Academia

- Challenge: Trying to Find a Balance

- Challenge: Adjusting Emotionally to Role Demands

- Helpful Support: Collegiality Matters

- Helpful Support: Mentoring

- Helpful Support: Resources used to Learn to Teach

- Helpful Support: Keeping a Foot in the Clinic

- Adaptations Made: In a Different Mode

- Effectiveness and Satisfaction in the Role

It is important to remember that even though the constituents are presented separately, it would be wrong to view them as independent of one another. The relationships between the key constituents will be presented later in this chapter under general structure.

Occupational Therapy Educator Role is Big Role in Shaping the Profession

All 11 participants either directly or indirectly referred to their role as a full-time faculty educator as a means of shaping the occupational therapy profession in a positive way. There were many reasons why they moved to academia. Participants indicated that they could impact more individuals through occupational therapy (OT) through teaching students, pursue their passion in research and service initiatives, and be supported in their role as educators to create

new knowledge in the profession. They felt that in the educator role they could shape the future of occupational therapy service delivery. Many of the participants described their experiences as an adjunct that influenced their decision to consider a full-time position in academia, and felt that moving to education was a vibrant occupational therapy service delivery option that would allow them to contribute to the profession.

As the participants spoke about their decision to move to academia, there was an excitement about sharing intellectual knowledge and the power given to make a difference in many people's lives through occupational therapy. For example, P11 reported that he felt he could exponentially affect more people through teaching students than he could as a clinician. P2 added that she had always wanted to teach and felt fulfilled as an occupational therapy educator. She felt that she was able to contribute and impact more people through teaching students than she could in the clinic as an occupational therapist. P4 loved to teach and was grateful for the opportunity and ability to lay the foundation for future leaders of the profession. She described the role of a full time educator as a dynamic, complex role, with teaching as the easiest part of the job. She enjoyed the freedom to be a creative thinker and opportunities to share her perspectives with students to create more awareness of the profession, while articulating the complexity of occupational therapy and its value to the public.

Participants recognized the role of a full time occupational therapy educator as a means to pursue their passion for occupational therapy, share that passion with students, and shape the future of profession through their contributions as an educator. P5 felt that as an educator she would be supported by her institution to promote the profession through sharing her passion for occupational therapy service delivery in the community with students. She thought that the academic world would give her the freedom and support to create new knowledge and be

involved in the profession at many levels. P6 described teaching as her calling, felt passionate about teaching, and simply loved to teach. P6 reported that she was excited to be an educator because she got to shape the future of the profession by shaping a new generation of occupational therapists that are more efficient, effective, and prevalent leaders. She felt that "being able to connect with students and make them develop their passions, strengths, and weaknesses made it possible to have an effect on the whole OT profession."

All participants indicated a desire to complete research or pursue more research interests as an educator. P7 always knew she wanted to be involved in education, and that teaching in an occupational therapy program was her passion. She reported that it was her thirst for knowledge and research that sparked her desire to become an educator. P9 reported that becoming an educator allowed her to share her interest in evidenced based practice and felt that she could be involved in so much more in academia to help shape the profession. Participants indicated that they felt that the academic environment would value and support their participation in service and research activities as opposed to the clinical setting. P9 summed up the feeling of many participants when she reported: "In academia they value your participation in other things."

While the decision to become an educator was to pursue the passion felt for occupational therapy, participants also considered the educator role as a challenge to themselves and a means of giving back to the profession. P3 indicated that she had climbed up the career ladder and was ready to mentor and give back to the profession. P7 discussed the challenge of staying sharp and on top of her clinical skills in the educator role. She stressed the importance of positive interactions with students, modeling positive communication strategies, and use of mentoring students in the development of their professional skills. P8 had always wanted to be involved in education and saw her role as a means to give back to the institution and the community through

her involvement with education and the profession of occupational therapy. She stated, "I always had an interest in teaching—this was a—natural progression to the goal of becoming an educator." P11 reported that he wanted a new challenge in his occupational therapy career and that academia afforded him the opportunity to align his research goals with clinical practice.

Prior to accepting a full time faculty position, nine of the participants had taught as an adjunct either via distance, or in a face-to-face course before entering academia full-time. None of the participants felt that teaching as an adjunct had prepared them for their journey in becoming a full time occupational therapy educator. As an adjunct, course materials including the syllabus, lectures, class activities, and assignments were designed for them, and they were to come in and teach the materials. Experience as an adjunct provided them opportunities to develop some teaching experience and skill, but did not necessarily prepare them in best practices of teaching adult learners, or other aspects of their role such as scholarship and service.

As an adjunct, P9 described how she had found herself fitting into the academic role more than the clinical role even though she wasn't that comfortable teaching a group of students yet. P3 found that she liked how faculty solved problems, worked together and backed each other up. She felt like she was a "good fit" with the other faculty there. This "fit" helped her make the jump from the clinic to academia.

Participants described the joy they experienced through teaching students, but did not feel that adjunct teaching prepared them for a full-time role as a faculty member. However, adjunct teaching in an occupational therapy program did facilitate the decision to pursue delivery of OT services in the academic environment. Sampling the waters of academia provided opportunities for participants to see how they fit in with other faculty, and reaffirm their goals to become a full-time educator.

The decision of occupational therapists to make the move to academia occurred for several different reasons. Occupational therapy educators felt that the academic environment would support their interests in research areas to create knowledge and would provide opportunities to strengthen their passions in various areas of occupational therapy service delivery. Some occupational therapists became educators as a means to give back to the profession and felt that the contributions they could make as educators were valued and supported by the academic environment. The opportunity to teach as an adjunct faculty member assisted participants in the decision to transition to a new service delivery area such as education. They felt that they could shape the future of the profession in a positive way through education and development of students in order to impact several people through the quality in delivery of occupational therapy services.

Two Different Worlds: Influence of Context on Role Transition

The participants experienced both differences and commonalities between the clinical and academic environments. Differences seen between the cultures of the environments included the pace in the environment to accomplish specific tasks, the social context, expectations and outcomes, and the gauging of successful occupational performance. The two main commonalities of both environments were the value of relationships and the expectation of effective and efficient service where accountability is a valued aspect of occupational therapy service delivery.

When asked about the perceived differences between the clinic and academia, several participants indicated that they were "two different worlds." P3 explained that different cultures inform different expectations. P6 described that both environments expect efficiency and effective service, but the delivery of OT services are different. In the clinic, it was about

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productivity, working with the team, and the perceptions of the client and the team in regard to whether you were considered a "good" occupational therapist. A therapist that has a good rapport with a client, assisted the client in meeting their goals, and worked collaboratively with the team would be considered a "good" occupational therapist. P6 felt that in the academic environment a lot of stock and value is in what the students perceived to be effective—whether teaching strategies used were helping them learn.

There are different expectations between the two service delivery areas, and several participants discussed those different environmental influences. One of the main differences was the pace of the environments and the level of supervision provided. In the clinic, occupational therapists worked at a fast pace and there was always a demand for productivity. Occupational therapists were expected to treat clients at least six hours out of an eight hour day. P1 reported that the slower pace of academia was a "big relief" to her from the fast pace aspects of the clinic. P2 described feeling "micromanaged" in the clinic when having to be accountable for every second of time in order to meet productivity standards. P4 reported that in contrast to the clinic, the autonomy in academia was a great privilege and an asset that freed faculty to do more things. She stated: "There isn't someone checking on how you are doing, you're just expected to do it and are trusted to do it, and unless something happens where students complain or express concerns, you keep doing it." P2, P6, and P9 reported more autonomy as a faculty member than a clinician, and that fellow faculty assumed and expected that you were doing what you should be doing in order to teach the students what they needed to know to be successful.

Participants described the support and differences in the intellectual culture between the two environments. P5 described clinical practice as being "all about productivity, and not so much about development of clinicians as professionals or clinicians doing evidenced based

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practice." In contrast the intellectual culture in academia was different where knowledge was shared, and forward thinking to develop the field and envision the bigger picture of the profession as a whole was the main outcome. P5 reported that students were the future of occupational therapy and that so much time and effort in academia was preparation of graduate students to fulfill the values of the profession. P3 and P9 felt that there was support to "do things better" in the academic environment and produce a quality product and conduct research to advance the profession.

When contemplating the transition to the academic environment, occupational therapy clinicians described some of their fears in regard to the social aspects of the academic environment. Six participants reported that they felt that the academic environment could be lonely, and feared that the role of an educator would be solitary. P6 reported that initially she expected that in the academic environment faculty members were independent, self-driven, and self-reliant. However, P6 found the working environment at her smaller university to be team oriented. P8 had feared that academia would be solitary. Her experience was that faculty educators tried to collaborate, but that it got so big and bulky and time-consuming that not as much can be accomplished in a timely manner like in the clinical setting. P2 described the clinic as a place where there was always someone to socialize with, where in the academic environment faculty had to seek out others to socialize with and be comfortable with "alone time." P9 added that she felt academia was a "lonely environment" in contrast to the clinical environment where there was always someone there to discuss ideas and feelings. She stated that there was a lot of "alone time" in academia other than when teaching. P3 reported that academia can be lonely for some people, but that she found avenues to continue to be social and active within her department. She stated that the collegiality and collaboration among faculty

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within her division helped new faculty to connect to others and maintain relationships. She stated, "I take advantage of the social [aspects of the program] —they throw you a line."

In addition, the participants described some of anticipated expectations of the full-time faculty role. P6 felt that the academic culture could be intimidating. One of her biggest fears was wondering if she would be able to live up to "those OT's that have published 80 times and had done such amazing research." P8 felt that she was under demands to establish herself in the academic environment. She added "maybe that is self-imposed because I am a go-getter." In the same way, P9 explained that there was pressure for new faculty to "get your name out there" and that she had to "step outside of who she was" to meet the expectations of being a faculty member. P4 added that as a faculty member she was expected to lead and that the academic environment and the occupational therapy profession demanded leadership.

In the academic environment, the quality of one's occupational performance in the role as an educator was measured differently. P4 described how peer evaluations and anonymous student evaluations were part of the academic culture. She stated that peer evaluations don't happen in the clinic and perceived that the use of peer evaluations may not be an effective measure of occupational performance. She felt that feedback given on peer evaluations may not be as full or honest because of the need to preserve the relationship between colleagues in the department. P4 also described the frustration felt by faculty in regard to anonymous student evaluations. Anonymous student evaluations did not allow the faculty member to deal directly with the problem or issue brought up by the student. P3 added that some students may think their grades do not reflect their abilities and use the student evaluation of the course as a means of taking that frustration out on the faculty member.

In addition to peer and student evaluations, some faculty discussed their confusion about obtaining tenure. P9 felt overwhelmed by the process of tenure and stated "Right now I just feel like I need to get the teaching role down." She felt like she had to separate herself out into other pieces in service and scholarship and document everything for reappointment.

P3 perceived that there was little in place in the academic environment to oversee the quality of production. P3 was accustomed to being held accountable to third parties that monitor quality of health service delivery in the clinic such as Joint Commission on Accreditation of Healthcare Organizations, (JCAHO). This is an organization of individuals from the private medical sector that develop and maintain standards of quality in medical facilities in the United States. Many medical facilities rely on JCAHO accreditation procedures to indicate to the public that their particular institution meet quality standards. In addition to meeting quality standard measures, clinicians are also accountable for their billable time in meeting productivity standards measured by the supervisor at their institution. P4 added that in the clinic there were also performance reviews conducted at least annually and a clinician's work was always monitored with feedback given immediately if there was any kind of procedural error. Fellow clinicians are also observing each other in the clinic on a day to day basis. They collaborate with each other to ensure continuity of care with clients, problem solve when particular issues arise with clients, and work as a healthcare team.

One of the commonalities between the clinical and academic environment was the importance of establishing and maintaining a relationship with individuals. In the clinic, an important aspect of therapy was establishing rapport with the client and intentional therapeutic use of self in order to be client-centered. A majority of the participants also stressed the importance of a relationship with students in the educator role. P1 reported that she tended to

"nurture" students in any way she could in order to help them be successful. She described several situations where she had helped students to develop their personal and professional skills. P6 also believed that as a faculty member it was her responsibility to help students develop personally and professionally. She suggested that students look to faculty for more than just knowledge expertise—they want career and personal advice as well. P6 felt that the interpersonal relationship between faculty and students was important to student development and preparation for a career in occupational therapy. P7 described how she has used her therapeutic use of self to assist students with healthy communication with her and peers in order to develop interpersonal and professional skills of students.

However, several participants did discuss their concerns in maintaining a professional relationship with the students. They described the need to balance the role as advisor and educator carefully. P7 described the relationship in this way: "When you are teaching, most of your interaction is with either colleagues or potential colleagues and that is a different culture for sure." She felt that in the academic environment the students are part of the team, but there are things that you might say to the healthcare team in the clinic that you wouldn't share with students, and boundary lines that you can't cross, because of the nature of the student/faculty relationship.

Another common influence of both environments was the level of accountability expected. Both environments expected a level of efficient and effective service. In the clinic, it was expected that the occupational therapist would assist the client in meeting their goals, efficient use of time through meeting productivity standards, and collaborating with the health care team. P7 reported that in the clinic a therapist was accountable for the time spent with clients, where in academia one was accountable for themselves. Several of the participants

described their feelings of accountability for their actions as an occupational therapy educator. P9 stated that her responsibility as an educator was so much greater because "anything I do and say creates this person who is going to go out and touch so many more people's lives." She reported that what she taught and how she taught the information to the students would have an impact on many more people. P7 explained that she felt that an occupational therapy educator has a big role that has to be taken seriously. She stated that as an occupational therapy educator, she is "obligated to role model and is accountable for how she conducts herself, the information she shares, and the quality of her instruction."

In summary, participants described both differences and commonalities between the clinical and academic environments. They discussed the pressures of the academic environment to complete research initiatives and establish oneself as a leader in the profession. Six of the eleven participants anticipated that the academic environment would be lonely in contrast to the clinical environment. However, the participants were excited about the sharing of knowledge anticipated in the academic environment and found colleagues in that environment to be supportive.

Although both environments demand efficient and effective service delivery, the therapist and faculty role proved to be measured differently in each environment. Markers of a good occupational therapist in the clinic were the ability to work within a team environment, meet productivity standards, and assist clients in meeting goals. Occupational performance was measured through quality assurance accreditation of organizations such as JCAHO, meeting productivity standards set by supervisors, and ability to collaborate with members of the health care team. In academia, the expectations within the full-time faculty role were to work as an individual, accountability to manage time and contribute to the profession through research and

service initiatives, and teach the students effectively to meet their goal of becoming an

occupational therapist. Occupational performance in academia was measured through peer

evaluations for teaching, the tenure process for contributions to research and service of the

university, and anonymous student evaluations.

The value of establishing relationships and personal accountability was a common factor

experienced by participants in both areas of occupational therapy service delivery. When

working in the clinic, they found it easier to establish relationships with each individual client

when working toward their goals. As a new full time faculty member, they felt it was more

difficult to establish a relationship with students when teaching a course. In addition, they

agreed that a full-time faculty member has to be careful to maintain a professional relationship

with students at all times, and to teach students to respect those boundaries.

It was also evident to participants that stakeholders in both environments expected

effective and efficient service delivery. However, in the academic environment, new full-time

faculty members understood their accountability to be much greater. They felt that the delivery

of educational services to a group of students who will become occupational therapists would

potentially affect a much larger group of people at once than a single client seen in the clinic.

Delivery of effective and efficient occupational therapy education was seen as a direct "ripple

effect" of the impact of service delivery to clients in all areas of practice.

Challenge: Learn-as-you-go Area of OT

There were several challenges indicated by participants in making the transition from the

clinic to the academic environment. Participants discussed the amount of time it took to really

learn the role of an educator because it was so different from transitioning from one practice area

to another in the clinic. The lack of clarity in role expectations and responsibilities further

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contributed to the challenges experienced during the transition. Participants described everything they did as an educator as "new" or a "first" while still trying to understand how higher education was organized. All of the participants described some aspect of learning to teach, design, or manage courses as a challenge in itself or time-consuming to learn to do in contrast with clinical aspects of occupational therapy that had become automatic.

P9 described the move from the clinic to academia as a "lifestyle change." She declared that it was a great deal of work to move to a new practice area of occupational therapy service delivery such as education. She stated, "It's like you bounce directly back into that entry level position." P11 agreed that taking the risk and going out of his comfort zone of the clinic to academia was one of the most challenging aspects of the transition.

The lack of clarity in responsibilities and role expectations as an educator contributed to the challenge in meeting role expectations. P1 reported that there wasn't any orientation to her position, and P4 reported that there was not a clear orientation of exactly how to do the job. She stated, "You just sort of do it." P7 explained that expectations within her role were not clearly defined either and stated, "you just kind of jump in and go." P8 reported that there is still some ambiguity with certain parts of her role and she has struggled with how to proceed at times as a faculty member.

P11 stated that "not knowing what I don't know" has become part of the challenge of being an educator. P7 suggested that there are many unknowns in academia. P7 reported that academia is "a-learn-as-you-go area of OT." You just get in there and figure it out as you go along. P4 explained that occupational therapists are trained to be clinicians, not academicians. Although an occupational therapist provides education to clients and their families, there are a completely different set of rules and expectations to provide to educate students in a classroom

setting than a clinical setting. There are limited opportunities as a student to develop the skills needed in the academic environment, such as designing lectures and assignments, grading and feedback, and development of skills in research. P6 described that the role change from being a clinician to academia work was the challenge to her, and P4 explained that it took her longer to feel like she knew her role as an educator than any clinical role that she ever had.

Major challenges were the unknown role expectations and how to complete the responsibilities of the role in the academic environment. Providing education in the academic environment to students was a completely new dimension of occupational therapy service delivery and was done in a different manner than anything that had been done as a clinician in the clinical environment. There were no specific directions in how to accomplish responsibilities within the faculty role. The lack of knowledge in how higher education was organized contributed to decreased confidence and self-perceived level of competence felt by new faculty about whether or not they were fulfilling the responsibilities within their new role correctly.

Challenge: Discovering How to Teach in Academia

Although there is an element of teaching clients new skills as occupational therapists, many of the participants did not consider themselves as educators. Participants did not feel prepared to design courses, manage a classroom of diverse learners, or utilize a variety of teaching strategies in their new role. P9 explained that she was more comfortable teaching in small groups because it was more similar to one-on-one or small group interactions that she was accustomed to in the clinical setting.

P9 reported that in the clinic you "teach in a completely different manner," than you would in the classroom. P8 added that "the clinic and teaching hats don't really go together." Although an occupational therapist provides education to clients and their families, there are a

completely different set of rules and expectations to provide to educate students in a classroom setting than a clinical setting.

In the clinic, providing education to clients and their families was individualized to the client's unique situation, was taught through experiential learning activities, with educational handouts geared toward the client's needs and explained in small groups or one on one. Education may be provided to the client on transfers, use of adaptive equipment, precautions or follow-up home programs. Teaching these particular skills and educating the client using these methods were a familiar aspect of clinical work and were taught to occupational therapists as students in the classroom and while on fieldwork.

In the academic environment, P1 reported that she had experiences to draw from to teach, but that she felt sort of "self-taught" and realized that there was more to teaching than she had originally anticipated. P6 explained that she had to develop three courses from scratch her first year as a faculty member and reported that "coming back to the basics of OT and having to read through the books and remember the component parts of *why I know what I know* took a lot of time for me." P7 described countless hours of research in order to prepare herself to teach and guide the students in finding answers to their questions. She reported that she learned to teach primarily through trial and error and had experienced much more mental fatigue in academia in her role as an educator than she had in the clinic. P5 explained that she spent a lot of time on designing courses and assignments, grading assignments, and revising course materials. Like P7, P5 also reported that it took a lot of cognitive energy to design courses and because there was so much to consider and the process was not "automatic." P5 also mentioned that it was a challenge to design an interactive learning experience for a group of students in the classroom that met the needs of all types of learners.

Four participants indicated that receipt of inherited course materials was a "double-edged sword." Although it was a gift to be assigned a course with developed lectures and assignments, P2, P9, P10, and P11 articulated that it was a challenge to decipher someone else's work and "make it your own" in order to deliver the material confidently to the students. These participants indicated that designing and delivering the materials that they developed was a much easier task for them than inheriting materials from other well-meaning instructors.

Even though participants reported that there were educational aspects of teaching others in the clinic, occupational therapists that transitioned did not consider themselves prepared to teach in the academic environment. They relayed that education in the clinic was provided in one on one or small group situations and was individualized to meet the learning level of the client. Teaching and educating the clients in skills or methods to accomplish a task were a familiar aspect of clinical work, taught to occupational therapists as students in the classroom and while on fieldwork. In the academic environment, breaking down the tasks of learning the foundational concepts of how and why occupational therapy works to a large group of diverse adult learners in a classroom setting took a lot of cognitive energy to do. It was not something that expert clinicians had done on a daily basis and resulted in new faculty feeling unprepared as educators in an academic environment. Learning different strategies to design and teach diverse learners required some additional training, reading, and experience in order for new faculty to feel effective in meeting the role challenges of a new faculty member and to consider themselves as effective educators. New full-time faculty struggled with confidently teaching students from materials that were not developed by them, and described the difficulty in delivering content that was not "their own."

Challenge: Trying to Find a Balance

In response to challenges, participants struggled to develop a balance between their personal and professional lives and/or align their duties of teaching, research and service to better balance themselves in their role as an educator. Additional challenges faced by some participants were obtaining a terminal degree while simultaneously taking on a new role as an educator (P3, P4, & P9), and being away from their immediate family members (P1, P2, & P11).

Several participants reported that they enjoyed the autonomy and flexibility afforded to them in academia, but that it was difficult to establish a balance between their personal and professional lives. One of the challenges felt by participants was that work was never done in academia. Part of that feeling was attributed to the fact that there were so many "firsts" in the role that consumed their time, and the unfamiliarity with expectations of how to complete responsibilities within their role such as designing of courses and use of teaching strategies. Even though clinicians were familiar with using technologies in the clinic such as electronic documentation and search engines, an additional component of the new role was learning the new technology systems used in the academic environment. P7 described how time consuming it was to learn how to navigate the library databases, the e-mail system, and the online teaching platform. Four other participants (P5, P8, P9, & P11), added that the use of online technology platforms posed an additional challenge to their role, and was a time consuming process to learn.

P5 reported that "the academic world never stops," and that there was a pull for educators to live in it 24 hours a day along with the students. P4 added that work was not done when one left for the day. There were still a multitude of activities to prepare for classes to teach, grade assignments, and fit in research, service and assigned administrative duties. P7 stated that even though she had more flexibility in work hours as a faculty member, she worked until the job was

done and that she was "on call" even during vacation should an event arise that required her attention.

In addition to having difficulty establishing a balance between the professional and personal aspects of their lives, participants indicated that there were also challenges in establishing a balance within the educator role. P8 explained that she ended up "working a lot" and was concerned that important, moving forward type of work was not getting done. She indicated that it was difficult to be efficient and manage time to align aspects of research, teaching and service into her role. In order to achieve balance she articulated the need to advocate for one's interests in research and felt that there was a need to learn how to master doing what you love without overextending yourself and working too many hours. P11 believed that there were so many avenues to pursue in academia that were driven by his own motivation, that he struggled to define his focus area of research and align his teaching, service, and research interests in academia to achieve a balance.

Participants reacted to the new role challenges as faculty members, and felt that they did not accomplish the responsibilities within the role in an efficient manner. Participants discussed the difficulties in becoming familiar with aspects of their role, resources available in the academic environment, and adjusting to how to effectively manage their time. Because of the unfamiliarity with responsibilities of the role, it took them more time to complete tasks associated with the new role. This took time away from their personal lives and resulted in a lack of balance between their professional and personal lives. The additional responsibilities of obtaining a terminal degree for their position in education and commute contributed further to a lack of balance between the participants personal and professional lives. In addition, without a specific plan to align research, service and teaching interests, new faculty found themselves

pulled in many directions. As a result, they were unable to complete some of the work that brought them into academia in the first place such as research and service initiatives.

Challenge: Adjusting Emotionally to Role Demands

Many participants were challenged by the amount of changes they encountered in academia and the psychosocial adjustments of the role change. As stated earlier, the role challenges and expectations in academia were different than clinical areas of occupational therapy. Participants were not prepared to cope with the different pressures of academia, and to top it off, many were unfamiliar with the duties and responsibilities of an occupational therapy educator.

P5 reported that she was a little shocked at how hard the transition was and overwhelmed with the array of responsibilities of an educator. She explained that she felt so tired at the end of the day, just like she had as an entry-level clinician in her first year of practice. P9 stated that she felt like she was "starting over" in an entry level position as an educator, and felt like everything was new, and that she needed support from other faculty. P7 mentioned that her first year of teaching was anxiety provoking and more taxing than clinical work due to the overwhelming responsibilities of an educator. P10 summed up the feeling of many participants when she stated, "it was a little bit of a shock to go from that daily feeling of control of my situation and on top of things to come in at midpoint and teach, and get used to what I was doing."

It was important to the participants to demonstrate a degree of competence in their role as educators. New faculty had been recognized as good clinicians with expertise in various areas of occupational therapy practice. As clinicians, they were able to learn new treatment interventions quickly because of the familiarity of working with specific populations in the clinic. One of the

difficulties experienced by new faculty was the degree of competence felt in the educator role. P6 reported, "Being the perfectionist that I am, it was hard for me to do what I could and not be the best at it the first year." P2 worried whether the students thought she was confident in her knowledge in some of the courses she taught. P8 added that she worried whether or not she looked confident and demonstrated competence in some of her duties of her role as committee chair. She even worried whether leaving for the holidays would make a bad impression on her colleagues in regard to her work ethic as a new faculty member.

Participants were overwhelmed with the challenges encountered in the academic environment due to the unfamiliarity and amount of time it took to learn the responsibilities in their role. Moving from an area of clinical expertise to the academic environment also challenged the confidence and competence of participants in their knowledge of occupational therapy. Participants questioned whether they could effectively teach students what they knew about occupational therapy through lectures, class activities, assignments, grading and feedback. They also wondered whether they appeared confident in their occupational therapy knowledge to their colleagues and students.

Helpful Support: Collegiality Matters

All 11 participants felt accepted and supported in their own departments because of the collegiality of other faculty. Participants described different ways that they collaborated with senior faculty to solve problems and discuss ideas to improve class management and teaching strategies. The emotional support of senior faculty in helping new faculty adjust to changes experienced in their role contributed to a successful transition to the academic environment.

P7 mentioned how nice it was to "bounce ideas" off of other faculty to help solve problems or meet challenges in her role, and P11 articulated that there was a strong support

system within his department where everyone was evenly respected regardless of whether one was a junior or tenured faculty member. P1 reported that the faculty shared ideas with her to help in her role as a teacher. P5 added that a team of faculty assisted her on program development, test design, and classroom management, and supported her as she adjusted to the role. P6 discussed ideas and questions with faculty to assist in the development of her teaching style. P3 stated that tenured faculty strived to establish and maintain relationships with junior faculty to assist with adjusting to the culture of academia and to provide emotional support.

The respect and supportive environment created by senior faculty made a difference for new faculty in feeling valued and accepted in their new role. The availability of multiple senior faculty members to discuss ideas and problem solve helped new faculty make adjustments in approaching responsibilities in the academic environment such as teaching strategies and class management. The establishment of relationships with colleagues contributed to new faculty adjustment to the new role and feeling connected to multiple individuals in the academic environment.

Helpful Support: Mentoring

Although the collegiality of faculty within their respective departments was a helpful support to the role transition, many participants discussed the value of a structured mentoring program. Structured mentoring programs within the department and campus were helpful in assisting new faculty to emotionally adjust to their new role, locate resources to fulfill responsibilities of the role, and to understand the organization and context of higher education.

P2 felt that several mentors in the occupational therapy department made the transition easier and helped her adjust to her role. P3 and P4 had assigned mentors that were master teachers, and P5 reported that she had several mentors within the department that assisted her

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with courses they had taught in the past. P6 had several mentors within the department for assistance with teaching, and also independently sought out other new faculty in other health departments as a type of informal peer mentoring. P7 explained that her mentor helped her to learn things in context such as the processes of education, provided resources on teaching strategies, and assisted in understanding of the institutional policies and procedures. P8 reported that she had a strong relationship with her mentor on campus outside her occupational therapy department. She also benefited from participating in a structured mentoring program offered on campus. Through this program she had learned more about resources on campus for students and faculty, and valuable information concerning grant writing and funding for research and travel. P10 had a mentor within the department that advocated for her to establish a balance between her personal and professional life and provided advice on political issues and situations that occurred in the academic environment. The emotional support offered by senior faculty members contributed to the comfort level and competence felt by new faculty members in their new role.

For many participants, an assigned mentor—a designated individual to talk to weekly about questions, emotions, reflections, and ideas, helped them adjust to the academic environment more successfully than new faculty that weren't involved in a mentoring program. In addition, an assigned mentor helped new faculty address challenges in the role as they occurred. Mentors assisted faculty in locating resources within the department and campus to help accomplish role responsibilities more efficiently, provided emotional support, and provided individualized help to the mentees assigned to work with them.

Helpful Support: Resources Used to Learn to Teach

Some helpful resources on the journey to academia included courses in adult learning, skills learned and practiced as an occupational therapist in the clinic, and continuing education programs offered on campus in the area of teaching. Feedback from peer reviews and student evaluations were helpful to improve upon teaching strategies. In addition, participants described how they used some of the skills learned as occupational therapists in the clinic in their new role as faculty members.

Some of the helpful supports for improving teaching were courses in their doctorate program, and campus resources. P1 and P3 indicated that obtaining their doctorate in occupational therapy assisted them in updating their skills in application of theory and the occupational therapy practice framework document. P10 explained that there were helpful courses on educating adult learners in her doctorate program, and P9 reported that the courses that she had taken so far in her doctorate program had been helpful to her in the teaching role. Four participants reported that there were structured programs for teaching on campus for junior faculty (P1-P3 & P5).

The use of peer evaluations and student feedback also contributed to learning more about teaching strategies and adjusting methods to meet student needs. Many participants discussed the value of peer reviews and filtering feedback from student evaluations to assist them in revising teaching strategies, assignments, or course topics. P6 explained that tenured faculty offered feedback on the courses several times during her first year she taught. P9 reported that she liked feedback from peer reviews, but it was more valuable to her when she asked for specific feedback during informal peer reviews. P10 enjoyed the process of sharing information and feedback with her peers. She stated that the attitude of faculty toward peer reviews

demonstrated life-long learning as opposed to her experiences in the clinic. P2 and P3 were able to use and filter feedback on student evaluations to revise course materials, assignments, and strategies for teaching. P7 and P10 reported that asking students informally for specific feedback during course activities and discussion was the most beneficial to them and their development as educators.

Participants discussed how they used some of their occupational therapy knowledge and skills in their new role as faculty members. P7 indicated that her knowledge of occupational performance of individuals assisted her in modifying her teaching strategies for diverse learning styles. P11 reported that his knowledge of brain functioning and learning helped him understand a multisensory approach to teaching, and P9 suggested that her education to teach had been her education as an occupational therapist and experiences as a clinician. P9 described how she would judge the success of her teaching by the quality of interactions she had with the students. She stated that when there was good interaction with the students it gave her energy and increased her comfort level in teaching. P10 explained how she used her task analysis skills to break down concepts in order to teach students.

Many of the participants that were taking classes in the post-professional occupational therapy doctorate program indicated that learning and applying the occupation-based theories were most helpful to them in learning to teach and transferred to clinical practice. Only four participants recalled a course on adult learning and two of those respondents were pursuing a doctorate in adult education. As new faculty reflected on their practices and skills as occupational therapists they realized that they used some of their skills such as knowledge of development and brain functioning, and task analysis when teaching students in the classroom.

New faculty took time for personal reflection after teaching a class to note changes to presentation and structure of the class to improve interactions with the students.

The most valuable feedback to new faculty was requesting specific feedback from peers and students after teaching a class. Candid conversations with a peer that observed the class and discussion of suggestions helped new faculty become aware of aspects of their delivery of course information that they hadn't considered through self-reflection. Participants found that asking specific questions of students to obtain feedback on the delivery of course content provided the most genuine responses in improving the learning processes for both new faculty and students.

Helpful Support: Keeping a Foot in the Clinic

Ten of the participants directly or indirectly kept a "foot in the clinic" when starting out in academia. Many participants were fearful that they would miss the clinic in some way and regret making the move to academia to be a full-time faculty member. Participants articulated the impact of keeping a foot in the clinic on their adjustment to the academic environment. They also reported the benefits to their personal and professional development as occupational therapists within both environments.

P3 reported that being able to "keep her feet in both places" allowed her to get comfortable and build confidence in being a full-time faculty member. Participants discussed the competence and confidence they felt when in the clinic, and in some ways had difficulty letting go of their roles as clinicians in occupational therapy. P10 described that in the clinic she felt in control of her situation and knew what she was doing, and what she needed to accomplish every day. P6 noted that in the clinic, she was quickly able to pick up on something new and learn new things due to her training in school and clinical experiences.

Some of the participants indirectly kept a "foot" in the clinic. P9 described her gratitude toward other clinicians that consulted with her about clinical issues during her first year as a full-time educator. She reported that she was thankful every time she received a call. She stated, "It really is good for me." Every time P9 had a phone consultation, her level of confidence increased. She felt more competent and in control of the situation, and valued in her role as an occupational therapist. The ability to continue in some aspect of the familiar clinical role validated the expertise and clinical experiences of OT faculty and allowed for greater psychosocial adjustment to their new role in the academic environment. Since occupational therapists are taught to be clinicians, participants identified themselves as clinicians that were adjusting to a different aspect of OT service delivery in the academic environment.

The benefits of keeping a foot in the clinic were expressed by some of the participants. After four years of working as a full-time faculty member, P3 reported that she had finally "let go of the clinical aspect" and felt confident and competent in her role as a full time faculty member. Another participant described how the clinical and academic worlds intersected to benefit both service delivery areas. P7 reported that she had become a better clinician through the knowledge she had gained in her role as a faculty member. She felt more prepared to share her knowledge of theory application and evidenced based practice with other clinicians in her role as a consultant.

Participants felt more accomplished and on top of their game in the clinical role, versus learning the challenges of a new role in academia. This ability to maintain "a foot in the clinic" and balance a familiar role with a new role assisted them in gradually feeling more confident and competent in their role as a full-time faculty member. The clinical setting was a bridge to help participants continue to identify themselves as successful occupational therapists while becoming

familiar with the many facets of their new role as full time faculty members. Keeping a "foot in the clinic" facilitated psychosocial adjustment of being in a familiar role in the clinical environment while also fulfilling unfamiliar responsibilities as a new full-time faculty member in the academic environment. This helped participants with adapting and adjusting to their new roles as full-time faculty members. In addition, the two areas of occupational therapy service delivery mutually benefitted by when participants simultaneously maintained a role in both environments. From the academic perspective, participants working in the clinic were able to observe what concepts taught to the students in the academic environment needed to be explained further to benefit clinical practice. From the clinical perspective, the theoretical knowledge obtained in the occupational therapy faculty role assisted in application of theoretical concepts to client-centered care improving the skills of the occupational therapist in the clinic.

Adaptations Made: In a Different Mode

Participants described the changes they had observed in themselves in regard to use of time, teaching strategies, and overall approach to their role. Some of the most helpful aspects to adjustment of the role challenges were familiarity with duties, specific duties delegated to them to complete (role delineation), knowing what to expect, and time spent in the role as an educator. Participants discussed the changes that they noticed that occurred in themselves both personally and professionally.

P9 reported that there had been extreme changes in "who she was and how she looked at things." She stated that she didn't feel like she was the same person as before and didn't really know why. She noticed that she now communicated at a different level within her social group of clinicians and seemed to have a different relationship with them than before she entered academia full time. P5 noted that she was able to critically think about how to address issues

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that had occurred within her role such as managing her time effectively and balancing her personal and professional life. P7 reported that she had changed her approach to her role in academia and was more apt to ask for assistance and clarification from others.

Changes that participants noticed on a professional level included approach to teaching and research, more efficient use of time, and confidence in meeting the responsibilities in the faculty role. P11 explained that he was able to shift his attention from immediate responsibilities within his role to thinking about future possibilities, such as involvement in research, changing course materials, and use of technologies to assist with teaching. He believed he was "no longer in survival mode" but was able to anticipate and plan for his future as an educator. P5 reported that she was no longer in survival mode either, and felt empowered to address specific skills that she wanted to develop further as a full time faculty member. She stated that she was in a place where she could anticipate and plan how to approach the responsibilities and duties, and felt more realistic and in control to face the challenges in the role. P8 explained that she changed her approach to academia and felt more comfortable when assigned specific duties to complete in order to deal with the "unknown expectations" and challenges of the role transition. She stated that she was in the process of changing and was working hard to align her valued interests of research practice and utilizing her role as a full time faculty member to make an impact on clinical practice. P9 indicated that through doing responsibilities as a full time faculty member such as chairing a committee, directing and guiding student research, and conducting presentations to her peers, she had become more comfortable stepping out of her "comfort zone" but was still in "learning mode" for other aspects of her role.

Participants shared that by spending time in the role as a new full-time faculty member, there was a realization that their approach to delivery of services would be different. P7 reported

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that the clinic and higher education environments are "very different" and that she had to change her approach from client-centered service delivery to student-centered teaching strategies to assist students in developing their professional skills in the classroom. P3 stated that she had changed her thinking and approach to teaching. P3 explained that she had to "raise the bar on herself" in order to be an effective in teaching students to prepare for any area of practice. P4 noted that she had changed how she thought about education, research, and her role as full time faculty member as she spent more time in the role.

New faculty discussed the changes that they saw in themselves personally and professionally. With time and familiarity of responsibilities in the academic environment, they came to see more clearly what was expected of them in their new role. They began to anticipate ways to approach the role differently, which was influenced by their thoughts and experiences encountered while in the academic environment. Drawing from experiences within the academic environment and experience as adjunct faculty, participants began to recognize how they could approach some aspects of their role in a similar manner as the clinic. In some cases, new faculty observed their own patterns of occupational performance and adjusted what they did in their role to become more effective and efficient in accomplishing tasks assigned. Changes occurred with support from colleagues and mentors modeling how to complete role expectations in the academic environment and knowledge gained from completing delegated responsibilities within their faculty role. The personal changes seen in new faculty were attributed to personal reflections, feedback from colleagues and students, and expectations within the academic environment. Participants recognized methods that they had used in adapting to the faculty role. Some examples included awareness of how they used time, anticipated changes needed to

teaching materials and methods, and approach to the responsibilities of the role in a different way to be more effective and efficient.

Effectiveness and Satisfaction in Role

Participants indicated that they felt more effective in various aspects of their role as they became more familiar with their responsibilities. New faculty discussed the processes involved in finding their way to adapt to the responsibilities within the role. Faculty began to realize how the various pieces in the academic environment fit together to form the big picture of the organization of higher education. With that realization, new faculty could pinpoint the unique contributions that they added to their department, and discussed processes that they had improved in order to be more effective in their new role. In addition, faculty described the satisfaction they felt in their new role and their decision to transition to the academic environment.

P2 explained that through previous experiences teaching as an adjunct she knew that the first three years would be the most difficult in adjusting to the educator role, and P9 mentioned that she was beginning to see a time when she would feel more effective in her role as an educator. P4 added that she believed she was *in the process of being* earlier in her career, because she needed to do things expected in her role in order to visualize a new way of seeing herself as an educator.

P2, P9, and P11 felt that the educator role would become easier to them as they became more familiar with the intricacies within the role, and P4 believed that with support and experience, every junior faculty member got better at navigating the responsibilities within the educator role. P5 felt that she was "finding her way" and was aware of skills that she could work on to become more effective and confident in her role. Participants described how the

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collegiality of senior faculty in their department and use of mentoring assisted in their successful transition to the academic environment. For example, P3 described how senior faculty assisted new faculty in developing and maintaining relationships with colleagues in the department. P2 reported that the availability of mentors in her department were the main reason that her transition was made easier and felt more adjusted in her role. In addition, participants described the importance of establishing and maintaining relationships with students to enhance the learning process.

All of the participants described their satisfaction in the educator role and ventured to discuss elements of the role that they had mastered. They described how understanding the component parts of their role and the hierarchy of higher education assisted them in becoming more effective and efficient within their role. P4 described how she took on the role of an observer during faculty meetings as a junior faculty member in order to figure out how things worked in higher education. She stated that she understood the "big picture" of how each piece in academia fit together and was able to contribute and lead the department in the right direction to meet its educational goals. She felt that her role in the department had changed and that she was becoming a leader. P6 reported that through her own understanding of the policies, procedures, and goals of the university, she had been able to express her ideas, thoughts, and opinions confidently in faculty meetings to assist in meeting department goals and shaping the future of the profession. P9 added that she had gained an overall perspective of the college's role and its functioning and had learned a lot about the organization of higher education through her service on committees. P9 felt that she had more learning to do in her role, but felt more comfortable and satisfied with her accomplishments as an educator. P10 reported that she felt her role as an educator had allowed her to challenge herself in a good way, and she had begun to

understand the finer points of academia and had "found her voice" during faculty meetings to suggest alternative approaches to addressing issues.

Participants discussed the mastery that they had experienced in their role in regard to their responsibilities, particularly in the teaching realm. P3 felt that she was "becoming a much better teacher" through development of her teaching style, managing time differently, and carefully considering all of the parameters of teaching when designing materials for the courses she taught. Everything she designed for her courses was to benefit the student's depth of learning the skills and reasoning needed for the clinic. P6 explained that it took her a full year to be comfortable that she was an effective teacher in occupational therapy. She felt that the trust from other faculty in the department that she would do her job gave her satisfaction that she was making a difference in how each student approached occupational therapy in the clinic. P7 noted that she had become more efficient with research and utilization of teaching strategies to facilitate learning. P9 described that she had made some major improvements in teaching, and P7, P9, and P10 noticed a significant change in their ability to be flexible with students, and utilize a more student-centered approach in the delivery of course content. P3 and P7 reported that their knowledge of theory and clinical skills had increased their effectiveness as an occupational therapist and an educator. P7 added that she felt that she had become a much better OT after three years of being a full time educator in OT, than she had been in practice. She explained that she felt more adept with theory application and current in interventions than she had been as a clinician.

All of the participants articulated their level of satisfaction in the educator role, and contributions that they offered to the profession as full-time faculty. P8 and P10 equated their level of satisfaction in their role to their ability to align and balance their research and teaching

practices in an efficient and effective manner. P8 described her strengths in processing and program development as a new faculty member, and P10 discussed her strengths and abilities in clinical research.

Many participants discussed their holistic approach to occupational therapy and that ability to shape future practice through their interactions with students. P2 described how she explained client-centered practice to her students, and P4 and P7 articulated the importance of describing the value and complexity of occupational therapy to others. P7 reported that she loved to see students become passionate about the field of occupational therapy, and P5 reiterated her wishes for students to be passionate about occupational therapy as "not just a profession, but a way of life." P5, P9, and P11 described their strengths of using research to "bridge the gap" between practice and education through development of partnerships with clinicians in the community.

Participants described their experiences as full-time faculty members in regard to their level of satisfaction and effectiveness. They attributed their level of satisfaction with their new role to their ability to adapt to the role challenges, time in the role to integrate feedback to master occupational performance, and self-reflection. Relationships with colleagues, mentors and students were also important components related to satisfaction in the faculty role. Participants recognized unique contributions that they offered to their respective departments and occupational therapy education. On a personal level, faculty reminded themselves that they would master some areas of their role more quickly than other areas. Junior faculty indicated that they were satisfied with the processes and support available to respond to the occupational challenges within the role.

Relationships between Key Constituents

Relationship between Educator Role in Shaping Profession and Influence of Context

Occupational therapists transitioned from the clinic to the academic environment in order to give back to the profession and shape the future of occupational therapy. They felt that the academic environment would support endeavors to create knowledge through research and service initiatives. As clinicians they were considered experts in their area of practice that engaged in research for evidenced based practice, and searched for a means to follow their passions in occupational therapy while working in the clinic. They thought that as full-time faculty members in an occupational therapy program that they would be able to effect the profession at a multitude of levels through educating others about occupational therapy. Even though occupational therapists were excited about the potential changes that they might contribute to the profession as a full-time faculty member, they also were fearful that they would regret transitioning to the academic environment. They were unsure whether it would be wise to leave the comfort of the clinical environment where they were accustomed to being recognized as good occupational therapists, and try to live up to previous occupational therapy faculty that had established themselves as leaders in the profession through their research and service initiatives. For these reasons, the key constituents, "occupational therapy educator role is a big role in shaping the profession" and "the influence of context on role transition" were interrelated.

Relationship between Learn-as-you-go Area of OT and Influence of Context

Many of the challenges faced by new full time occupational therapy faculty stemmed from the lack of familiarity with role expectations in the academic environment. The environmental differences between the clinical and academic environment further contributed to the confusion of new occupational therapy faculty. Although both environments demand

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efficient and effective service delivery, the differences between the sociocultural expectations of the therapist and faculty role proved to be measured differently in meeting the role challenges in each environment. Furthermore, as occupational therapy students they had been prepared in school to become clinicians in a structured clinical environment, and other than teaching as an adjunct instructor, didn't have any previous experience with other aspects of their role as a full-time faculty member.

In the clinic, the expectations were to provide quality care, meet productivity standards monitored by the supervisor, and work collaboratively within the healthcare team. In the academic environment, it appeared to new occupational therapy faculty that they were to work as an individual, were accountable to manage their time to contribute to the profession through research and service initiatives, and teach the students effectively in order to assist them in meeting their goal to become occupational therapists. Occupational performance was measured differently between the two environments too, so it was difficult for new occupational therapy faculty to gauge whether they were completing the duties within their role correctly. In contrast to the clinical environment, there was not close monitoring of performance of a new faculty member with frequent feedback. Rather, new occupational therapy faculty found themselves in an environment that allowed a great amount of autonomy in completing the duties within their role. There was not a clear indication of how to go about doing specific duties within their role, or immediate feedback on performance. To complicate matters, the new faculty did not understand how higher education was organized. The differences within the environment and the unknown role expectations of the role impacted the ability of new occupational therapy faculty to adapt to the role challenges of a full-time faculty member. Thus the key constituents

of "learn-as-you-go area of OT" and "influence of context on role transition" are also intertwined.

Relationships between Learn-as-you-go OT, Emotional Adjustment, and Foot in the Clinic

The perception of new occupational therapy faculty of the unknowns of role expectations in the academic environment contributed to other relationships between the key constituents as well. New occupational therapy faculty described the feelings encountered when trying to meet the role expectations within the academic environment. Part of the challenge was not knowing what to expect or how occupational performance would be measured as described in the key constituent, "challenge: learn-as-you-go area of OT." In order to adjust emotionally to role demands of being a full-time occupational therapy faculty member, participants kept a foot in the clinic through providing direct client care one day a week or through consulting with other clinicians. Occupational therapists felt a need to feel confident and competent in their abilities as an occupational therapist. Therefore, they returned to the familiar role and environment of the clinic either directly or indirectly to gain a sense of control by utilizing a familiar role where duties felt more "automatic" while simultaneously learning how to conduct responsibilities in their new role as full-time occupational therapy faculty. For these reasons the key constituent "challenge: learn-as-you-go area of OT" and the key constituents, "challenge: adjusting emotionally to role demands" and "helpful support: keeping a foot in the clinic" are related.

Relationships between How to Teach, Resources Used to Learn, and Support of Mentors

Even though there are educational aspects of teaching others in the clinic, occupational therapists that transitioned to the full time faculty role did not consider themselves prepared to teach in the academic environment. New full-time faculty did recognize some of the skills that they brought with them from the clinical environment, such as teaching individual clients at

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different learning levels, task analysis, and knowledge of brain development and effect on learning. However, they were not accustomed to using different teaching methods with a large group of learners, designing and structuring class time, or motivating a diverse group of learners to engage in the learning process. The differences in content delivery between the two environments proved to be cognitively "taxing" and took a lot of cognitive energy to do in the academic environment. In contrast, in the clinical environment teaching a client how to complete a transfer, or use adaptive equipment was an automatic process and could be customized to the individual needs of the client. The use of an assigned mentor to discuss questions, locate resources within the department and campus, and provide feedback to new faculty on helpful teaching methods was a helpful support in the transition. In addition, the mentor assisted in adjusting to how occupational performance was measured in the academic environment and the mentor was able to offer emotional support to the new faculty member, and answer questions as they occurred in context. Other helpful resources were feedback provided through peer reviews and student evaluations. Participants found that asking for specific feedback from colleagues and students assisted them in making the necessary changes to become effective educators in the academic environment. The key constituents of "challenge: discovering how to teach," "helpful support: mentoring" and "helpful support: resources used to learn to teach" are inter-related.

Relationships between Role Challenges and Helpful Supports in the Environment

The lack of familiarity of the responsibilities in the full-time faculty role contributed to the challenges of finding a balance between one's personal and professional life. New full-time faculty described feelings of being overwhelmed with too many "firsts" in their new role, even if some responsibilities were somewhat familiar, such as use of technologies, and searching the

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library databases. New occupational therapy faculty began to wonder whether or not they accomplish the duties within their role and manage their time more efficiently. New faculty had lost confidence in themselves and their abilities to carry out their responsibilities competently. In addition, they were not able to align their research and service interests and could not complete the work that brought them into the academic environment in the first place. To counteract these challenges, structured mentoring within the department provided opportunities for new faculty to ask questions and develop a process to establish more balance between their personal and professional lives. The collegiality of other faculty in the department also helped new faculty to share information and ideas and feel valued and accepted in their role. The key constituent challenges of finding a balance and adjusting emotionally to role demands was countered by the key constituent helpful supports of mentoring and collegiality.

Relationships of Adaptations Made, Satisfaction and Effectiveness, and Influence of Context

The internal process of adaptation experienced by the participants occurred through facing the challenges encountered in the role, reflection on the approach to the faculty role, and helpful supports within the environment. The process of adaption would not have occurred without the challenges encountered in the faculty role balanced by the helpful supports offered in the academic environment. In addition, new faculty recognized that some challenges within the role would be mastered before others, changes in themselves would continue to occur, and that they may simultaneously be in a "learning mode" in one aspect of their role, and be able to anticipate what needed to be done in other aspects of their faculty role.

As new faculty began to understand the role expectations in the academic environment, they changed their approach to the role by changing how they managed their time, integration of

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the feedback from peers and students, and use of personal reflection. The establishment of new habits and routines in accomplishing the challenges in the faculty role were supported by mentors and the collegiality of senior faculty. As new faculty became familiar with the role demands in the academic environment and had completed delineated responsibilities in their role, they began to experience a sense of positive relative mastery. That is, they began to feel a sense of satisfaction to themselves and society, and an increased efficiency and effectiveness in their ability to complete the role challenges in the academic environment.

New occupational therapy faculty expressed their satisfaction with transitioning to the academic environment and described the unique contributions that they offered as new faculty members. The level of satisfaction of taking on the new role matched with each individual's ability in adapting to the role expectations, time in the role to integrate feedback to master occupational performance, and self-reflection. Relationships with colleagues, mentors and students were important components related to satisfaction in the faculty role. Faculty also recognized that they would adapt and master aspects of their role at various times and understood that to be a natural process of the transition.

Junior occupational therapy faculty recognized their unique contributions that they offered to their respective departments and occupational therapy education. Junior occupational therapy faculty described how they began to take on more leadership responsibilities such as chairing committees on the department, finding their "voice" during departmental meetings, and leadership with service initiatives in the community. The key constituents of "adaptations made: in a different mode," "satisfaction and effectiveness in the role," and "influence of context on role transition" were experienced when new faculty noticed changed that they had made when encountering challenges in their role, generated new responses, and were satisfied with the level

of mastery in meeting the role challenges within the academic environment. New occupational therapy faculty members were able to visualize themselves as individuals that could contribute to occupational therapy education and could see where they fit within the realm of higher education in the academic environment.

General Structure

According to Giorgi and Giorgi (2008), the general structure of the experience refers to the overall description of the meaning of the experience as reported by the participants. In phenomenology, the discussion of the structure of the experience belongs to the relationship between data and method and is the last step of data analysis (Giorgi & Giorgi, 2008). In this study, the general structure relates to the overall experiences of participants in their transition from the clinic to academia. The structure of the experience is gained by going over the last transformations of meaning units to account for the concrete experiences of the participants. It attempts to determine what key constituents (themes) are typically essential in order to account for the concrete experiences reported by the participants.

There were six elements of the general structure that contributed to the experience of occupational therapists that had transitioned to a full time faculty position in a Master's degree program in the last one to five years. The six elements found were:

- Opportunity and Support to Make a Professional Impact through the Academic Environment

- Steep Learning Curve to Survival in the New Context

- Maintaining Emotional Equilibrium and Sense of Competency

- The Art of Teaching

- Finding Balance: Use of Environmental Supports

- On the Edge of a Broader View of the Educator Role

The general structure of the experience is formed by identification of the relationships between the constituent parts of the experience. The relationship between the key constituents was discussed previously in this chapter. The formation of the general structure of the experience of occupational therapists transitioning from the clinic to the academic environment will be discussed in the following paragraphs.

Opportunity and Support to Make a Professional Impact through the Academic Environment

Occupational therapists transitioned from the clinic to the academic environment in order to impact the profession on a multitude of levels. Through teaching and development of students they felt that they could shape the future of the profession in a positive way. New full-time occupational therapy faculty thought that there was support within the academic environment to research areas of occupational therapy, create new knowledge, and strengthen their passions in various areas of occupational therapy service delivery. The opportunity to teach as an adjunct instructor assisted new full time occupational therapy faculty in their decision to transition to the academic environment. Through adjunct teaching experiences, the participants were able to determine whether they were a "good fit" with occupational therapy colleagues in the department prior to transitioning from the clinic. To fulfill the ideal situation of giving back to the profession and fulfilling their research and service interests, occupational therapists moved to a full-time faculty role in the academic environment.

Steep Learning Curve to Survival in the New Context

Junior occupational therapy faculty realized that there were many unknowns in the occupational therapy education service delivery process. For example, the expectations and

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measurement of occupational performance in the academic environment were not specific and were measured subjectively by peers and students. There were not any specific directions in how to accomplish responsibilities within the faculty role. Educating students in the academic environment was done in a different manner than anything that had been done as a clinician in the clinical environment. The lack of knowledge in how higher education was organized contributed to decreased confidence and level of competence felt by new faculty in whether or not they were fulfilling the responsibilities within their new role correctly. This was complicated by the sociocultural expectations within the academic environment.

Maintaining Emotional Equilibrium and Sense of Competency

The challenges of the unknowns of the academic environment left participants feeling overwhelmed and exhausted. In order to adjust emotionally to role demands, ten of the eleven participants kept a foot in the clinic either through provision of direct care services or consulting with area clinicians. This allowed participants to balance a familiar role with a new role and facilitated emotional adjustment and a sense of competence and confidence in their abilities as occupational therapists. Participants gained a sense of control through completion of familiar role duties that were "automatic" in the clinic while simultaneously learning how to conduct responsibilities in the new role. This helped junior faculty to become *unstuck* and generate new responses to working in the academic environment. As the faculty role became more familiar to the duties in the academic environment, they began to evaluate their responses and effectiveness in their role. This facilitated the process of internal adaptation in order to reach a desired level of mastery in their role as full time occupational therapy faculty in the academic environment.

The Art of Teaching

Even though there are components of teaching clients new skills in the clinical environment, occupational therapists that transitioned to the academic environment did not feel prepared to teach. Junior faculty felt that teaching in the academic environment was cognitively "taxing" and took a lot of cognitive energy to do. They began to recognize some of the skills they had to teach students such as knowledge of brain development and its effect on learning and task analysis that could be applied to the new context. However, they were not accustomed to teaching a diverse group of learners, and had not been taught how to teach, or thought about how teaching would be accomplished in the academic environment. As junior faculty spent more time in their role, they began to understand how to apply some of their knowledge of learning to the academic environment, with the assistance of mentors and senior faculty. Requested feedback from peers and students, helpful resources on campus, personal reflection, and learning from mentors and colleagues assisted new faculty in learning more about how to teach in the academic environment.

Finding Balance: Use of Environmental Supports

The challenges encountered in the academic environment were balanced by the helpful supports of collegiality, mentors, helpful resources, and some flexibility in the new full time faculty role to maintain a foot in the clinic. Although junior faculty struggled with the newness of the role responsibilities as full-time faculty, there were supports in place to assist new faculty in the academic environment to help them adapt to the new role, establish a balance between personal and professional life, along with the emotional support of colleagues and mentors. New faculty realized that it would take time to establish habits and routines to manage time more

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effectively to feel more balanced, confident, and competent in their new role as junior occupational therapy faculty.

On the Edge of a Broader View of the Educator Role

Junior occupational therapy faculty became more familiar with how higher education was organized and experienced varied amounts of success fulfilling their responsibilities in their new role. Faculty expressed that they had met some of the challenges of their role, and felt that they were continuing to learn about new aspects of working in higher education. Through integration of feedback offered from peers and students, and their own internal adaptation process, faculty expressed various levels of relative mastery in accomplishing the challenges of working as a full-time faculty member. They were satisfied with their level of competence and confidence felt in their role, but understood that they would continue to change and grow as faculty members with more experience. They were able to describe changes in themselves that occurred on a professional and personal level as well as their unique contributions as full-time faculty to the department and campus. Junior occupational therapy expressed satisfaction in making the move to the academic environment and felt confident that with time and experience, they would be able to contribute to the profession in a positive way.

<div align="center">Verification of Interpretation</div>

Two broad types of threats to validity in qualitative studies are researcher bias, and the effect of the research on the setting or individuals studied, generally known as reactivity (Maxwell, 1996). Several strategies were used to reduce researcher bias and enhance the study's validity. Strategies included prolonged engagement with the participants and clarification of researcher bias (Creswell, 2007), use of reflexivity and bracketing (Finlay, 2002; Giorgi & Giorgi, 2008; LeVasseur, 2003), member checking (Creswell, 2007; Finlay, 1999), peer

debriefing (Creswell, 2007; Maxwell, 1996; Miles & Huberman, 1994), thick description of data (Finlay, 1999; Giorgi & Giorgi, 2008), and triangulation of data methods (Creswell, 2007; Maxwell, 1996; Miles & Huberman,1994).

Clarifying researcher bias from the onset of the study was important to understand the researcher's position and any biases or assumptions that impact inquiry (Creswell, 2007). The researcher continually engaged in a reflexive dialectical analysis in an attempt to evaluate how her own subjective and inter-subjective elements impacted the research (Finlay 1999, Giorgi & Giorgi, 2008). In a phenomenological approach, the participants' expressions are accepted and valued. The researcher recorded what the participants said about their experiences rather than standing in judgment, aiming to capture simple, pre-reflective natural descriptions of how a phenomenon was experienced rather than assume that it was a reality (Finlay, 1999; Giorgi & Giorgi, 2008). In order to circumvent bias, the researcher engaged in journaling her thoughts and ideas that occurred during the research process. In addition, ongoing dialogue with the main adviser and an occupational therapy colleague also occurred. During data analysis the use of the Giorgi and Giorgi's (2008) grid format allowed for transparency in tracking the participants' original words to data synthesis. Prior to data analysis, the researcher was asked to present preliminary findings of the study at a conference, through reflection of the participants audio recordings. Before completing data analysis using the grid format, the preliminary findings were set aside. As data analysis occurred using the grid format, a clearer picture of the participant's whole experience emerged, dispelling any earlier bias and assumptions of the researcher.

Reflexivity refers to the process of researcher examination used to identify bias in terms of its impact on data-collection and interpretation of data. Through the use of reflexivity, subjectivity in research can be transformed from a problem to an opportunity (Finlay, 2002).

Reflexivity can be a valuable tool to examine the impact of position, perspective and presence of the researcher, promote rich insight through examining personal responses and interpersonal dynamics, and enable public scrutiny of the integrity of the research through offering a methodological log of research decisions (Finlay, 1999). Through reflective field notes, the researcher examined and recorded her perspective related to the study topic. This allowed the researcher to evaluate the thinking processes that impacted her understanding and interpretation of the phenomenon described by the participants. The method of bracketing or suspending one's natural assumptions about the world was done so that what was essential in the phenomena of consciousness can be understood without prejudice (LeVasseur, 2003).

Credibility, the degree to which the phenomenon described was the experience of the participants was cited throughout literature as a factor in assessing the integrity of the research conclusions (Creswell, 2007; Miles & Huberman, 1994; Seidman, 1991). A primary method for assessing the accuracy of the findings of the participants' realities was to complete a member check (Creswell, 2007; Maxwell, 1996; Miles & Huberman, 1994). Member checking decreases the potential for imposition of researcher bias and was used to confirm the truth value or accuracy of the researcher's observations and interpretations (Miles & Huberman, 1994).

During this study, member checking occurred when the individual interview summaries were developed. Members were asked to verify information and comment on their agreement with the interview summary (See Appendix J for follow-up interview e-mail). All 11 participants responded to the request for verification of the individual interview summaries. Three participants clarified statements they had made. The remaining participants verified that the interview summary was an accurate interpretation of the interview (See Appendix K for sample emails received for member checking). To address transferability, Maxwell (1996)

recommended that data be detailed and complete enough to provide a full and revealing picture

of what occurred in context. Creswell (2007) recommended reporting study findings using rich

and thick descriptions of participants' experience.

Peer debriefing provides an external check of the research process, much in the same

spirit as inter-rater reliability in quantitative research (Creswell, 2007). The role of the peer

during debriefing is to act as a "devil's advocate" asking hard questions about methods,

meanings and interpretations that provides the researcher the opportunity to talk about the

researcher's feelings in the process (Creswell, 2007). The dissertation adviser, along with the

dissertation committee external member from an occupational therapy program served as peer

reviewers to assist in evaluating the analytical processes. This provided opportunities for the

researcher to reflect on her interpretations of the data, and the data analysis process. Peer

debriefing was utilized several times throughout the study to modify and affirm study

interpretations (Miles & Huberman, 1994).

Another method for establishing credibility was through triangulation. Typically this

method involves corroborating evidence from different sources to shed light on a theme or

perspective (Creswell, 2007; Maxwell, 1996). Triangulation of data from the literature,

participant member checks, and peer debriefing provided multiple data sources for validity of the

interpretations and conclusions of the study (Creswell, 2007; Maxwell, 1996). Saturation of the

key constituents (themes) that derived from the meaning of the phenomenon described by the

participants also served as a method of triangulation.

According to Polkinghorne, (1989) a phenomenological study must be well grounded and

well supported in order to be valid. Polkinghorne (1989) recommended five areas that need to be

addressed by the researcher to establish validity. First, the researcher has to be sure not to

influence the participant's descriptions of their experiences. In this study, broad open ended questions were asked during the interviews as participants were asked to describe their experiences. During the first three interviews, participants asked "does that help?" or "is that what you are looking for?" and the researcher responded "Whatever you would like to share that has meaning to you." Next, the transcription must be accurate and convey the meaning from the interview. The researcher transcribed half of the interviews, and a transcriptionist was hired to complete the remaining interviews. To ensure accurate transcription, the researcher replayed all audio recordings while reading the completed transcriptions. Third, during analysis of the transcriptions, the data should be examined for potential alternative conclusions. The researcher provided data analysis to the main adviser and discussed interpretation of the findings with an occupational therapy colleague in order to gain feedback in regard to other potential interpretations of the data. Feedback from the main adviser and an occupational therapy colleague were incorporated into the data analysis and findings. Fourth, be sure that it is possible to go from a general structural description to the transcription to account for connections. The use of the grid format outlined by Giorgi and Giorgi (2008) allowed the researcher to trace the general structure and key constituents back to the original statements of the participants. Finally, be sure that the structural description is specific to the situation of the participant's experience. The main adviser and an occupational therapy colleague studied the structural description to ensure that it was specific to the situation of new junior occupational therapy educators.

According to Creswell (2007), reliability in qualitative research can be addressed through a variety of ways. This researcher addressed reliability through quality audio recordings of the interviews. In addition, the researcher listened to all recorded interviews while reading the

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interview transcriptions to ensure that participants' words and vocal expressions were included in the original interview transcriptions.

CHAPTER 6. DISCUSSION, SUMMARY, AND CONCLUSIONS

A summary of the research conducted along with conclusions will be presented. Implications of the findings to recruit, develop and retain occupational therapy educators will be provided. Limitations of the study will be stated and personal reflections of the research process will conclude the chapter.

Data Analysis Discussion

A phenomenological research design was used to answer the broad research question, "What is the experience of occupational therapists transitioning from the clinic to academia?" Each participant was asked to discuss the challenges encountered in the faculty role, adaptations made, and helpful supports in the transition process. In order to understand the influence of the environment on the adaptation process, participants were asked to compare and contrast the clinical and academic environments and impact on the transition to academia.

The concrete experience of occupational therapists that had transitioned from the clinical environment to a full-time position in a Master's degree occupational therapy program was examined through the lens of the occupational adaptation theory (Schkade & Schultz, 1992). The discussion will focus on the six elements experienced by the participants as described in the general structure. The researcher will describe key findings related to the occupational adaptation theory of each element and support findings with the literature.

Internal Motivation

The participants of this study expressed three main reasons why they chose to move from the clinic to the academic environment. The main reasons were the desire to teach, challenge to give back to the profession, and complete research. An overwhelming motivator of the participants to make the move to the academic environment was the desire to teach. All eleven

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participants identified their desire to teach, and ten of the eleven participants had experience

teaching as an adjunct prior to their move to full time academia. Participants felt that structures

within the academic environment would be supportive of their efforts to contribute through

teaching and described the academic environment as an ideal opportunity to shape the profession

of occupational therapy. Garrison (2005) exploratory study of professionals that move from

industry to the academic environment revealed that the most prevalent reason was the desire to

teach.

Internal Press for Mastery

Participants considered the role of an educator as a "serious role," a "big role" and a

"complex role." They felt accountable for shaping the future of the profession through the

quality of the education they provided in their new role as an educator. The motivation and

desire of new occupational therapy educators to teach and lead the future of the profession

created an internal press for mastery within their role (Schkade & Schultz, 1992). Internal press

for mastery occurs when the individual's desire to master the occupational challenges in their

role intersect with the demands of the environmental context (Schultz & McClung, 2001). This

internal desire of the person to achieve competency and control of their educator role was seen in

all of the participants that entered the academic environment.

The AOTA (2009c) document outlining the specialized knowledge and skills of

occupational therapy educators described the need for a broad range of scholarly endeavors of

occupational therapy educators to guide the future of the profession. This included describing

and interpreting the scope of the profession, establishment of new knowledge, interpretation and

application of knowledge to practice, and engaging learners in their development and

understanding of the profession. Musselman (2007) echoed the sentiment that the profession of

occupational therapy should create a pervasive culture of scholarship to support the efficacy of

occupation-based intervention and make sure that graduates of a professional program are able to

analyze and integrate research into practice. At the American Occupational Therapy Association

conference (2014), Mitcham's lecture "Education as engine" described how occupational therapy

education and educators must lead and shape the future of occupational therapy education

through teaching and scholarship. Internal press for mastery is depicted by the hexagon with the

number one. This corresponds with the first element of the general structure described in chapter

five. Please see Figure 2 to see the relationship of the experiences of the participants with the

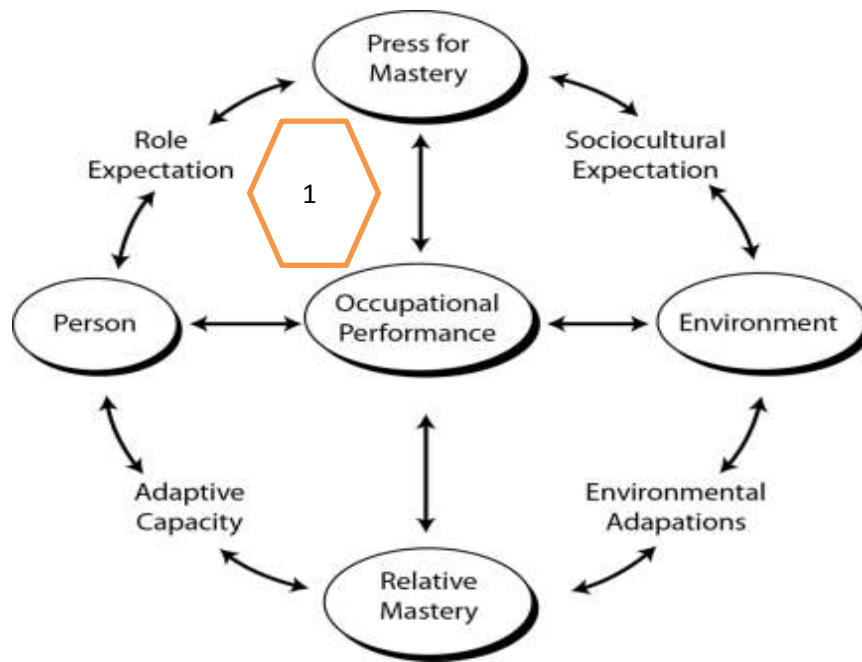process of occupational adaptation and where internal press for mastery fits.

Figure 2. Internal press for mastery experienced by new occupational therapy educators.

Person and Environmental Press (Press for Mastery)

All of the participants described the differences they experienced between the clinical

and academic environments. The sociocultural expectations of the academic environment for

participants to lead, conduct research, publish and "get their name out there" were felt by all of

the participants. The person's internal desire for mastery and the demand for mastery of the academic environment created a press for mastery (Schkade & Schultz, 1992). The participants had a sense of decreased confidence and level of competence in fulfilling the role of an educator in the academic environment. They were not familiar with the expected outcomes, social and cultural context, and measures used in academia to gauge occupational performance. Occupational therapists that were full-time educators were busy learning about factors in the academic environment and new responsibilities in their role as part of the academic community. Participants were not familiar with how to complete the responsibilities in the educator role, in an environment with a different culture than anything that they had expected or had encountered in the clinical setting. The realization that working as an educator was not always going to be a pleasant experience and that support within the environment may not be there as expected became part of the learning curve for occupational therapists transitioning to the educator role. In fact, participants in this study expressed that they felt "entry level all over again" when they had transitioned to the educator role in the academic environment. The reality of the occupational therapy educator role in the academic environment was experienced by steep learning in a new context.

The experience of junior occupational therapy educators correlated to the experiences of nurse educators studied by Anderson (2009). Learning about the academic environment and the new responsibilities as an educator in the academic community were components of the transition process (Anderson, 2009). Schriner (2001) found that cultural expectations of novice educators versus the cultural reality of the environment impacted novice faculty expectations during the transition from the clinic to academia. Dempsey (2007) found that there were

differences between the actual support within the environment and the potential supports available when studying the transition of clinical nurses in Ireland.

In this study the demands of the academic environment and the person's desire to establish competence in the educator role intersect to create a press for mastery. The person and environmental press of the academic environment are depicted by the hexagon with the number two. This corresponds with the second element of the general structure described in chapter five. Please see Figure 3 to see the relationship between the person and environmental press that occurs during occupational adaptation.
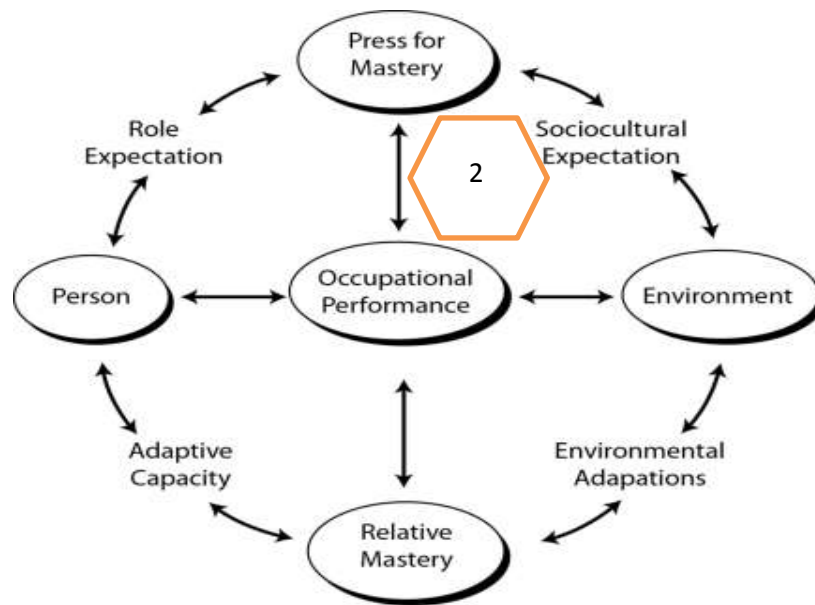
Figure 3: Person and Environmental Press experienced by OT educators (Press for mastery).

Adaptive Capacity

New occupational therapy educators felt overwhelmed and exhausted with the responsibilities in their role in a new context. Fear of the unknown, role expectations, and a sense of loss of the clinical role with decreased self-confidence in their ability to perform aspects of their new role were described by participants. In order to facilitate a greater sense of competence and confidence in their abilities as occupational therapists, ten of the eleven

participants kept a "foot in the clinic" while learning the new role of an educator. This allowed

participants to balance a familiar role with a new role and facilitated emotional equilibrium.

Anderson (2009) found that the emotional aspects of transitioning to a new work role included

coping with role expectation changes and adjusting one's identity to the new role.

New OT educators had difficulty generating an occupational response to some of the

challenges encountered in the academic environment. There are three types of adaptive response

behaviors available for use during occupational adaptation: primitive (hyper-stabilized),

transitional (hyper-mobilized), and mature—a combination of blended stability and mobility

(Schkade & Schultz, 1992). Participants described the frustrations that they had in learning the

role as an educator and the amount of time that it took to learn and complete aspects of the

educator role. At times the participants were weren't sure how to proceed and were *stuck*—a

behavior that may emerge when task demands were too unfamiliar where the participant may

want to avoid or escape; other times a lot of activity was generated but it was not goal directed or

purposeful (Garret & Schkade, 1995). When a mature response was generated the participant

was able to adapt successfully to the challenges in the academic environment in their role as an

educator. This ability to generate new occupational responses, evaluate the response and

integrate the response for future use occurred when emotional equilibrium was obtained by

maintaining a foot in the clinic.

When learning a new role, participants initially used their primary adaptation energy as

they focused their attention to the occupational challenges at hand (Schkade & McClung, 2001).

Some of the participants described how their new role in the academic environment was

"cognitively taxing" and took a lot of cognitive energy to do. This was an example of the use of

primary adaptation energy (Schkade & McClung, 2001). In contrast, as occupational therapists

working in the clinic they were able to problem solve creatively in response to varied client

situations, and generated responses using secondary adaptation energy (Schkade & McClung,

2001). This was a more sophisticated approach to role challenges that had become "automatic."

Therefore, the helpful support of "keeping a foot in the clinic" provided participants

opportunities to use secondary energy that could be transferred to learning the many facets of the

full-time faculty role. Junior faculty conceptualized how to deal with role challenges in the

academic environment while working in the clinic. This was mutually beneficial in both

environments and conserved adaptation energy. This also facilitated new faculty in adjusting

emotionally to the role challenges within the academic environment. Emotional equilibrium

during the transition process is depicted by the hexagon with the number three. This corresponds

with the third element of the general structure described in chapter five. Figure 4 represents use

of adaptation to adjust emotionally to the educator role.

Figure 4: Emotional equilibrium attained through adaptive capacity.

Occupational Challenge

The biggest occupational challenge for participants was learning how to teach given the lack of formal training in the underlying education sciences, the demands of having to learn on the job, and the potential for discomfort in learning new skills and approaches in context (Pololi et al., 2001). The occupational adaptation process begins with the occupational challenge and proceeds toward the internal and external expectations for occupational performance (Schkade & McClung, 2001; Schkade & Schultz, 1992; Schultz, 2009). All of the participants described their desire to teach and make an impact on the profession through their teaching of students. Fulfilling teaching aspects of the faculty role were trepidations of new occupational therapy educators in this study. Siler and Kliener (2001) found that new faculty were most concerned about their performance as teachers and sought support from colleagues. Although there are teaching aspects in occupational therapy as a clinician (Crist, 1999) the participants did not feel prepared to teach.

According to D'Eon et al. (2000), the essential features of teaching include designing and instructing students with specific outcomes in mind, using a variety of teaching methods, justification of methods used based on the learning phase of student and learning environment, social context, and influence of the moral development of students. Participants discussed these features of teaching when reflecting on the adjustments made during their time as a new faculty member. They realized that there was more to teaching than just lecturing or showing students how to do something, and became student focused in order to achieve better student performance outcomes (Gibbs & Coffey, 2004). Participants felt that they had improved in their teaching practices through feedback from peers and students, the collegial relationship with peers (Steinert et al., 2006) and use of critical reflection to make informed decisions when teaching in

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the classroom (Brookfield, 2002). The participants described the processes they used to learn

how to teach, reflected on teaching practices used and the helpful supports in the environment

that assisted them. Participants recognized that their ways of teaching had evolved over a period

of time, and that they would continue to make adjustments to how they taught students and

thought about teaching as they became more familiar with their role. D'Eon et al. (2000)

advocated for a continuous process of adaptation in the lives of teachers, where groups of

teachers spend time questioning, clarifying, explaining, criticizing and justifying teaching

activities in the light of a renewed understanding of the purpose and context of teaching.

Therefore, the "art of teaching" is seen as an occupational performance component and is

depicted by the hexagon with a number four in the occupational adaptation process in the figure

five below.
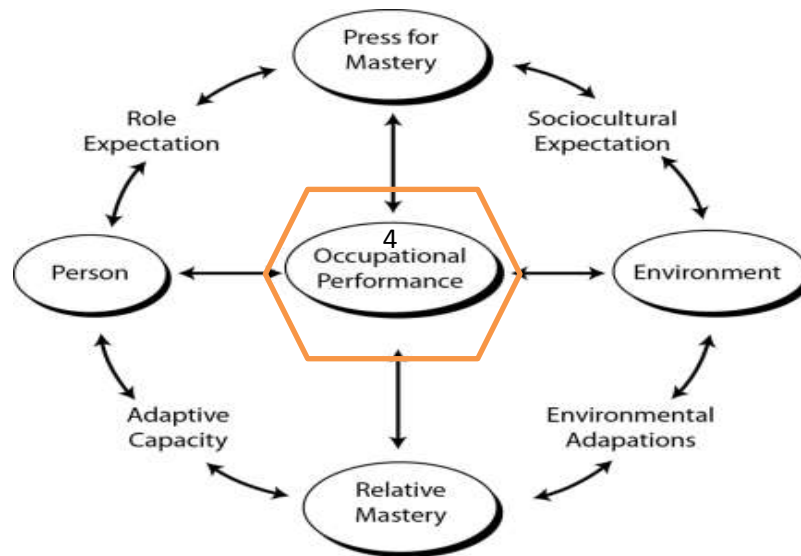

Figure 5: The "art of teaching" is a large component of occupational performance in role.

Environmental Supports

The challenges of learning in context, learning to teach, and balancing time between

professional and personal responsibilities as a new educator were counterbalanced by helpful

supports in the academic environment. The challenges encountered by the participants were

similar to Schrodt et al. (2003) study and included new faculty's lack of confidence in pedagogical skills, problems decoding expectations of the organization, learning to budget job and family responsibilities, creating relationships with colleagues, and producing research. The collegiality of senior faculty, assigned mentors and resources for development of teaching skills on campus were found by participants to be helpful environmental supports. The use of an assigned mentor assisted new faculty in learning skills for teaching, research, and career advancement as well as learning to navigate the institutional and academic culture (Carey & Weissman, 2010). In addition, the participants found that the collegiality of senior faculty in sharing of intellectual knowledge, modeling best teaching practices and establishment of relationships with peers were a source of emotional support and facilitated adjustment to the academic environment. The collegiality and mentoring support provided new educators opportunities to understand the structure of the organization and learn the day to day operations of the work environment (Cawyer et al., 2002). The use of environmental supports by new OT educators assisted them in becoming familiar and confident with accomplishing occupational tasks within their new role. The feedback from colleagues and mentors in the academic environment and internal adaptation of the participants facilitated increased confidence and competence in completing the role expectations of an educator. Mullen and Hutinger (2008) found that formal mentoring supported by administration and faculty leaders led to opportunities for new faculty to learn all facets of scholarship development in the areas of research, teaching and service. Lack of mentorship was found to be the most significant barrier to success of academic careers in medicine (Carey & Weissman, 2010). Please see Figure 6 to see where use of environmental supports of the academic environment facilitated the occupational adaptation process of new occupational therapy educators.
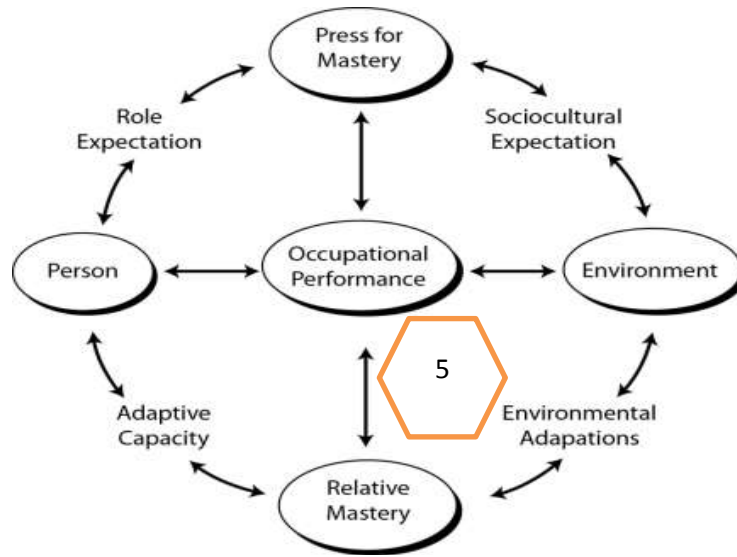
Figure 6. Environmental support of participants in OA process.

Relative Mastery

Participants expressed that they had learned how to navigate the academic environment with the help of colleagues and mentors and had a sense of accomplishment in fulfilling the responsibilities of the educator role. The feelings of relative mastery are a direct correlation of the person generating an appropriate occupational response to the occupational challenge in the environment (Schultz, 2009). Positive relative mastery is experienced when the individual is satisfied with one's level of performance and/or society is satisfied with performance (Schkade & Schultz, 1992; Schkade & McClung, 2001). It is also when energy and resources are used efficiently and produces feelings that one has been effective (Turpin & Iwama, 2011). Participants discussed feelings of relative mastery when discussing the ability to be more efficient with use of their time, effectively aligning teaching and research goals in their role, and becoming a more effective educator. Participants were also able to articulate specific contributions that they were able to make to their respective occupational therapy departments demonstrating satisfaction of self and to society. Negative feelings and experiences encountered

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were found to decrease as participants accepted their role change, gained experience in their new role and became more familiar with their work environment (Dempsey, 2007). Participants reported that as they learned more about the organization of higher education they were able to see where they could contribute further to their respective department and campus. This correlates with the literature by Schrodt et al. (2003) that novice faculty that had been mentored felt more connected to their work environments and presented with a greater sense of ownership of their departments than non-mentored peers. The positive sense of relative mastery felt by the participants contributed to their understanding of their identity as occupational therapy educators. Even though the participants were able to recognize their individual contributions to the department and profession, they also understood that they would continue to adapt to the role challenges encountered in their role as full-time faculty. Therefore the experience of participants willing to expand their role in the academic environment fits into the occupational adaptation process under relative mastery as depicted in Figure 7.

Figure 7: Participants explored expansion of educator role for positive relative mastery.

Summary of OT Educator Transition through Occupational Adaptation

The concrete experience of occupational therapists that had transitioned from the clinical environment to a full-time position in a Master's degree occupational therapy program was examined through the lens of the occupational adaptation theory (Schkade & Schultz, 1992). Overall the study data supported the constructs of occupational adaptation theory. The most important features of the occupational adaptation theory are the integration of constructs of occupation and adaptation into a single interactive construct (Schkade & Schultz, 1992). This interaction occurred when the participants tried to meet the role expectations of an occupational therapy educator in the context of the academic environment.

All of the participants expressed difficulty in transitioning into the role expectations of the academic environment and questioned whether they had the skills to do the job. This is parallel to the findings of Schkade and Schultz (1992) that believed that internal factors experienced by individuals and the external factors of the environment influence the adaptation process. Please refer to Figure 1, the occupational adaptation process during role transition that was introduced in chapter two.

It is important to note that the occupational adaptation process is a dynamic process. All eleven of the participants described elements of the experience transitioning from the clinic to the academic environment. The participants would not have recognized changes that occurred in themselves without the internal process of adaptation, and the external feedback provided within the academic environment. Participants learned to generate new responses to role challenges encountered. Evaluation of the quality of their response was measured through their level of occupational performance in completing the responsibilities of their new role and positive relative mastery. As participants mastered components of their role, the responses used were

integrated for use of secondary adaptation energy and their responses to some aspects of their faculty role became "automatic." Participants recognized that they may be in different modes when working on different aspects of their new role such as survival mode for tasks that were unfamiliar to them, anticipation mode when planning for future possibilities, and learning mode when gathering information in order to respond to new situations encountered in their role that were unfamiliar. Figure 8 is a pictorial description of the elements of the experiences that occurred during the transition. Please note that the occupational adaptation process is in the center of the figure.

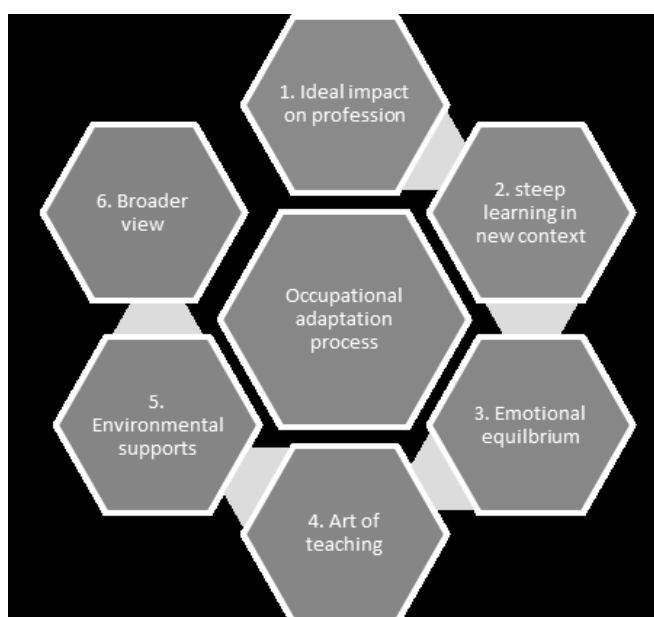Figure 8: Elements of transition experienced during occupational adaptation process.

A summary of each element of the transition experience of occupational therapists that transitioned from the clinic to the academic environment will be provided. The summary will conclude with a brief synopsis of the occupational adaptation theory and relevance to the transition experience of junior occupational therapy faculty.

Opportunity and Support to Make a Professional Impact through the Academic Environment

Participants focused on what they felt would be the ideal situation for them to make a difference in the profession. They felt that they would be supported in the academic environment to pursue their passions in occupational therapy service delivery including research and service initiatives. Their expectations of the full-time faculty role was that there would be time to contribute to the profession in the full-time faculty role, and that as expert clinicians they would not have much difficulty in meeting the role challenges in the academic environment. Some participants even felt that they would be a better "fit" with colleagues in the academic environment than they were in the clinic, due to their desire to contribute to the "big picture" outcomes of occupational therapy education and zest for learning and conducting research.

Steep Learning Curve to Survival in the New Context

The participants began to realize that they were not prepared for the occupational challenges in the academic environment. The sociocultural expectations of the academic environment to lead, research, publish, and "get your name out there," were perceived external pressures of the environment. The differences between the academic and clinical environments in regard to time management, pace, outcomes, culture and values complicated matters of learning a new role in a new context. Participants expressed a desire to be successful in their new role and placed internal pressures on themselves in order to meet role expectations.

The participants realized that they were not familiar with the nuances of the full-time faculty role such as teaching a group of diverse learners, designing courses, advising students and guiding student research. To complicate matters they were not familiar with how higher education was organized and how they as new faculty fit into the big picture within the academic

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environment. In short, participants experienced a "reality check" in terms of what it would take to make a successful transition from the clinic to the academic environment. They perceived their role in occupational therapy education as a "learn-as-you-go area of OT" and felt that much of their learning occurred in the academic context for their new role as full-time faculty members. Many participants described functioning in "survival mode" early in their transition. The unfamiliarity and newness of the role challenges made them feel as if they were barely getting by in fulfilling the expectations of their new role. Some aspects of the faculty role were time consuming to learn in the new context, even if they were familiar tasks such as using technologies available to them such as the e-mail system and library databases.

Maintaining Emotional Equilibrium and Sense of Competency

The participants described how they began to adapt to their new role and gain a sense of control in their faculty role in the academic environment. It was a struggle for expert clinicians to transition to an OT service delivery area such as education where they essentially felt "entry-level" all over again. The participant's reactions to the challenges in the new context caused them to question whether they had made the right decision to change career paths. It was a switch for them to go from being on top of their game in the clinic to beginning a new position all over again where they had to methodically think about how they were going to do required duties of their role in a new context. In addition, the level of competence felt was challenged due to the unknown role challenges in the academic environment in the "learn-as-you-go area of OT."

In order to feel confidence in their abilities as occupational therapists several of the participants maintained a "foot in the clinic." Maintaining a clinical position may have also been a means of providing a safety net to go back to in case the full time faculty position didn't work

out for them. However, the result of indirectly or directly working in the clinic reaped benefits

for the participants. They described how they felt more confident in their abilities in their full-

time faculty role, and were able to solve problems encountered in the academic environment

easier. This may have occurred because they were completing responsibilities in a familiar role

where they felt competent and confident in their abilities while simultaneously learning a new

role. This helped new faculty to generate responses to role challenges, evaluate those responses,

and integrate responses to role demands in the new environment confidently and with a sense of

competency.

The Art of Teaching

New faculty felt that they had some skills to teach from their experiences in the clinic.

However, they did not anticipate the skill sets needed to utilize a variety of teaching methods to

facilitate the depth of learning needed for students to apply concepts learned in the classroom to

the clinic. Some of the participants discussed the depth of thought and modeling of desired

behaviors of faculty when teaching adult learners. The art of teaching was an area of

occupational performance expected in the full-time faculty role that consumed a large portion of

time. As participants spent more time in their role, this occupational performance area continued

to evolve.

Junior faculty eventually recognized that they possessed some readiness skills (Schultz &

Schkade, 1992) for their new role. Some of the readiness skills that occupational therapists

brought to their roles as full-time faculty members were the use of task analysis, therapeutic use

of self, communication strategies, and knowledge of development and brain functioning for

learning. The use of task analysis skills assisted junior faculty in breaking down concepts and

teaching them to students. Therapeutic use of self and communication strategies were used to

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establish relationships with students for their personal and professional development. Knowledge of development and brain functioning for learning assisted with use of multi-sensory teaching strategies for teaching a group of diverse learners.

The changes in the measurement of occupational performance were one reason why expert clinicians had a difficult time feeling confident and competent in academia as full-time faculty members. The responses generated were in response to the person's desire for mastery and the demand for mastery within the academic environment. The ability to respond with an acceptable level of performance to the role expectations were observed and documented differently in the academic environment. Junior occupational therapy faculty felt unsure of how to gauge whether they were meeting the role expectations in the academic environment effectively.

Participants described that the collegiality of senior faculty, resources on campus, and mentoring support helped them gain skills in this area. Some participants felt more adept in this area than other areas of the faculty role. This was dependent on their previous clinical experiences, approach to the role, and internal process of adaptation.

Finding a Balance: Use of Environmental Supports

The occupational role challenges experienced by new faculty in the academic environment were counterbalanced by environmental supports. Participants were able to balance the components of their personal and professional lives with assistance of senior faculty, mentoring, and campus resources. This counter-balance of support helped new faculty to think about ways to respond to challenges that they had experienced in their role. The availability of colleagues to assist with problem-solving situations encountered and mentors to offer emotional support and resources helped new faculty adjust to the challenges in their new role. The supports

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offered in the environment allowed new faculty to generate responses to role challenges such as teaching and conducting research, evaluate the quality of their responses to the challenge, including use of time, resources, and energy used to experience positive relative mastery. As participants adjusted to challenges in their role with help from environmental supports, they were able to integrate responses that allowed them to complete challenges efficiently and effectively, where they were satisfied with their level of occupational performance. Some of the role expectations that had to be met in the faculty role became "automatic" while other aspects participants articulated that they were still learning and adjusting to the role challenges.

On the Edge of a Broader View of the Educator Role

As junior faculty completed more occupational activities required within their junior faculty role in the academic environment, their confidence in their abilities and a sense of relative mastery increased. Occupational activities that were completed included designing courses, using various teaching strategies, guiding the research process of students, advising students, and chairing department committees. Junior faulty recognized that experiences with occupational activities required in the role, time and familiarity of occupational activities and support of colleagues and mentors lead to greater satisfaction in occupational performance and a sense of positive relative mastery. As a result, new occupational therapy faculty began to see where they could expand their role as faculty members and make contributions to the profession. Even though new faculty could envision themselves in leadership roles in the future, they also acknowledged that they would continue to grow and evolve in the educator role through the internal adaptation process, feedback from the environment, and their own internal motivations to shape the profession in a positive way.

Participant Experiences of Occupational Adaptation during Transition

The adaptation process of the participants in the study combined with the occupational

adaptation theory would look like Figure 9. The numbers on the figure are to depict the elements

of the general structure experienced during the adaptation process. The lines between the

elements in the figure all cross occupational performance. Occupational performance occurs

when individual participants generated an occupational response in the academic environment to

meet the role challenges encountered in their new role. Again, the flow of the occupational

adaptation process begins with the occupational challenge and proceeds to the perception of the

internal and external expectations for occupational performance (Schkade & Schultz, 1992).
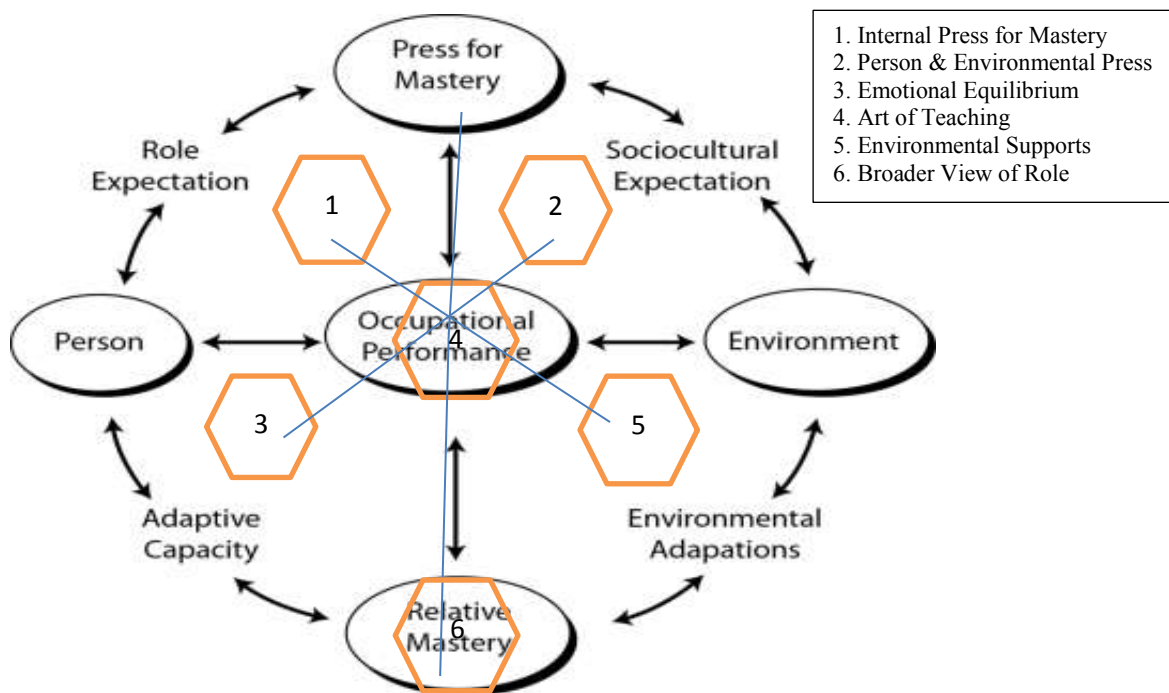

Figure 9: Occupational adaptation process with general structure of participants superimposed.

Implications for Occupational Therapy Education

Findings from this study can assist stakeholders in occupational therapy education in the

recruitment, development, and retention of occupational therapy faculty. Participants described

some ideas for recruiting occupational therapists to the role of a full-time educator. Suggestions to recruit clinicians to a new service delivery area such as education included faculty across the nation establishing relationships with clinicians in their communities and states, partnering with clinicians on research interests, and providing opportunities for clinicians to present or teach a topic in a course. In addition, clinicians that are involved with their state and national organizations may consider fulfilling the role of the educator. In preparation for the role, courses that assist a clinician to consider all the parameters of the role of an educator such as research, teaching, service and administrative responsibilities should be provided in a variety of formats including courses at state and national conference, hybrid and online courses, and opportunities to apply concepts learned through co-teaching as an adjunct with an experienced full-time faculty member.

In order to recruit students toward OT education service delivery, opportunities should be made available to experience components of the educator role. Suggestions by participants included design of course materials and activities, co-teaching a course, researching material for a course topic lecture and stepping into leadership roles in service projects. Follow-through of student goals with a faculty mentor to understand the cultural context of higher education and socialize the student toward the expectations of the academic environment were emphasized.

There were several ideas and strategies shared by participants for faculty development. Participants stressed the importance of faculty orientation and a formal mentoring program to develop skills needed for the educator role. The role of the mentor was found to be very important in the transition process. Individuals that were provided with formal mentoring by a senior faculty member were found to successfully transition to the educator role faster than individuals without mentors. Peer role modeling of senior faculty, use of a co-teaching model

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and formalized peer reviews with objective measures of teaching strategies were mentioned. It was also suggested that individuals considering the educator role should be able to advocate and communicate their needs in their new role. The use of a peer mentoring program with other novice faculty on campus would be a useful tool to attain emotional equilibrium, adjustment to the academic environment, and a safe supportive environment to express feelings and ideas.

Junior faculty are more likely to continue in their role if they are supported by administrators, mentors and senior faculty within the academic environment and are satisfied with their level of occupational performance in the educator role. Strategies to help new faculty align their teaching, research and service interests along with continuing education courses in evolving teaching skills are important to continued satisfaction and retention of new faculty. Even experienced faculty enjoy the challenge of learning new innovative methods of teaching, learning through the reflections of a novice faculty member and using evidenced based practice as a means of extending how topics are taught in occupational therapy.

Implications for Occupational Therapy Faculty Workforce Development

Even though the field of occupational therapy has experienced faculty shortages in the past, there is still little in place for occupational therapists working in the clinic to prepare for the role of a full-time faculty member. In 1999, Mitcham and Gillette recommended that the profession of occupational therapy adopt a systematic approach to faculty development. This recommendation may have fallen on deaf ears. At that time, implications for the profession were to prepare clinicians to develop academic qualifications and develop strategies to socialize clinicians to the academic environment.

Within the last three years, there have been more workshops designed for clinicians to attend to prepare for the expectations and responsibilities that fall on a full-time faculty member

(Harvison et al., 2014). Many of the participants in this study went back to school to obtain their doctorate in occupational therapy thinking that would prepare them for the educator role. However, the majority of the participants found that there were not specific courses within the curriculum that prepared them for the role of a full-time faculty member. At best, participants of this study discussed the application of occupational therapy theories to guide practice and educate students and some experience with aspects of conducting a research project. It appears that there needs to be a specific set of standards to include adult learning, teaching and research into the post-professional and entry level occupational therapy doctoral programs to prepare for education as an occupational therapy service delivery option. This should include options to pursue a practicum in education service delivery with a faculty mentor.

The second aspect of the program would be for faculty of post-professional occupational therapy doctoral programs to socialize doctoral candidates to the academic environment. That is, provide opportunities to conduct research with the student and interested clinicians, design and teach courses as a co-teacher, guide students and clinicians in navigation of the academic environment policies and procedures, and social and cultural subsystems. The profession of occupational therapy has begun initiatives in leadership development through a program developed by the AOTA pairing experienced occupational therapy practitioners with novice practitioners. Could this be extended to include senior faculty at various institutions and novice faculty or clinicians interested in education as a service delivery option in occupational therapy?

Another implication for workforce development is in regard to bridging the gap between practice and education. Fieldwork education has been a major component of occupational therapy education since the early years of the profession. As a profession, we rely on clinicians in practice to teach students the day to day operations of occupational therapy practice. Yet,

until recent years, the profession has not equipped fieldwork educators with strategies and methods to use in order to educate students while in the clinic. The fieldwork educator's certification course was a product of the AOTA with a clinician and academic fieldwork coordinator working together to provide some of the basics of instructing students during experiential learning activities in the clinic. The logical connection between education and practice is fieldwork education. The AOTA should provide a fieldwork educator toolkit that can be used by all occupational therapy and occupational therapy assistant accredited programs. This would present a unified approach of the profession in providing the fieldwork educator strategies for teaching students in the clinical context. Previously the academic fieldwork coordinator was responsible for educating fieldwork educators in occupation-based theories related to the occupational therapy program's curriculum design, as well as methods to provide education to students while on fieldwork. The use of a fieldwork educator toolkit would allow education to be the engine (Mitcham, 2014) driving how students are educated in the clinical context and subsequently close the loop of occupation-based practice in education. The toolkit would include occupation-based theories with examples of use in practice. It would assist practitioners interested in teaching with use of strategies to teach students during practice and promote other fieldwork models of teaching and learning in the clinic besides the apprentice model. Perhaps the fieldwork educator's certification course could be expanded to provide a follow-up program for practitioners that are fieldwork educators. This may come in the form of an online course where peers share ideas of teaching in the clinic, innovative assignments, and conflict management strategies used as a fieldwork educator.

Partnering with practitioners for research, teaching and service learning projects would be one more method to recruit, to develop, and to retain new faculty. Often it is the academic

fieldwork coordinator of the occupational therapy program that is the connection for clinicians to the academic environment. It is proposed that faculty in all occupational therapy programs partner with local clinicians on research and practice initiatives. The use of technology to connect potential partnerships across the country could be utilized through a practice/research listserv at the national level, and state associations could also serve as a potential connecting point for faculty and clinician partnerships. Faculty teaching in specific practice areas might also visit clinicians with the academic fieldwork coordinator or arrange to visit with fieldwork coordinators at clinical sites to discuss ideas for partnership in research, teaching or service learning options.

Many of the participants in this study had the opportunity to be an adjunct instructor prior to working in the academic environment full-time. Despite experience in teaching, participants described a difficult transition to learning all of the components of the educator role as a full-time faculty member. Therefore, it would be important to design and implement a national mentoring program for adjunct faculty members. Topics to include in the mentoring program would include designing or redesigning a course, assignment, lecture/class activity; varying teaching methods, providing feedback to students, conducting research, teaching with technology, advising, navigating the higher education environment (unknowns of the environment), and expectations of faculty to contribute to institutional initiatives. This program could be offered online in an asynchronous format to allow for a greater number of adjunct instructors to share resources and ideas. Senior faculty could rotate from programs across the United States as mentors of the program during an academic year. In this way, the course would have a universal flavor of conducting the business of higher education in the United States versus a specific university or college setting. In addition, the adjunct faculty member would have an

on-site mentor if available and continue to be socialized into the academic environment of the institution where they are teaching.

Many of the participants also described the value of consulting with other junior faculty members through peer mentoring. The opportunity to discuss the challenges faced in their role as an educator with other new faculty members in occupational therapy or allied health was helpful in adapting to the new role. Lack of availability of peer mentors was found to be a barrier in adjustment to the new role. A peer mentoring program for junior faculty members in occupational therapy programs could be set up using technology. Junior faculty could then support one another emotionally through their transition, share their thoughts on challenges and accomplishments made in their role, as well as ideas on teaching strategies and research.

Implications for Future Research

Findings from this study could be used to develop a survey for junior faculty that have transitioned from the clinic to full-time faculty positions in allied health to include occupational therapy, physical therapy, social work, nursing, and speech therapy. The elements of the general structure experienced by junior faculty in this study could be used to develop questions in regard to the adaptation process experienced in the faculty role. Expectations, perspectives, and experiences of new faculty from the survey results could be incorporated into future initiatives for preparation for the role of a faculty member in allied health education programs. Several potential research initiatives could result from the study of streamlined offerings of faculty education programs, mentoring and partnerships for the preparation and teaching and learning of novice occupational therapy faculty proposed earlier in this chapter.

Limitations of the Study

The findings of this qualitative study were limited to experiences of occupational therapists that had transitioned to full-time faculty role within the last one to five years. It was also limited to programs that offer occupational therapy Master degrees in the United States. Although there were only eleven participants in this study, the experiences of the transition process could be used to determine strategies to prepare, develop and retain novice occupational therapy educators to the academic environment.

Summary

This qualitative, phenomenological study was conducted for the purpose of examining the experiences of occupational therapists transitioning from the clinic to a full-time faculty member within a university setting. Review of the literature suggested that occupational therapists education was geared toward working in hospitals and clinics, not higher education environments. Trends in occupational therapy education revealed that there was a shortage of qualified educators in occupational therapy, with the expansion of occupational therapy programs, need for OT services, and retirement of current faculty. There are pressures within the profession for occupational therapy educators to complete scholarly activities, and integrate education, research and practice to reach the centennial vision to gain recognition as a powerful profession. The profession has struggled over the years with professional identity within practice, particularly in the medical model. To complicate matters, occupational therapists transitioning to higher education are often not provided with courses on adult learning, teaching methods, or socialized into the academic environment early in their careers. The occupational adaptation theory was applicable to role transition and highlighted the impact of occupational performance and adaptation of junior occupational therapy faculty when learning in a new context.

Using a phenomenological approach based on the work of Giorgi and Giorgi (2008), the study addressed the broad research question: What is the experience of occupational therapists transitioning from the clinic to academia? A purposive sample was used to select 11 occupational therapists for personal interviews. Sixty to ninety minute interviews were conducted using Skype, Face Time or over the telephone with therapists that had transitioned from the clinic to a full-time faculty at a Master's degree occupational therapy program in the last one to five years. Junior occupational therapy faculty interviewed represented the South, West, Northeast, and Midwest geographical regions of the United States. Data analysis occurred using the Giorgi and Giorgi (2008) method. The data analysis process began with reading of the transcripts of each interview to get a sense of the participant's whole experience and gain an empathetic understanding of the language of each participant. Meaning units were formed by putting a slash in the text every time the researcher became aware of a change in meaning. A three column grid was used to put the meaning units in the participant words, with the second column a transformation to the language of the researcher and the third column used to synthesize the meaning units. Individual interview summaries were written and sent to each participant to verify accuracy of the transformation of meaning. After receipt of verification of interpretation from the participants, the meaning units were read over and over to determine what constituent parts (key constituents) of the experience contributed to the general structure of the transition experience for all participants.

There were twelve key constituents revealed through the descriptions provided by the participants that supported the general structure of occupational therapists' experience in transitioning to the role of an occupational therapy full-time faculty member. The key constituents found were:

- Occupational Therapy Educator Role is a Big Role in Shaping the Profession

- Two Different Worlds: Influence of Context on Role Transition

- Challenge: Learn-as-you-go Area of OT

- Challenge: Discovering how to Teach in Academia

- Challenge: Trying to Find a Balance

- Challenge: Adjusting Emotionally to Role Demands

- Helpful Support: Collegiality Matters

- Helpful Support: Mentoring

- Helpful Support: Resources used to Learn to Teach

- Helpful Support: Keeping a Foot in the Clinic

- Adaptations Made: In a Different Mode

- Effectiveness and Satisfaction in the Role

The relationships between key constituents were then analyzed to determine six elements of the general structure of the overall experience and meaning of occupational therapists that had transitioned from the clinic to the role of a full-time occupational therapy educator. The six elements found were (1) Opportunity and support to make a professional impact through the academic environment, (2) Steep learning curve to survival in the new context, (3) Maintaining emotional equilibrium and sense of competency, (4) The art of teaching, (5) Finding balance: Use of environmental supports, and (6) On the edge of a broader view of the educator role. A discussion of the key findings of the general structure of the experience was then examined through the lens of the occupational adaptation theory.

Each element of the general structure of the experience was supported by the literature and was validated through analysis of the occupational adaptation theory. The intersection of the

constructs of occupational performance and adaptation were found to have occurred throughout the process of the role transition of junior occupational therapy full-time faculty. All six elements of the general structure of the experience intersected through occupational performance.

Implications for practice to recruit, develop and retain qualified occupational therapy faculty were discussed. Key concepts for occupational therapy faculty development included: (a) specific standards that address OT education as a service delivery option in entry level and post-professional occupational therapy doctorate programs, (b) socialize occupational therapy doctoral candidates to the academic environment, (c) bridge the gap between practice and education through provision of a systematic education program for all fieldwork educators with expansion of the fieldwork educator's certification course as a follow-up program, (d) partner faculty with local clinicians on research and practice initiatives to recruit and develop potential faculty, (e) establish a national mentoring program for adjunct faculty currently working at institutions across the United States coupled with an on-site mentor to assist in adjusting to the institution where they are teaching, and (f) create a peer mentoring program for new faculty using an online platform. Future research to develop a systematic approach to recruit, develop and retain qualified occupational therapy faculty would include conducting a survey of allied health faculty using data collected from this study. Additional research initiatives would include outcome studies of the use of a systematic approach to faculty development in occupational therapy education and other allied health programs.

Personal Reflections

I was continually impressed with the collegiality of novice faculty to share their experiences with me. The willingness to provide open communication and problem-solve were

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helpful attributes of occupational therapy faculty that participated in this research. Interviewing participants from other geographical areas of the United States from Master's degree programs gave me a greater understanding of occupational therapy education and the faculty that participate in providing education as occupational therapy service delivery. Through my interactions with novice occupational therapy faculty, I learned many different ways to approach adaptation to the role of a novice occupational therapy faculty member during the transition process. I learned the importance of the influence of context and environmental demands, relationships with senior and other novice faculty, administrators, and staff.

I found the process of communicating with other novice faculty, analyzing data, and writing about novice faculty experiences to be a means of reflecting on my own experiences of transitioning from being a full-time faculty member in an occupational therapy assistant program to a Master's degree program in occupational therapy. It was a therapeutic experience for me as I learned from my peers in occupational therapy education. Throughout the data collection and data analysis process something happened to me. I would venture to say that my way of thinking and behaving had changed in some ways in my role as a novice faculty member. My confidence in myself to conduct research, teach and offer my services as a full-time faculty member increased. This transformation may not have occurred without the conversations and strategies shared by novice occupational therapy faculty during this research study.

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APPENDIX A. OCCUPATIONAL ADAPTATION THEORY SCHEMATIC
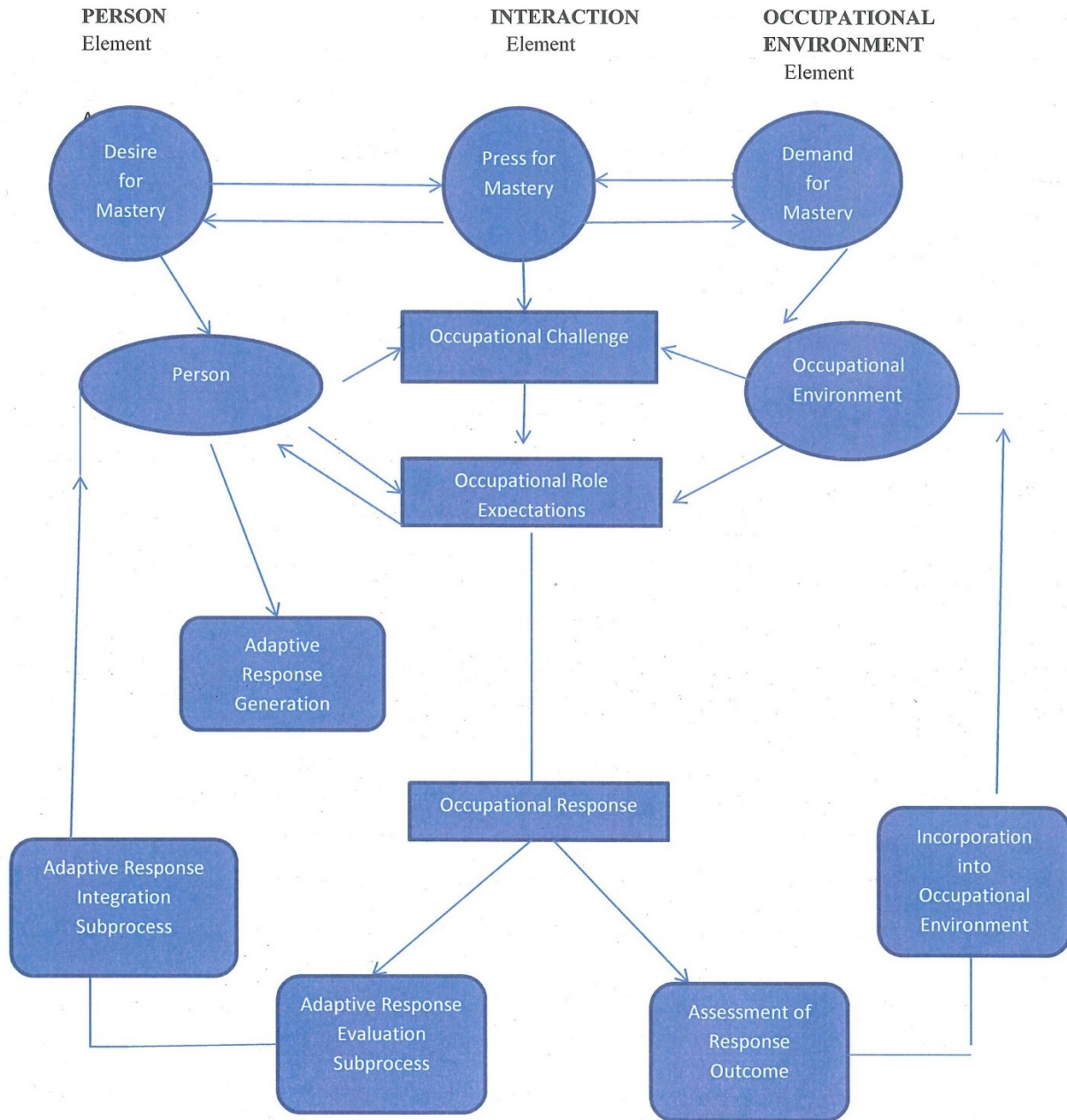
APPENDIX B. IRB APPROVAL

NDSU NORTH DAKOTA
STATE UNIVERSITY

November 22, 2013   FederalWide Assurance FWA00002439

Claudette Peterson
School of Education
210 FLC

Re: IRB Certification of Exempt Human Subjects Research:
        Protocol #HE14104 , "The experiences of occupational therapy clinicians transitioning to the
                    role of an occupational therapy faculty member: Implications for faculty
                    development"

Co-investigator(s) and research team: **Julie Grabanski**

Certification Date: 11/22/13   Expiration Date: 11/21/16
Study site(s): **varied**
Funding: **n/a**

The above referenced human subjects research project has been certified as exempt (category # <u>2</u>) in
accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, *Protection of Human
Subjects*). This determination is based on protocol materials (received <u>11/19/2013).</u>

Please also note the following:
  ▪ If you wish to continue the research after the expiration, submit a request for recertification
    several weeks prior to the expiration.
  ▪ Conduct the study as described in the approved protocol. If you wish to make changes, obtain
    approval from the IRB prior to initiating, unless the changes are necessary to eliminate an
    immediate hazard to subjects.
  ▪ Notify the IRB promptly of any adverse events, complaints, or unanticipated problems involving
    risks to subjects or others related to this project.
  ▪ Report any significant new findings that may affect the risks and benefits to the participants and
    the IRB.
  ▪ Research records may be subject to a random or directed audit at any time to verify compliance
    with IRB standard operating procedures.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.
Sincerely,

Kristy Shirley

Kristy Shirley, CIP, Research Compliance Administrator

INSTITUTIONAL REVIEW BOARD
NDSU Dept 4000 | PO Box 6050 | Fargo ND 58108-6050 | 701.231.8995 | Fax 701.231.8098 | ndsu.edu/irb

Shipping address: Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102

NDSU is an EO/AA university.

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APPENDIX C. NOMINATION E-MAIL TO PROGRAM DIRECTORS

Dear Program Director,

My name is Julie Grabanski and I am a doctoral graduate student in Occupational and Adult Education at North Dakota State University. I am also a new full time faculty member in the occupational therapy program at the University of North Dakota. My dissertation topic is on transitioning from the role of an occupational therapist in the clinic to a full time faculty member in a Master's Degree program. I am looking for:

- licensed occupational therapists
- that have recently transitioned from the clinic to teaching full time
- in a Master's Degree program
- within the last 1 to 5 years.

If you have any new full time faculty members that meet this criteria, please forward the attached invitation to participate in the study.

Please contact me directly at (701) 777-1740 or at julie.grabanski@med.und.edu if you have any questions.

Thank-you for your assistance!

Julie Grabanski, MSA, OTR/L

Doctoral Candidate
Education Doctoral Programs
North Dakota State University

Claudette Peterson

Claudette M Peterson, Ed.D
Education Doctoral Programs
North Dakota State University

NORTH DAKOTA STATE UNIVERSITY
School of Education
210 Family Life Center
Fargo, ND 58108-6050
Phone: 701.231.7085
Fax: 701.231.7416

APPENDIX D. PARTICIPANT CONSENT FORM

Dear OT faculty member,

I am so happy that you have agreed to participate in the study! As I had mentioned in my invitation, my name is Julie Grabanski and I am a doctoral graduate student at North Dakota State University. As a new faculty member in an occupational therapy program at the University of North Dakota, I am very interested in your thoughts and ideas about transitioning from the clinic to the classroom. The results of this study will inform the efforts of educators, administrators, and leaders of the profession to provide practical support to therapists preparing for or employed in full- time teaching positions in Master's Degree occupational therapy programs.

You will be part of a pool of 8-10 participants in this research study. Your participation is entirely voluntary but your assistance is particularly appreciated because of your expertise and unique experiences of transitioning from the clinic to academia. An indirect benefit of this study is the opportunity for you to reflect on your individual professional journey to date and gain insight into factors that might enhance and support the transition of occupational therapists interested in teaching full time in academia in the future.

There are no foreseeable risks anticipated through participation in this research. This letter will serve as a copy of information describing your potential involvement in the research project.

Your participation in the interview focusing on your experiences transitioning from the clinic to academia will take approximately 60 to 90 minutes and will take place via Skype, Face Time or telephone, whichever media is most convenient for you. As mentioned in the invitation, the questions will relate to challenges that you have encountered, adaptations you made, and helpful supports in your transition.

You have the right to skip any questions that you are not comfortable answering. The interview will be audio-taped for purposes of analysis and transcription. You will have the opportunity to review the interview transcript for accuracy at a later date. Your responses will be confidential. The results of the study may be published, however, your name and other identifying information will be kept private.

You are invited to ask any questions of me by contact me at (701) 777-1740 (wk) or you may call my advisor, Claudette Peterson at (701) 231-7085. If you have questions relating to the rights of human participants in research or want to report a problem, you can contact the NDSU IRB office at (701) 231-8908, or ndsu.irb@ndsu.edu.

Thank you for your anticipated contribution to this research. Your willingness to participate is appreciated!

Sincerely,

Claudette Peterson

Claudette M Peterson, Ed.D
Education Doctoral Programs
North Dakota State University

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Julie Grabanski, MSA, OTR/L

Doctoral Candidate
Education Doctoral Programs
North Dakota State University

APPENDIX E. INVITATION TO PARTICIPATE IN RESEARCH STUDY

Hello OT faculty member,

My name is Julie Grabanski and I am a doctoral graduate student in Occupational and Adult Education at North Dakota State University. I am also a new full-time faculty member in an occupational therapy program at the University of North Dakota and am interested in talking to you about your journey in academia. I would love to chat with you about your experiences transitioning from the clinic to academia over Skype, Face Time or over the telephone. The results of this study will inform the efforts of educators, administrators, and leaders of the profession to provide practical support to therapists preparing for or employed in full- time teaching positions in Master's Degree occupational therapy programs.

You are invited to participate in an interview that will last approximately 60 to 90 minutes that will focus on your experiences transitioning from the clinic to academia. The questions will explore challenges that you have encountered, adaptations you made, and helpful supports in your transition. If you are interested in participating in the study, please contact me via e-mail at julie.grabanski@med.und.edu or via telephone at (701) 777-1740. I would like to begin interviewing in January of 2014. If you agree to participate, we can select a time and date conducive to your work/personal schedule. A participant consent form is attached for your review. If you should choose to participate in the study, verbal consent will be obtained at the beginning of the interview.

I appreciate your consideration to participate in the study and look forward to hearing from you soon!

Julie Grabanski, MSA, OTR/L   *Claudette Peterson*

Doctoral Candidate   Claudette M. Peterson, Ed.D
Education Doctoral Programs   Education Doctoral Programs
North Dakota State University   North Dakota State University

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APPENDIX F. AMENDMENT TO IRB

IRB Protocol #: HE14104

NDSU NORTH DAKOTA STATE UNIVERSITY

INSTITUTIONAL REVIEW BOARD
office: Research 1, 1735 NDSU Research Park Drive, Fargo, ND 58102
mail: NDSU Dept. #4000, PO Box 6050, Fargo, ND 58108-6050
p: 701.231.8995 f: 701.231.8098 e: ndsu.irb@ndsu.edu w: www.ndsu.edu/irb

Protocol Amendment Request Form

Changes to approved research may not be initiated without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to participants. Reference: SOP 7.5 Protocol Amendments.

Examples of changes requiring IRB review include, but are not limited to changes in: investigators or research team members, purpose/scope of research, recruitment procedures, compensation strategy, participant population, research setting, interventions involving participants, data collection procedures, or surveys, measures or other data forms.

Protocol Information:

Protocol #: HE14104   Title: **The experiences of occupational therapy clinicians transitioning to the role of an occupational therapy faculty member: Implications for faculty development**

Review category: ☒ Exempt   ☐ Expedited   ☐ Full board

Principal investigator: **Claudette Peterson**   Email address: **claudette.peterson@ndsu.edu**
Dept: **School of Education**

Co-investigator: **Julie Grabanski**   Email address: **julie.grabanski@med.und.edu**
Dept: **School of Education**

Principal investigator signature, Date: *Claudette Peterson (email) 1/14/14*

In lieu of a written signature, submission via the Principal Investigator's NDSU email constitutes an acceptable electronic signature.

Description of proposed changes:

1. Date of proposed implementation of change(s)*: **Upon approval**
   * *Cannot be implemented prior to IRB approval unless the IRB Chair has determined that the change is necessary to eliminate apparent immediate hazards to participants.*

2. Describe proposed change(s), including justification:
   Send invitations to selected program chairs through e-mail rather than professional association listserve in order to target sample of therapists from specific geographical regions.

3. Will the change involve a change in principal or co- investigator?

☒ No - skip to Question 4
☐ Yes:
- *Include an Investigator's Assurance (last page of protocol form), signed by the new PI or co-investigator*
- *Conflict of Interest disclosure.* Does any investigator responsible for the design, conduct or reporting of the project (including their immediate family members) have a financial, personal or political interest that may conflict with their responsibility for protecting human participants in NDSU research? *(SOP 6.2 Conflict of Interest in Human Research, Investigator and Research Team)*

  ☒ No – As PI, I attest that I have conferred with my co-investigators and key personnel and confirmed that no financial, personal or political interests currently exist related to this research.

  ☐ Yes – Describe the related financial, personal or political interests, and **attach documentation of COI disclosure and review** *(as applicable).*

  Financial, personal or political interests related to the research (the sponsor, product or service being tested, or a competing product or service) may include:
  - compensation (e.g., salary, payment for services, consulting fees)
  - intellectual property rights or equity interests
  - board memberships or executive positions
  - enrollment or recruitment bonus payments

  (Refer to *NDSU Policy 151.1, External Activities and Conflicts of Interest, and NDSU Policy 823, Financial Disclosure – Sponsored Projects* for specific disclosure requirements.)

Note: If the change is limited to addition/change in research team members, skip the rest of this form.

4. Will the change(s) increase any risks, or present new risks *(physical, economic, psychological, or sociological)* to participants?
   ☒ No
   ☐ Yes: *In the appropriate section of the protocol form, describe new or altered risks and how they will be minimized.*

5. Does the proposed change involve the addition of a vulnerable group of participants?
   Children: ☒ no ☐ yes – include the *Children in Research* attachment form
   Prisoners: ☒ no ☐ yes – include the *Prisoners in Research* attachment form
   Cognitively impaired individuals: ☒ no ☐ yes*
   Economically or educationally disadvantaged individuals: ☒ no ☐ yes*

   Provide additional information where applicable in the revised protocol form.

6. Does the proposed change involve a request to waive some or all the elements of informed consent or documentation of consent?
   ☒ no
   ☐ yes – ▓Attach the *Informed Consent Waiver or Alteration Request.*

7. Does the proposed change involve a new research site?
   ☒ no
   ☐ yes

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If information in your previously approved protocol has changed, or additional information is being added, incorporate the changes into relevant section(s) of the protocol. Highlight (e.g. print and highlight the hard copy, or indicate changes using all caps, asterisks, etc) the changed section(s) and attach a copy of the revised protocol to this form. *(If the changes are limited to addition/change in research team members, a revised protocol form is not needed.)*

Impact for Participants (future, current, or prior):

1. Will the change(s) alter information on previously approved versions of the recruitment materials, informed consent, or other documents, or require new documents?
   ☒ No
   ☐ Yes - ▊ attach revised/new document(s)

2. Could the change(s) affect the willingness of *currently* enrolled participants to continue in the research?
   ☒ No
   ☐ Yes - describe procedures that will be used to inform current participants, and re-consent, if necessary:

3. Will the change(s) have any impact to *previously* enrolled participants?
   ☒ No
   ☐ Yes - describe impact, and any procedures that will be taken to protect the rights and welfare of participants:

- - - - - - - - - FOR IRB OFFICE USE ONLY - - - - - - - -

Request is: ☒ Approved ☐ Not Approved
Review: ☒ Exempt, category#: _2_ ☐ Expedited method, category # ____ ☐ Convened meeting, date: ____   ☐ Expedited review of minor change
IRB Signature: *Kristy Shirley*   Date: 1/17/14
Comments:

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APPENDIX G. INTERVIEW SCRIPT

Introduction: "First, I want to say thank you for your willingness to participate in this research project. Before we begin, did you receive the consent information that was e-mailed to you? Do you have any questions about the consent form? Please indicate your permission to use the content of this interview for my research project, with a verbal response of "yes."

During today's interview, I have several questions I will be asking you. The interview will take approximately 60-90 minutes." Any time during the interview that you have questions or need clarification, please feel free to ask. Do you have any questions before we begin?"

"Today I would like to learn what it has been like for you after you moved from the role of a clinician to an occupational therapy educator. We'll discuss experiences that have been helpful and also challenges that you may have experienced along the way."

Possible sequence of interview questions for semi-structured interview:

Tell me about your experiences moving from the clinic to academia: What stands out to you?

How is it that you came to be a full-time educator in occupational therapy?

Paint me a picture (using words) of your experiences as a full-time faculty member of occupational therapy.

What do you perceive to be challenges in academia? What was helpful to you?

What experiences seem most different to you as a full-time educator in occupational therapy versus a therapist in the clinic? (teaching, context, expectations, interactions with others). Can you reflect on this a little and explain the differences that you perceive?

How has your experience in academia changed during the time you have been in your role as a full-time faculty member?

What does it mean to you based on your experiences, to be a full-time educator in Occupational Therapy?

Closure: "Thank you, for taking the time for this interview. I truly appreciate your contribution

to this research project. I would like to contact you again later to have you review the transcript

of this interview for accuracy, if that is agreeable to you. Your anonymity will be protected

throughout the process. Thank you for helping me to learn more about your experiences as an

occupational therapy educator.

Participant J= Julie/researcher		
Meaning Unit	**Transformation** **(to language of researcher)**	**Synthesis, if appropriate**

Method and form for analysis taken from: Giorgi, A., & Giorgi, B. (2008). Phenomenology. In J. A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 26-52). Thousand Oaks, CA: Sage Publications.

APPENDIX I. SAMPLE DATA ANALYSIS GRID

Participant Two (P2) J=Julie/researcher		
Meaning Unit	**Transformation (to language of researcher)**	**Synthesis, if appropriate**
1.J: What has it been like for you after you moved from the role of a clinician to the role of an occupational therapy educator? **P2:** Actually my experience has been really positive mostly. Along with some challenges.	**1.** P2 is stating that the majority of her experiences as an occupational therapy educator have been positive. P2 is suggesting that the benefits of being an educator outweigh the challenges she has experienced.	**1+2+3+5+6+7**=P2 has always wanted to teach in an OT Master's degree program. Teaching at a higher level is demanding, but the support of her mentors and sharing her experiences with students has been a fulfilling aspect of her role.
2. P2: I was in the clinic all day long and now I'm in the office all day long-in front of a computer. I do get out- to teach classes some, but it's a really big change from full time clinical work.	**2.** P2 compared how her time was spent in the clinic versus time spent in higher education. Using the phrase "I do get out to teach classes some" implies that P2 spends more time alone compared to the experiences she has had in the clinic.	
3. P2: I always wanted to teach so I'm really enjoying teaching, meeting with students and um- teaching them in the classroom. It feels great to share what I've actually used in the clinic. It helps the students really well connect to the material that we are talking about. So overall, I really enjoy it.	**3.** P2 reports that her passion has been to teach and that she enjoys doing it. She states that she enjoys being with the students and sharing her clinical experiences to help them make the connection between clinical work and concepts that she is teaching in the class.	
4. P2: I just started teaching here last year. I had taught in an OTA program as an adjunct, but that was only one semester in the year. The rest of the time I was in the clinic so I didn't feel a change.	**4.** P2 reports that she has taught previously in an OTA program (associate degree program) as an adjunct, while simultaneously working days in the clinic. At that time she did not experience any differences between teaching in the	

	classroom and working in the clinic.	
5. P2: Right now it has been full time in a Master's program so it's more demanding, so it's been really challenging.	**5.** P2 states that teaching full time in a Master's degree OT program has been more demanding for her. P2 suggests that because she is teaching graduate students, teaching full time has been more challenging.	
6. P2: I have good mentors in this program, so that has helped me out. They have helped me out with classes. We're still learning.	**6.** P2 reports that some helpful supports have been good mentors. P2 states "we're still learning" suggesting a collaborative relationship with her mentor/s.	
7. P2: Overall, I think I have always wanted to do it and it's very fulfilling- to teach.	**7.** P2 reports that she is teaching which has been her goal and passion. She feels fulfilled when teaching.	

APPENDIX J. INTERVIEW FOLLOW-UP

Subject: Interview follow-up:

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

I realize that this is a busy time of the academic year, but I would be grateful if you could do this within the next 10 days. Please send an email response so that I know that you have had a chance to review the document. This will help me to ensure that I am accurately representing your comments.

Thank you for your time and assistance with my study.

Sincerely,
Julie Grabanski

APPENDIX K. SAMPLE E-MAILS RECEIVED: MEMBER CHECKING

Grabanski, Julie

To:
Subject: RE: Interview Follow up

From:
Sent: Tuesday, May 06, 2014 10:58 AM
To: Grabanski, Julie
Subject: RE: Interview Follow up

Julie,

That sounds like me in a nutshell... I hope my information will be useful to your project.

From: Grabanski, Julie [mailto:julie.grabanski@med.und.edu]
Sent: Monday, May 05, 2014 1:51 PM
To:
Subject: Interview Follow up

Dear

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

I realize that this is a busy time of the academic year, but I would be grateful if you could do this within the next 10 days. Please send an email response so that I know that you have had a chance to review the document. This will help me to ensure that I am accurately representing your comments.

Thank you for your time and assistance with my study.

Sincerely,
Julie Grabanski

Grabanski, Julie

To:
Subject: RE: Interview Follow up

From: ▮
Sent: Monday, May 05, 2014 2:40 PM
To: Grabanski, Julie
Subject: RE: Interview Follow up

Hello! This looks good. I agree to the document. Thanks!
▮

From: Grabanski, Julie
Sent: Monday, May 05, 2014 12:48 PM
To ▮
Subject: Interview Follow up

Dear ▮

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

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Thank you for your time and assistance with my study.

Sincerely,
Julie Grabanski

Grabanski, Julie

From: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Sent: Monday, May 05, 2014 6:28 PM
To: Grabanski, Julie
Subject: RE: Interview Follow up

Looks accurate to me Julie, thanks and Good luck:)

▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮
Assistant Professor
▮▮▮▮▮▮▮▮▮▮ Occupational Therapy Department
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From: Grabanski, Julie [julie.grabanski@med.und.edu]
Sent: Monday, May 05, 2014 2:47 PM
To: ▮▮▮▮▮▮▮▮
Subject: Interview Follow up

Dear ▮▮▮▮▮

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

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Thank you for your time and assistance with my study.

Sincerely,
Julie Grabanski

Grabanski, Julie

To:
Subject: RE: Interview Follow up

From:
Sent: Monday, May 12, 2014 8:58 AM
To: Grabanski, Julie
Subject: RE: Interview Follow up

Hi Julie,

Sorry it took me a few days to get back to you. I wasn't sure if you wanted me to add anything- I have been practicing as an OT for 10 years. My areas of clinical practice include Early Intervention, NICU practice, Feeding and Swallowing, and Outpatient Pediatric settings with a focus on SI. Also at the end of bullet point 2 you referred to P4 when I think you meant P5. I think you did a really nice job accurately representing my perspective as a new faculty member. Thank-you for the opportunity to participate. Good luck with your project.

Clinical Assistant Professor
Occupational Therapy

From: Grabanski, Julie [mailto:julie.grabanski@med.und.edu]
Sent: Monday, May 05, 2014 2:47 PM
To:
Subject: Interview Follow up

Dear

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

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Thank you for your time and assistance with my study.

Sincerely,
Julie Grabanski

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To:
Subject: RE: Interview Follow up

From:
Sent: Monday, May 05, 2014 6:41 PM
To: Grabanski, Julie
Subject: RE: Interview Follow up

Julie,

Here you go. I must say, it is strange to read about yourself in this manner. Hope your research is going as planned and you are discovering gems of knowledge to share with the rest of us when the time comes. Please let me know if I can be of further help.

Best wishes,

Assistant Professor
Department of Occupational Therapy

From: Grabanski, Julie <julie.grabanski@med.und.edu>
Sent: Monday, May 5, 2014 11:44 AM
To:
Subject: Interview Follow up

Dear

I hope all is going well for you! I am very grateful for the time you invested allowing me to interview you about your transition from the clinic to the classroom.

I am working on my study and would like to make sure that I have accurately represented what you shared with me. Attached you will find a document that includes a "snapshot" description of you that I believe protects your identity and a summary of your interview. Please review this document and let me know whether you agree with the contents or feel there should be a change to what I have written. If you have thought of anything else you would like me to include, please feel free to send those comments also.

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Thank you for your time and assistance with my study.