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IN THE CLASSROOM

What is the entry-level OTD doctoral capstone and how can you benefit?

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What is the Occupational Therapy Doctoral Capstone?

The entry-level occupational therapy doctoral (OTD) programs first started in 1998 (Stephenson et al., 2020). There are now 240 programs applying for accreditation, in the process of accreditation, or accredited (Accreditation Council for Occupational Therapy Education [ACOTE], 2021). Entry-level OTD programs have ACOTE® standards addressing additional coursework and competency levels that differ from the other entry-level programs. The doctoral capstone is a key differentiator as it requires a combination of experiential learning and a project that demonstrates synthesis of in-depth knowledge in one or more skill areas (ACOTE, 2018). Other distinctions are the self-directed nature of the doctoral capstone and the mentoring experience versus the supervised experience of Level II fieldwork placements. The doctoral capstone may only commence after the completion of all coursework and Level II fieldwork placements.

During the doctoral capstone experience (DCE) and project, the students self-direct their learning, improve the synthesis of in-depth knowledge, and apply their learning throughout the experience and project. The doctoral capstone includes disseminating the project, which relates to the experience and demonstrates the synthesis of in-depth knowledge gained through the doctoral capstone experience and project. In addition, the DCE supports student learning through advanced preparation courses that further develop their professional identity, self-directed learning, writing skills, and development of a project to meet the needs of a site, community, or population.

Through the DCE, students learn the perspective of the site and experience how occupational therapy can function and be of value to organizations, populations, and groups in addition to individuals. The DCE aligns with the American Occupational Therapy Association's (AOTA's) Vision 2025 (2018) in promoting the profession to work with populations and at the system level to improve clients at the organizational level. The DCE gives students confidence in their ability to self-direct their work and work effectively within systems for positive outcomes.

The doctoral capstone is a mentored experiential placement. The mentoring aspect encourages students to engage in self-directed learning and gain confidence in navigating the site and related settings in a more independent manner. The most common type of mentoring in the health professions is dyadic; a one-to-one relationship with a mentor. The mentor is usually an OT or other professional with experience and expertise in the student's learning area (Henry-Noel et al., 2019). Mentoring usually involves coaching, education, sharing of the mentor's time, empathy, and an enthusiasm for teaching others (Burgess et al., 2018). During the doctoral capstone, the student engages in self-directed learning, requiring them to collaborate with the site and site mentor to guide the project to completion. See Table 1 for examples of doctoral capstone projects in both clinical and community-based sites.

Table 1. Examples of Capstone Projects

Capstone Setting	Capstone Project
Acute Care	<ul style="list-style-type: none"> ● Virtual reality mindfulness for lung transplant ● Discharge planning resources ● Quality improvement ● Projects as offered by site, based on needs
Outpatient	<ul style="list-style-type: none"> ● CIMT and Mirror Therapy, a 2-case study comparison ● Quality improvement ● Social skills group ● After school or summer camp (handwriting)
NICU	<ul style="list-style-type: none"> ● Parent/guardian education ● Feeding
Driving Rehabilitation	<ul style="list-style-type: none"> ● Detailed case study or case series ● Running a specialty clinic
Church; Children Ministries	<ul style="list-style-type: none"> ● Training program for volunteers for the special needs children for sensory integration interventions to assist with engagement in the children's programming

	<ul style="list-style-type: none"> ● The church will continue to use the training with all children ministries volunteers
County Area on Aging	<ul style="list-style-type: none"> ● Program on 6 modules for health and wellness with the 65+ population ● The program was well received and will continue either virtually or in person

Level II Fieldwork and Capstone

As previously stated, the doctoral capstone consists of two parts: an experience and a project. The student gains advanced knowledge in one or more concentrated areas through planning and developing their experience and project within their preparatory coursework. The areas of knowledge concentration are clinical practice skills, research, administration, leadership, program and policy development, advocacy, education, and theory development (ACOTE, 2018). Students must prepare the doctoral capstone by developing a literature review and needs assessment, setting goals and objectives, and developing a plan of evaluation prior to the DCE (ACOTE, 2018).

The DCE and Level II fieldwork vary considerably (see Table 2). The Level II fieldwork prepares the student to become a general practitioner in occupational therapy. The fieldwork experience includes two clinical rotations where the student completes a total of 24 full-time weeks in more than one practice area. Fieldwork supervisors must be currently licensed or otherwise regulated occupational therapists with a minimum of 1 year of full-time experience (ACOTE, 2018). The capstone experience is a minimum of 560 hours over 14 weeks. The design of the DCE allows the student to achieve in-depth competencies, skills, and knowledge in a specialized focus area. Students are not required to gain advanced clinical skills unless that is an identified objective for the DCE. Therefore, the student is not required to support a full clinical caseload—or any caseload—but can treat or evaluate clients when this experience advances their skills and/or knowledge in the chosen focus area related to the project.

Table 2. Comparison of Level II Fieldwork and Capstone

	Level II Fieldwork	Capstone Experience
When in the course sequence	Varies among programs	Final semester
Length	Two 12-week placements	14 weeks 80%+ on site with a minimum of 560 hours
Objectives	Program or site-specific	Individual, specific to each student
Goal	Competent, entry-level, generalist OT (ACOTE C.1.0)	Gain in-depth exposure in an area related to OT (ACOTE D.1.0)
Supervision	OT with 1 year FT experience	Does not have to be an OT (unless billing or providing OT services) Expertise in the focus area of capstone experience/project
Experiential focus	Entry-level clinical competency	2 parts: Capstone Experience and Capstone Project. Learning advanced skills beyond Level II FW
Mentor	N/A	Collaboration with site mentor starts 1 year in advance
Self-directed project with an in-depth synthesis of knowledge in study area	N/A	Completion of Capstone Project related to experience: <ul style="list-style-type: none"> ● Self-directed ● Needs assessment ● Literature review ● Preplanned
In-person contact	On-site time, 100%	At least 80% of time on site
Method of evaluation	Field Work Performance Evaluation [FWPE]	University-specific with student-developed learning objectives

The DCE aligns students with their mentors before the experience for approval of the self-directed experience and project. A qualified doctoral capstone mentor is someone with “expertise consistent with the student’s area of focus” (ACOTE, 2018, p. 46). The mentor’s experience in the site usually meets this standard. The doctoral capstone coordinator confirms the level of expertise and the fit with the student’s areas of focus. The DCE provides a mutually beneficial placement, wherein the student can give back to the site and advance their learning.

With COVID-19 presenting challenges for clinical placements, many universities have moved fieldwork Level I experiences to simulated, virtual, or nontraditional settings. The doctoral capstone could further benefit from these strategies by placing students in non-traditional settings, ultimately expanding and diversifying practice areas. In addition, the DCE provides an opportunity for therapists in nontraditional settings to benefit from the capstone and traditional medical model sites.

Benefits of the DCE

Many community-based and clinical partners value the doctoral capstone placements. In talking with staff at both types of sites, all seem to be very interested in the idea of having a highly trained doctoral-level student join them to provide additional programming or develop a much-needed project. The value a site assigns to the doctoral capstone placements is shown in positive comments from the site mentors and assumed by the willingness of many sites to continue to take doctoral capstone students, sometimes annually. Anecdotally, sites will often state that they can carry on the project or program after the student leaves; some have hired students as consultants or staff, and others have been able to obtain grants that the student developed. Sometimes those grants are to pay for occupational therapy services within their organization, which adds to the ever-expanding roles that occupational therapists may fill.

Traditional occupational therapy settings with occupational therapy provided directly for organizations and populations are good doctoral capstone sites.

Traditional occupational therapy settings with occupational therapy provided directly for organizations and populations are good doctoral capstone sites. The clinical site provides an opportunity for the doctoral capstone student to gain advanced skills clinically with a specific population and develop a project meaningful to the site. Whether the site is traditional or nontraditional for occupational therapy, the doctoral capstone student and the site benefit from having a high-level skilled student to address site-specific needs. The doctoral capstone is a win-win proposition! We encourage occupational therapy practitioners to reach out to academic institutions and collaborate on their site's needs and innovative projects.

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