

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Master's-Degree-Level Educational Program for the Occupational Therapist, Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of this document.

ACADEMIC FIELDWORK COORDINATOR: Faculty member of record who is responsible for the development, implementation, management, and evaluation of fieldwork education. The term is intentionally generic; programs are free to use any appropriate title (i.e., academic fieldwork coordinator, director of clinical education, etc.). Requirements can be met through professional experience as a fieldwork educator, completion of the Fieldwork Educator's Certificate Workshop, documented continued education related to fieldwork, or formal mentorship with faculty who has experience in coordination of academic fieldwork.

ACADEMIC YEAR: An academic year is a minimum of 30 weeks of instruction time for credit hours and a minimum of 26 weeks of instruction time for clock hours. Full-time equivalent is determined by the institutional policies (U.S. Department of Education, 2021).

ADVISEMENT: Advisement is the process used to provide holistic support to students throughout enrollment in the occupational therapy program. A faculty advisor must be up to date and knowledgeable on university/college policies that impact a student's successful progression in the program and be aware of resources that support student well-being. Advisement must be documented and occur on a regular basis.

ADJUNCT FACULTY: Faculty who are responsible for teaching and instruction in an occupational therapy educational program as defined by the institution.

ADVOCACY: Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (American Occupational Therapy Association [AOTA], 2020b).

AREAS OF OCCUPATION: Activities in which people engage (activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation).

ASSESSMENTS: "Specific tools, instrument, or systematic interaction used to understand a client's occupational profile, client factors, performance skills, performance patterns, and contextual and environmental factors, as well as activity demands that influence occupational performance" (Hinojosa et al., 2014, p. 3; as cited in AOTA, 2020b).

BACCALAUREATE PROJECT: An individual or group project led by bachelor-level student(s) that demonstrates the ability to develop and apply advanced knowledge and integrate best evidence in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, or education.

BEHAVIORAL HEALTH: Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions (American Medical Association, 2022).

BUSINESS PLANS (DEVELOPMENT OF): The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

CAPSTONE COORDINATOR: Faculty member of record who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The title of the individual may vary by institutional practices.

CARE COORDINATION: The process that links clients with appropriate services and resources.

CARE PARTNERS: Caregivers are broadly defined as family members, friends, or neighbors, who provide unpaid assistance to a person with a chronic illness or disabling condition.

CASE MANAGEMENT: A system to ensure that individuals receive appropriate health care services.

CLIENT: Person (including one involved in the care of a client), group (collection of individuals having shared characteristics or common or shared purpose, e.g., families, workers, students, and those with similar interests or occupational challenges), or population (aggregate of people with common attributes such as contexts, characteristics, or concerns including health risks) (Scaffa & Reitz, 2014; as cited in AOTA, 2020b).

CLIENT FACTORS: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions; and body structures (AOTA, 2020b).

CLINICAL REASONING: Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

COMMONLY ACCEPTED ACADEMIC STANDARDS: Program length must be reflective of commonly accepted standards for degree level as informed by the National Center for Education Standards (<https://nces.ed.gov/programs/coe/glossary>). Specific to occupational therapy entry-level education for the occupational therapist and occupational therapy assistant, ACOTE defines the following:

- *Doctoral degree:* An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, equaling at least 6 full-time-equivalent academic years to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Master's degree:* An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, generally requiring at least 5 full-time-equivalent academic years, but no more than 6 full-time-equivalent academic years. One or two years must be full-time college-level study beyond the bachelor's degree to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Bachelor's degree:* An entry-level occupational therapy assistant degree granted for the successful completion of a baccalaureate program of study, usually requiring at least 4 years (or equivalent) of full-time college-level study.
- *Associate degree:* An entry-level occupational therapy assistant degree granted for the successful completion of an associate's program of study, usually requiring at least 2 years (or equivalent) of full-time college-level study.

COMPETENCE: An individual's capacity "to perform a task, function, or role at a level that meets or exceeds prescribed standards" (Institute for Credentialing Excellence [ICE], 2020, p. 4).

COMPLEMENTARY HEALTH AND INTEGRATIVE HEALTH: Non-pharmacological options commonly used for preventing or managing chronic conditions; managing symptoms such as pain; and improving or enhancing one's personal emotional wellness, mental health, and well-being (Farmer et al., 2021; Russell et al., 2020; World Health Organization [WHO], 2019).

CONSORTIUM: Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.

CONSUMER: The direct and/or indirect recipient of educational and/or practitioner services offered.

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

CONTEXT: The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

ENVIRONMENT: The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

CONTEXT OF SERVICE DELIVERY: The knowledge and understanding of the various contexts in which occupational therapy services are provided.

COST OF ATTENDANCE: Current tuition and fees, and the total cost of completing the program.

CRITERION REFERENCED: Tests that compare the performance of an individual to that of another group, known as the *norm group*.

CULTURAL HUMILITY: Emphasizes humble and empathetic communication with clients and reduces reliance on bias or implicit assumptions, and instead encourages intentional listening and openness to various cultures (AOTA, 2020a).

CURRICULUM DESIGN: An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

CURRICULUM THREADS: Identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the profession's and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization). Curriculum threads add cohesion to the selection and sequencing of courses and should be reflected in course objectives, assignments, and teaching and learning strategies (AOTA, 2021b).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis refers to the occupational therapist’s ability to analyze a problem associated with occupational performance and participation.

DIRECT SUPERVISION: The occupational therapy practitioner is immediately available to furnish assistance and direction throughout the performance of the client interaction (Dancza et al., 2022).

DISTANCE EDUCATION: A delivery method used in whole or in part within an academic program regardless of whether face-to-face, on ground, or residential option. Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the faculty and to support regular and substantive interaction (as informed by the Higher Learning Commission <https://www.hlcommission.org/General/glossary.html>) between the students and the faculty, either synchronously or asynchronously. Technologies that may be used to offer distance education include:

- the internet
- satellite, or wireless communications
- audio conference
- other media used in a course in conjunction with any of the technologies listed in items 1 through 3 above.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in person or by distance education) by the same instructors. Students may receive the experiential and lab components either at the primary campus or at other locations.

DIVERSE STUDENT POPULATION: Reflective of a variety of cultural, ethnic, racial, socio-economic, identity, linguistic, educational, and gender backgrounds. Race and ethnicity are one way, but not the only way diversity can be reflected within a group. Furthermore, a person cannot be “diverse” (as in “diverse candidate”). A diverse student population is an outcome of justice, equity, and inclusion efforts (AOTA DEI Toolkit, 2021).

DIVERSITY: Broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (Taff & Blash, 2017; as cited in AOTA DEI Toolkit, 2021).

DOCTORAL CAPSTONE: An in-depth exposure to a concentrated area, which is reflective of the program’s curriculum design. This in-depth exposure may be in one or more of the following areas: clinical skills; research skills; scholarship; administration; leadership; program development and evaluation; and policy development, advocacy, and education. The doctoral capstone consists of two parts: the capstone experience and the capstone project.

CAPSTONE EXPERIENCE: An in-depth exposure in a concentrated area that includes activities in a mentored practice setting and may also include activities in non-mentored practice setting that meets developed goals/objectives of the doctoral capstone. The mentored practice setting may be in person, virtual, or hybrid and includes learning experiences.

CAPSTONE PROJECT: An individual project that is completed by a doctoral-level student that demonstrates the student’s ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

DURABLE MEDICAL EQUIPMENT (DME): Equipment that meets these criteria: durable (can withstand repeated use), used for a medical reason, typically only useful to someone who is sick or injured, used in the home, and expected to last at least 3 years. DME commonly used in occupational therapy practice includes mobility aids (e.g., wheelchair, crutches), hospital beds, oxygen equipment, traction devices, continuous passive motion devices, etc. <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

DYSPHAGIA: Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client’s ability to swallow independently or safely (AOTA, 2017).

EATING AND SWALLOWING: “...keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)” (AOTA, 2020b, p. 30).

FEEDING: “Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)” (AOTA, 2020b, p. 30).

EDUCATIONAL GOALS: Educational goals “reflect broad abilities of graduates” and include descriptions of students’ characteristics upon graduation (AOTA, 2021b).

EDUCATIONAL TECHNOLOGY: The use of instructional technology or a learning management system (LMS) to support delivery of the curriculum. Examples may include educational software, gamification, podcasting, virtual reality, and artificial intelligence to support learning activities and environments.

EMPATHY: Emotional exchange between occupational therapy practitioners and clients that allows more open communication, ensuring that practitioners connect with clients at an emotional level to assist them with their current life situation (AOTA, 2020b).

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.

EVALUATION: “The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation... Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors” (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76).

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

EQUITABLE: Showing or characterized by equity; just and fair (AOTA, 2020a).

EQUITY: An approach that ensures everyone is given an equal opportunity; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity considers that people have different access to resources because of a system of oppression and privilege. Equity seeks to balance that disparity. "Equity is often confused with equality; however, they are significantly different. Equality ensures that everyone receives the same benefit or consequence" (AOTA, 2020a, p. 1).

EXPERIENTIAL LEARNING: Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service-learning projects.

FACULTY: A generic term; programs may use any appropriate title for individuals who are appointed to and are employed by the degree-level program, regardless of the position title (e.g., full-time instructional staff; clinical instructors can be considered faculty if supported by institutional policy). Faculty may be considered full-time, part-time, or adjunct as designated by institutional policy and may have specific roles and responsibilities as designated by the program.

FACULTY-LED SITE VISITS: Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

FACULTY PRACTICE: Service provision by a faculty member(s) to persons, groups, and/or populations.

FRAMES OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner’s interaction with clients. A frame of reference is intended to link theory to practice.

FIELDWORK EDUCATOR: An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

FUNCTIONAL MOBILITY: Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects (AOTA, 2020b).

HEALTH: “State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity” (WHO, 2006).

HEALTH LITERACY: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Gillen & Brown, 2024).

HEALTH/PUBLIC POLICY: The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

INCLUSION: “Inclusion is not simply tolerance..... [It] inherently embraces the value of all individuals. ...[It] is the active response to diversity—fostering acceptance, respect, belonging, and value for each individual. To support diversity, inclusion must be actively pursued” (AOTA, 2020a, pp. 1–2).

INSTRUCTIONAL DESIGN: Assessment of the learning materials and methods that are aligned with the curriculum and convey content to meet the needs of the student.

INTEGRATIVE HEALTH: Refers to health care that incorporates both complementary health approaches and allopathic medicine in a coordinated way (National Center for Complementary and Integrative Health [NCCIH], 2021). NCCIH recently expanded their concept of integrative health to include whole person health, showing their focus on the interconnectedness of biological, behavioral, social, and environmental domains for empowering individuals, families, communities, and populations to improve and restore their health (NCCIH, 2022).

INTERPROFESSIONAL EDUCATION: When two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). “An educational activity that occurs between two or more professionals within the same discipline, with a focus on participants to work together, act jointly, and cooperate” (Jung et al., 2010, p. 235).

INTRAPROFESSIONAL EDUCATION: Occupational therapist and occupational therapy assistant students participate in collaborative educational experiences to develop the knowledge, skills, and teamwork necessary for current-day practice (AOTA, 2018).

JUSTICE: Fair and equal treatment; it deals with the proper distribution of benefits, burdens, and resources (Gillen & Brown, 2024).

LEARNING ACTIVITIES: Carefully planned activities used by faculty as a means to promote the acquisition, organization, and integration of new knowledge (AOTA, 2021b).

MENTAL HEALTH: A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).

MENTORING: A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than their mentee.

CONTENT MENTOR: Expertise in the content area of the project.

FACULTY MENTOR: Person who meets the qualifications to support the objectives of the project and is familiar with the program’s curriculum design.

MISSION: A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

MODEL OF PRACTICE: The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domains of concern of a particular profession or discipline.

OCCUPATION: Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes (AOTA, 2020b).

OCCUPATIONAL PROFILE: Summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2020b).

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

OCCUPATION-BASED INTERVENTION: A client-centered occupational therapy intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life.

ORGANIZATION: Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2020b).

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals that may be associated with different lifestyles and used in the processes of engaging in occupations or activities (AOTA, 2020b).

PERFORMANCE SKILLS: Observable, goal-directed actions that consist of motor skills, process skills, and social interaction skills (Fisher & Griswold, 2019, as cited in AOTA, 2020b).

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching-learning process.

PHYSICAL AGENT AND MECHANICAL MODALITIES: The systematic application of various forms of energy or force to effect therapeutic changes in the physiology of tissues (AOTA, 2018c). For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to facilitate their knowledge and expertise with the modalities in preparation for the NBCOT certification examination and for practice outside of the state in which the educational institution resides.

DEEP THERMAL AGENTS: Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.

ELECTROTHERAPEUTIC AGENTS: Modalities that use electrotherapeutic currents and waveforms to facilitate physiologic changes in tissues to increase circulation, facilitate tissue healing, and modulate pain. Examples include, but are not limited to, high-voltage galvanic stimulation for tissue and wound repair (ESTR) and high voltage pulsed current (HVPC). They also facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (Bracciano, 2019, as cited in AOTA, 2018c).

MECHANICAL MODALITIES: The therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues.

SUPERFICIAL THERMAL AGENTS: Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

POPULATION HEALTH: Health outcomes of a group of individuals, including the distribution of such outcomes within the group; an approach to health that aims to improve the health of an entire human population (Gillen & Brown, 2024).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2020b).

PREVENTION: Education or health promotion efforts designed to prevent the onset and reduce the incidence of unhealthy conditions, diseases, or injuries (AOTA, 2018b).

PRIMARY CARE: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (AOTA, 2020c).

PROFESSIONAL PRACTICE: Professional practice includes all potential roles of an occupational therapy practitioner such as clinician, educator, researcher, consultant, administrator, etc.

PROFESSIONAL REASONING: The process that practitioners use to plan, direct, perform and reflect on client care (AOTA, 2020b).

PROGRAM: A legally authorized postsecondary program of organized instruction or study that leads to a recognized educational credential. An entry-level occupational therapy educational program may include doctoral, master's, baccalaureate, or associate degree level education.

PROGRAM DIRECTOR: A generic term; programs may use any appropriate title for a faculty member who is an initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. and is responsible for the management and administration of the program, including planning, evaluation, budgeting, selecting faculty and staff, maintaining accreditation, and committing to strategies for professional development.

PROGRAM EVALUATION: A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

PSYCHOSOCIAL: General mental functions, as they develop over the life span, required to understand, and constructively integrate the mental functions that lead to the formation of the personal and interpersonal skills needed to establish reciprocal social interactions, in terms of both meaning and purpose (AOTA, 2020b; AOTA, 2021).

RECOGNIZED INSTITUTIONAL ACCREDITING AGENCY: Institutional accrediting agencies recognized by the U.S. Department of Education to accredit postsecondary educational institutions.

REFLECTIVE PRACTICE: Thoughtful consideration of one's experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

RELEASE TIME: Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

RETENTION RATE: A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

SCHOLARSHIP: "A systematic investigation...designed to develop or to contribute to generalizable knowledge" (Protection of Human Subjects, 2009). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick et al., 1997). It allows others to build on it and further advance the field (AOTA, 2022).

SCHOLARSHIP AGENDA: Captures scholarship in the areas of teaching, research, and/or service. It engages faculty in academically relevant works that simultaneously meet campus mission and goals, meet the needs of the program, and are reflected in the curriculum design.

SCHOLARSHIP OF DISCOVERY: Engagement in activity that leads to the development of knowledge for its own sake. The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer, 1990).

SCHOLARSHIP OF INTEGRATION: Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer, 1990).

SCHOLARSHIP OF APPLICATION: Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.

SCHOLARSHIP OF TEACHING AND LEARNING: "Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances" (McKinney, 2007, p. 10).

SCOPE OF PRACTICE: "Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction" (AOTA, 2021b, p 4).

SIMULATED ENVIRONMENTS: A setting that provides an experience similar to a real-world setting in order to allow clients to practice specific occupations (e.g., driving simulation center, bathroom or kitchen centers in a rehabilitation unit, work hardening units or centers).

SOCIAL DETERMINANTS OF HEALTH: Five broad categories—economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context—that are the fundamental social causes of health. The conditions in the places where people grow, live, work, age, learn, and play affect a wide range of health and quality-of-life outcomes. They are the nonmedical factors that impact health (Gillen & Brown, 2024).

SPONSORING INSTITUTION: The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

STANDARDIZED PATIENT: An individual who has been trained to portray in a consistent, standardized manner, a patient/client with occupational needs.

STRATEGIC PLAN: A comprehensive plan that articulates the program’s future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program’s strategic plan must include, but need not be limited to:

- Evidence that the plan is based on program evaluation and an analysis of external and internal environments
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals
- Person(s) responsible for action steps
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

SUPERVISE: To direct and inspect the performance of workers or work.

SUPERVISOR: One who ensures that tasks assigned to others are performed correctly and efficiently.

THEORY: A set of interrelated concepts used to describe, explain, or predict phenomena.

TELEHEALTH: The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2018d).

TOTAL TIME TO DEGREE: The total length of the program in weeks, only including the weeks that classes are in session, or the students are on fieldwork or completing the capstone experience.

VIRTUAL ENVIRONMENTS: An environment in which communication occurs by means of airwaves and/or digital platforms in the absence of physical contact. The virtual context includes simulated, augmented reality, or real-world environments, transmitted through information and communication technologies, in real-time, near-time, or store-and-forward/asynchronous methods.

WELL-BEING: A holistic concept referring to both physical and mental health (Scherer & Leshner, 2021).

WELLNESS: The individual’s perception of and responsibility for psychological and physical well-being, as these contribute to overall satisfaction with one’s life situation (Gillen & Brown, 2024).

WRITTEN AGREEMENT: A document outlining the terms and details of an agreement between the academic program and an external site, including each party’s requirements and responsibilities. When an affiliation agreement is established with a multisite service provider (e.g., contract agency, corporate entity), the ACOTE Standards do not require a separate affiliation agreement with each practice site.

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