

**ESSENTIALS OF AN ACCEPTABLE SCHOOL OF OCCUPATIONAL THERAPY**

Prepared by the Council on Medical Education and Hospitals of the American Medical Association

Revised to December 1949

**Preamble**

The Council on Medical Education and Hospitals of the American Medical Association, the Council on Physical Medicine and Rehabilitation of the American Medical Association and the American Occupational Therapy Association are directly concerned in the training of occupational therapists. The Council on Medical Education and Hospitals establishes standards, inspects and approves schools and publishes lists of acceptable schools. With the cooperation of the Council on Physical Medicine and Rehabilitation and the American Occupational Therapy Association standards have been established for this type of training for the information of physicians, hospitals, schools, prospective students and others, and for the protection of the public.

Therapists are being trained in these schools to work under the direction of qualified physicians and not as independent practitioners of occupational therapy.

**I. Organization**

1. Occupational therapy schools should be established only in medical schools approved by the Council on Medical Education and Hospitals or in colleges and universities affiliated with acceptable hospitals and accredited by the Association of American Universities or the respective regional associations of colleges and secondary schools.

2. The schools should be incorporated under the laws regulating nonprofit organizations. The control should be vested in a board of trustees composed of public spirited individuals having no financial interest in the operation of the school. The trustees should serve for reasonably long and overlapping terms. If the choice of trustees is vested in any other body than the board itself, this fact should be clearly stated. Officers and faculty of the school should be appointed by the board.

3. Hospitals are required for clinical practice but should not attempt to operate a school of occupational therapy independently.

**II. Resources**

4. Experience has shown that an adequate school of occupational therapy cannot be maintained solely by the income from students' fees. No occupational therapy school, therefore, should expect to secure approval which does not have a substantial additional income.

**III. Faculty**

5. The school of occupational therapy should have a competent teaching staff graded and organized by departments. The director of the school should be a qualified occupational therapist whose qualifications are acceptable to the Council on Medical Education and Hospitals, who has had at least three years clinical experience, is registered or eligible for registration and has an academic degree. The clinical training in a school of occupational therapy should be under the direction of a physician or a committee of physicians whose qualifications are acceptable to the Council. If a committee provides the direction, the chairman should be designated as medical director. An advisory committee may also be established including representatives from the departments of the college, university or medical school which participate or cooperate in the teaching of occupational therapy students.

**IV. Plant**

6. The physical plant should provide adequate lecture rooms, class laboratories and administration offices. Equipment should be adequate for efficient teaching in the various departments.

7. A library of adequate space and availability and containing standard texts and leading periodicals in occupational therapy should be provided.

**V. Administration**

8. Supervision.—There should be careful and intelligent supervision of the entire school by a director with sufficient authority to maintain the established standards.

9. Records.—There should be systematic records showing credentials, attendance and grades of the students.

10. Credentials.—The admission of students to occupational therapy schools should be in the hands of a responsible committee or examiner. Documentary evidence of the students' preliminary education should be obtained and kept on file.

11. Advanced Standing.—At the discretion of the administration, advanced standing may be granted for work (or experience) required in the occupational therapy curriculum which has been done in other accredited institutions. Official verification of previous work (or experience) should be obtained by direct correspondence. Preliminary qualifications should also be verified and recorded.

12. Number of Students.—The number of students admitted to the training course should be limited by the facilities of the school.

In practical work of a laboratory nature the number of students that can be adequately supervised by a single instructor is in general experience about fifteen; in lectures the number may be larger. A close personal contact between students and members of the teaching staff is essential.

13. Discipline.—Each training school reserves the right to drop a student at any time for any cause which the school authorities deem sufficient.

**VI. Publications**

14. The school should issue, at least biennially, a bulletin setting forth the character of the work which it offers. Such an announcement should contain a list of the members of the faculty with their respective qualifications.

**VII. Prerequisites for Admission**

15. Education.—Colleges offering training courses in occupational therapy which are combined with work leading to a bachelor's degree should require the candidates for this combined course to comply with the regular entrance requirements of the school concerned. Other candidates should furnish proof of having completed one year of college education or its equivalent.

16. Character.—All candidates should be required to present evidence of good character, general fitness and emotional stability.

17. Health.—All applicants should be required to submit a physical health report including evidence of successful vaccination. All students should be given a medical examination under the supervision of the official school physician as soon as practicable after admission and this examination should include a roentgen examination of the chest.

**VIII. Curriculum**

18. Length of Course.—The minimum length of full time training for the course should be 100 weeks. The course should include not less than 64 weeks of theoretical and technical instruction and not less than 36 weeks of hospital practice training as set forth in succeeding sections.

19. Distribution of Time.—The period devoted to theoretical and technical training should include not less than 64 semester hours of which not less than 39 semester hours should consist of didactic instruction and not less than 25 hours of technical instruction in therapeutic activities.

The curriculum should be so arranged that students placed in hospitals for practical training before the completion of their theoretical and technical instruction should have covered those portions of the curriculum which pertain to the clinical fields to which they may be assigned for practical instruction.

(a) Theoretical: The hours devoted to theoretical training should be still further subdivided as follows:

Required Subjects	Semester Hours
(1) Biologic Sciences to include:	
Anatomy.....	18
Kinesiology.....	
Neuroanatomy.....	
Physiology.....	
Psychology.....	
(2) Social Sciences to include:	
Sociology.....	4
Individual readjustment.....	
Social and educational agencies.....	
(3) Theory of Occupational Therapy to include:	
Administration.....	8
General Medicine and Surgery.....	
Orthopedics.....	
Pediatrics.....	
Tuberculosis.....	
Psychiatry.....	
(4) Clinical Subjects to include:	
General Medical and Surgical:	7
Blindness and deafness.....	
Cardiac diseases.....	
Communicable diseases.....	
Neurology.....	
Orthopedics.....	
Pediatrics.....	
Psychiatry.....	
Tuberculosis.....	
(5) Electives.....	2
Total.....	39

(b) Technical: Because of the increasing demands of the medical profession for qualified therapists trained in special fields applicable to the education and training of disabled persons as well as to the treatment of the sick there should be a certain amount of flexibility in technical requirements.

A minimum of 25 semester hours should be devoted to technical training. The major portion of these 25 semester hours may be in one of the following fields, with survey courses in other fields:

- (1) Arts—Fine and Applied:  
    Design, leather, metal, plastics, textiles and wood
- (2) Education—Special and Adult:  
    Home economics, and library science
- (3) Recreation:  
    Music, dramatics, social activities, gardening and physical education

(c) Clinical Training: The time for clinical training should be not less than 36 weeks (nine months). No student should be assigned to a clinical training center for less than eight weeks. (Rotating assignments may be made within a given center so that the student may have varied experience with different patient groups within the one institution. Each of these assignments should be for not less than four weeks.) The division of time in the various fields should be as follows:

Psychiatric conditions.....	Not less than 12 weeks
Physical disabilities (surgical, neuromuscular and orthopedic).....	Not less than 8 weeks
Tuberculosis.....	4 to 8 weeks
Pediatrics.....	4 to 8 weeks
General medicine and surgery (other than physical disabilities).....	4 to 8 weeks

## IX. Hospital Affiliations

20. Hospitals or institutions affiliating for clinical training should be carefully selected by the director of the school in consultation with the medical director. No occupational therapy department should be considered for training students unless the director of the department who serves as the instructor is a competent occupational therapist, qualified to supervise students.

21. The school, at the beginning of each clinical assignment, should supply the instructor in charge with pertinent information regarding students' education, experience, special abilities and health.

22. The instructors in the clinical training departments should be considered members of the extra-mural staff of the school. As such they should be familiar with the content of the school courses pertinent to the particular area of occupational therapy in which students are being trained so that effective correlation of didactic and clinical training may be achieved. An outline of the clinical training program should be submitted to the school with which affiliation is maintained.

23. Each affiliated institution should have a well defined program to interpret the function of occupational therapy in its own area or type of service, including the following:

- a. Orientation to the program of the institution
- b. Interpretation of objectives
- c. Participation in treatment procedure
- d. Methods of determining progress, evaluation and recording results
- e. Teaching procedure in technical media most frequently used
- f. Plan for patients on discharge
- g. Organization and administration of the occupational therapy department

There should also be a planned program of lectures, clinics, staff meetings, conferences, etc., to give the student adequate understanding of the medical background and allied professional services in the field or fields in which each institution is concerned.

24. Written records of patient progress and case studies should be submitted to the instructor in charge by each student. Students must obtain satisfactory rating in clinical training before the diploma is granted.

25. Each instructor should maintain records covering the student's personal adjustment and general abilities. A report based on these records should be sent to the school on the termination of the student's period of training.

## X. Admission to the Approved List

26. Application for approval of a school of occupational therapy should be made to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Forms will be supplied for this purpose on request. They should be completed by the administrator of the institution requesting this approval. Inquiries regarding the registration of qualified therapists should be addressed to the American Occupational Therapy Association, 250 West 57th Street, New York 19, New York.

27. Approval may be withdrawn whenever in the opinion of the Council a school does not maintain an educational service in accordance with the above standards. Whenever a training program has not been in operation for a period of two consecutive years, approval may also be withdrawn.

28. Approved schools should notify the Council on Medical Education and Hospitals whenever personnel changes occur in relation to the director or medical director of the school.