

# Doctoral Capstone: What can it do for you?

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# Objectives

- Review terminology and ACOTE Standards
- Compare Doctoral Capstone to Level II Fieldwork
- Discuss potential benefits to clinical settings
- Provide examples



# What do you know?

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# Terminology: Doctoral Capstone


**Doctoral Capstone: NOT** a THIRD Fieldwork experience

**What it is:**

Capstone Experience - Provide an in depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.

Capstone Project - synthesis and application of knowledge gained.

Current: 640 hours (16 weeks) Proposed: 560 hours (14 weeks)  
(ACOTE, 2011)



Doctoral  
Experiential  
Component:  
2011 ACOTE  
Standards



## C.2.0.

- The goal of the doctoral experiential component is to develop occupational therapists with **advanced skills** (those that are beyond a generalist level).
- The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: **clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.**

## C.2.0.



- The student must successfully **complete all coursework and Level II fieldwork and pass a competency requirement** prior to the commencement of the doctoral experiential component.
- The specific content and format of the competency requirement is determined by the program. Examples include a written comprehensive exam, oral exam, NBCOT certification exam readiness tool, and the NBCOT practice exams.

## C.2.1.



- Ensure that the doctoral experiential component is **designed and administered by faculty** and provided in setting(s) consistent with the program's curriculum design, including **individualized specific objectives and plans for supervision.**



## C.2.2.

- Ensure that there is a memorandum of understanding that, at a minimum, includes **individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties.**



## C.2.3.

- Require that the length of this doctoral experiential component be a minimum of **16 weeks (640 hours)**.
- This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project.
- **No more than 20%** of the 640 hours can be completed **outside** of the mentored practice setting(s).
- Prior fieldwork or work experience may not be substituted for this experiential component.

## C.2.4.

- Ensure that the student is **mentored** by an individual **with expertise** consistent with the student's **area of focus**.
- The mentor **does not** have to be an occupational therapist.

LEADERSHIP



ADVOCACY



ADMINISTRATION



RESEARCH



## C.2.5.

- Document a **formal evaluation mechanism** for objective assessment of the student's performance **during** and **at the completion** of the doctoral experiential component.





# Doctoral Capstone: Draft III Revision ACOTE Standards

## D.1.0.

- The doctoral capstone shall be an integral part of the program's curriculum design. The goal of the doctoral capstone is to provide an **in-depth exposure** to one or more of the following: **clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.**
- The doctoral capstone consists of two parts:
  - Capstone **project**
  - Capstone **experience**
- The **individual capstone project** allows the student to demonstrate synthesis and application of knowledge gained.
- The individual **14-week** capstone experience must be started on completion of all coursework and Level II fieldwork and completion of preparatory activities.

## D.1.1.

- Ensure that the doctoral capstone reflects the sequence and scope of content in the curriculum design **in collaboration with faculty** so that the doctoral capstone can allow for development of **in-depth knowledge** in the designated area of interest.

## D.1.2.

- Ensure that the doctoral capstone is **designed through collaboration of the faculty and student**, provided in setting(s) consistent with the program's curriculum design, **including individualized specific objectives and plans for supervision.**



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Your questions or comments



## D.1.3.

- Ensure that the **preparation** for the capstone project include a literature review, needs assessment, goals/objectives and an evaluation plan.
- **Preparation** should align with the curriculum design and sequence and is **completed prior to the commencement** of the 14-week doctoral capstone experience.

## D.1.4.

- Ensure that there is a valid memorandum of understanding, for the doctoral capstone experience, that, at a minimum, includes **individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties**. The memorandum of understanding must be signed by both parties.



## D.1.5.

- Require that the length of the doctoral capstone experience be a **minimum of 14 weeks (560 hours)**. This may be completed on a part-time basis and must be consistent with the individualized specific objectives and capstone project.
- No more than **20%** of the 560 hours can be completed **off-site** from the mentored practice setting(s) to ensure a **concentrated experience** in the designated area of interest.
- Time spent off-site may include independent study activities such as research and writing.
- Prior fieldwork or work experience may not be substituted for this doctoral capstone experience.

## D.1.6.

- Document and verify that the student is mentored by an individual with expertise consistent with the student's area of focus prior to the onset of the doctoral capstone experience.
- **The mentor does not have to be an occupational therapist**

## D.1.7.

- Document a **formal evaluation mechanism** for objective assessment of the student's performance **during** and **at the completion** of the doctoral capstone experience.

## D.1.8.

- Ensure **completion and dissemination** of an individual doctoral capstone that demonstrates synthesis of in-depth knowledge in the focused area of study.

# Fieldwork versus Doctoral Capstone

## Level II Fieldwork

OT required as supervisor/FWEd

Duration: 12-weeks (two) (must be completed On-Site)

Objective: to emerge with skills at the generalist level

Evaluation: AOTA FWPE required

## Doctoral Capstone (Experience/Project)

Mentor not required to be an OT

Duration: 16 weeks -----14 weeks (allowed 20% Off-Site)

Objective: To acquire advanced/specialized skills----in depth knowledge

Evaluation: No standardized evaluation exists

# Fieldwork versus Doctoral Capstone

## Level II Fieldwork

Focus on generalist skills:

- ROM/Goniometry/MMT
- Therapeutic Use of Self
- Clinical Reasoning
- Professional Behaviors
- Safety/Judgment
- Evidence-Based Practice
- Evaluations/Interventions/Discharge Planning

## Doctoral Capstone (Experience/Project)

Focus on areas designated by ACOTE:

- Administration
- Education
- Leadership
- Advocacy
- Research
- Clinical Practice Skills
- Policy and Program Development
- Theory Development



# Benefits of Having a Doctoral Student

- Scholarly Collaboration
  - Access to university resources
  - Publication opportunities
- Research & Outcome Measurement
- Program Development
- “Deliverables”
  - Clinical Guidelines
  - Patient Education Materials/Tools
  - Evidence Based Practice
- Mentoring Opportunities
- CEUs

# Sample Doctoral Projects

- “Computerized Cognitive Training for Executive Functioning in Older Adults”
- “Developing Self-Regulation Skills to Promote Positive Classroom Behavior and Learning”
- “Dyadic Caregiver-Patient Group Intervention in OT”
- “Falls-Related Efficacy: A Comparison of Community Dwelling versus Temporarily Homebound Seniors”
- “Experiences of LGBTQ College Students: Identity, Health, & Participation”
- “Does Immersive Virtual Reality with Older Adults Improve Pain, Depression, and Quality of Life?”
- “Occupational Performance and Quality of Life for Single Mothers with Cancer”
- “The Effects of an Individualized Sensory Program on Adverse Behaviors with Participants with Dementia at Mercy LIFE- West Philadelphia”

# References

American Occupational Therapy Association. (2017). *Draft III Revisions – December 2017* Retrieved from <https://www.aota.org/~media/Corporate/Files/EducationCareers/Accredit/Standards/DraftIACOTESTandardsDecember2016.pdf>

2011 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards. *American Journal of Occupational Therapy* 2012;66(6\_Supplement):S6-S74. doi: 10.5014/ajot.2012.66S6.