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The Nature of Emerging Practice in Occupational Therapy: A Pilot Study

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The Nature of Emerging Practice in Occupational Therapy: A Pilot Study

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ABSTRACT. The profession of occupational therapy is responding to changes in the health care system by expanding the contexts and models for service provision, typically referred to as emerging practice. As a pilot study, a survey was completed by 174 occupational therapists to gather information and opinions about emerging practice. Results indicated occupational therapists hold diverse perceptions about emerging practice settings and services as well as the role and significance of emerging practice within the profession. Occupational therapists engaged in emerging practice described numerous rewards and challenges inherent within the process of developing and delivering services. The findings indicate continued professional dialogue and research are needed to support the development and efficacy of occupational therapy services in emerging settings and roles.

keywords
KEYWORDS. Emerging practice, professional development, occupational therapy education

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INTRODUCTION

The health care system in the United States is dynamic with continuous changes in policies, models of service delivery, and reimbursement systems. Ongoing challenges include the number of medically uninsured individuals in the United States at 45.7 million in 2007, down slightly from 47 million in 2006 (DeNavas-Walt, Proctor, & Smith, 2008), and those underinsured estimated at 25 million (Reinberg, 2008). As well, the management of chronic diseases among an increasingly aging population (Clarke, 2007) and the continual growth of health care expenditures at approximately 6.7% annually (Agency for Healthcare Research and Quality, 2008) further strain the existing system. During the 1970s and 1980s, philosophical and policy decisions began to shift the focus of health care away from the medical model to alternative models of care. Baum (2000) described these elements of change in the health care system as a "progression from an institution-centered medical model, with treatment delivered episodically, to a community-based sociopolitical model, the goal of which is to plan or manage health care delivery" (p. 12). Accompanying the development of alternative and managed models of care is a stronger emphasis on wellness, health promotion, and disease prevention. Experts believe future changes will include larger, integrated care systems, an increasing focus on patient-centered care, the shift of procedures from hospitals to outpatient and home settings, and a continued emphasis on facilitating reimbursement for preventive care (Carpenter, 2007; Clarke, 2007). This ongoing evolution compels health care professionals to examine their philosophy of services, current and future roles within the health care system, and methods for service delivery.

The profession of occupational therapy experienced both challenges and opportunities brought about by these changes in the health care system. As an example, during the 1990s, occupational therapy practitioners increasingly found their daily practice shaped by restrictive reimbursement policies and a decreasing availability of employment in medical settings (Fisher & Cooksey, 2002a, 2002b; Reiss, 2000). More recently, data show an increasing availability of occupational therapy positions nationwide with school systems, early intervention programs, and hospitals employing the majority of practitioners (52.6%) and a 4% annual growth in available positions in several regions of the country (American Occupational Therapy Association [AOTA], 2006). Concurrently, the context for providing occupational therapy services began to expand beyond facility-based environments, such as rehabilitation programs and hospitals, to community-based and emerging practice settings (Baum & Law, 1998; Fazio, 2008; Scaffa,

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2001). These developments align with the call for occupational therapy practitioners to evaluate their roles and services in light of the philosophical foundations of the profession and the therapeutic goal of engagement in occupations for the promotion of health, well-being, and full participation in life (Baum, 2000; Fidler, 2000; Jacobs, 2002a, 2002b; Kornblau, 2004).

The Centennial Vision (AOTA, 2003) outlines broad practice categories from which emerging practice may meet new and growing needs of communities and individuals. These categories are children and youth, health and wellness, productive aging, work and industry, and rehabilitation, disability, and participation. Examples of emerging practices within these categories include ergonomic consultation, driver rehabilitation and training, health promotion for aging communities at senior centers, welfare-to-work services, and life skills training at homeless shelters (Johansson, 2000).

Although the provision of occupational therapy services in community-based settings is often a component of emerging practice, multiple settings and roles may be considered an emerging practice. However, it remains a limited area of practice for the profession as a whole. The results of a recent workforce and salary survey conducted by the AOTA (2006) showed few occupational therapy respondents reporting community (1.6%) or emerging practice settings (other, 1.9%) as their primary work setting. Because emerging practice is a relatively new development within the profession, its nature and significance to the profession is not clearly understood. Accordingly, the purpose of this pilot study was to investigate the characteristics of emerging practice prior to an exploration of the competencies for emerging practice (Holmes & Scaffa, in press).

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METHODOLOGY

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A written survey was developed for this study to answer the following questions. What is the nature of emerging practice today and what are its challenges and rewards? Survey research was chosen as the method to collect information from the population of occupational therapists in order to complete an initial description and exploration of the topic (Babbie, 2001). Survey research provides information about a targeted population or sample at one point in time and in that respect can be considered cross-sectional (Bailey, 1997). The written survey results offered preliminary information relevant to understanding and further investigating emerging practice.

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Participants
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The population included occupational therapists who were current U.S. residents and initially certified for practice by the National Board for Certification in Occupational Therapy (NBCOT). The study sample was recruited using convenience and purposive sampling techniques. The sample comprised 700 occupational therapists who were current members of AOTA and who either identified the AOTA Home and Community Health or Education Special Interest Sections (SISs) as their primary interest on their initial or renewing membership applications from 1999 to 2000. These SISs were thought to include members with interest or expertise in emerging practice. Names and addresses of the SISs members were selected by the AOTA List Rental Service and purchased in electronic format. Each of the 700 therapists received a letter inviting them to participate in the study. The survey and a return envelope were also included in the packet. Institutional Review Board (IRB) approval to conduct the study was obtained from Gonzaga University. Return of the survey form was considered voluntary consent to participate in the study.

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Instrument
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To address face and content validity of the instrument, five occupational therapists who had emerging practice expertise reviewed a draft of the survey and provided feedback on the format and content of individual survey questions. The written survey requested information about the respondents' current occupational therapy practice setting, job title, and employment status. Respondents were asked to identify whether they were providing occupational therapy or occupational therapy-related services in an emerging role or setting. If respondents answered yes, a series of questions followed requesting information about the emerging practice role or setting, services provided, population(s) served, the respondents' educational background, years of professional experience, and factors contributing to the development of the knowledge and skills for practice in the emerging roles or settings. Last, all respondents completing the survey were asked to answer two open-ended questions about the nature of emerging practice and its challenges and rewards. Intentionally, a definition of emerging practice was not provided within the recruitment letter or on the survey instrument to facilitate broad consideration of the research questions.

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Data Analysis
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The survey yielded both qualitative and quantitative data. Quantitative data were analyzed using SPSS version 11.5 software for numerical data (2001), and version six (N6) of NUD*IST software (2002) was used to analyze qualitative or text data. Narrative responses to the open-ended questions from the survey were coded and analyzed for content and specific themes. Descriptive statistics were computed for the numerical responses obtained from the closed-ended questions included in the survey.

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RESULTS

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All Survey Respondents
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One hundred and seventy-four occupational therapists (24.9%) of the 700 therapists in the sample returned the survey. The response rate, while low for survey research, was considered adequate for analysis and reporting given the lack of a comparable survey published in the literature (Babbie, 2001). At the time of the survey, 166 (95.4%) of the respondents reported themselves to be currently employed. Of those currently employed, 132 (79.5%) reported their job duties to include the provision of occupational therapy services, 132 (79.5%) were employed 30 hr or greater weekly, and 34 (20.5%) were employed on a part-time basis of less than 30 hr weekly. Table 1 presents information about the respondents' years of experience, current employment settings, and educational backgrounds. Notably, 101 (58.4%) of the respondents reported 20 or more years of occupational therapy experience.

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The Nature of Emerging Practice
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All 174 participants were asked to describe emerging practice in occupational therapy; 167 (96.0%) valid responses were received. Responses were organized into two themes according to the frequency of the responses: (a) the settings and services associated with emerging practice and, (b) the rationale for emerging practice. Frequently, a participant's description of emerging practice fits more than one theme. Consequently, the number of responses tallied for each theme does not correlate directly to the number of valid responses. Table 2 summarizes the results for the two themes.

Theme one: settings and services associated with emerging practice. The greatest number of responses identified nontraditional occupational

TABLE 1. All Survey Respondents: Years of Experience, Employment Setting, and Educational Background

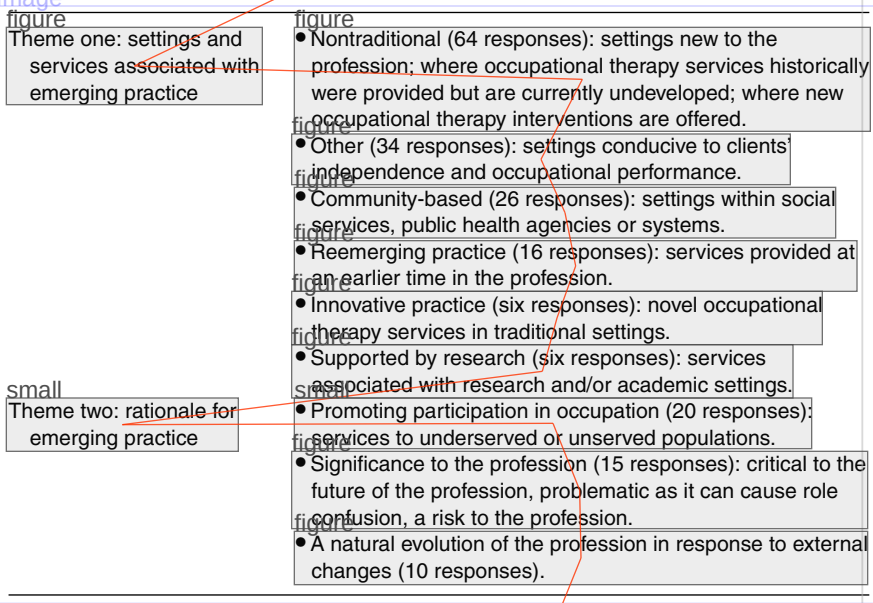
Years of OT Experience	Number and Frequency (%) (173 responses)	Employment Setting (173 responses)[a]	Educational Background (174 responses)[c]
< 1	2 (1.2)	(82) Higher education	(105) Bachelor degree in OT
1–5	15 (8.7)	(50) Home-based service	(29) Entry-level master's in OT
6–10	19 (11.0)	(36) Medical setting[b]	(26) Advanced master's in OT
11–15	17 (9.8)	(10) Community-based organizations	(48) Master's degree, non-OT
16–20	19 (11.0)	(7) Private practice	(8) Doctorate of OT
> 20	101 (58.4)	(5) School systems	(33) EdD or PhD degree
		(2) Residential facility	(27) Other[d]
		(2) OT professional membership organization	

[a]Respondents reported working in two or more settings.
[b]Includes acute, transitional, rehabilitation, outpatient, and long-term care.
[c]Respondents reported all academic degrees held.
[d]Includes specialty certifications (e.g., assistive technology), undergraduate degrees other than occupational therapy, and degrees in progress.

therapy services provided in settings other than health care systems, school systems, clinics, and long-term care facilities as emerging practice. Specific examples of nontraditional services included health and wellness promotion, low vision services, or injury prevention programs. Although labeled nontraditional services, participants correlated the services provided with the promotion of occupational performance, the philosophy of occupational therapy, and the Occupational Therapy Practice Framework: Domain and Process (AOTA, 2002).

Respondents also identified those practice settings believed to be more conducive to occupational performance and to achieving independence, such as the home environment, as emerging practice settings. The next most frequent response included community-based services, such as occupational therapy services to the homeless population, programs for persons with mental illness or addictions, day programs for adults with developmental delays, and transitional housing and employment programs, as emerging practice. Sixteen responses explicitly labeled emerging practice as reemerging practice. These respondents related the nature of emerging

TABLE 2. Thematic Findings: Nature of Emerging Practice



Theme one: settings and services associated with emerging practice	• Nontraditional (64 responses): settings new to the profession; where occupational therapy services historically were provided but are currently undeveloped; where new occupational therapy interventions are offered. • Other (34 responses): settings conducive to clients' independence and occupational performance. • Community-based (26 responses): settings within social services, public health agencies or systems. • Reemerging practice (16 responses): services provided at an earlier time in the profession. • Innovative practice (six responses): novel occupational therapy services in traditional settings. • Supported by research (six responses): services associated with research and/or academic settings.
Theme two: rationale for emerging practice	• Promoting participation in occupation (20 responses): services to underserved or unserved populations. • Significance to the profession (15 responses): critical to the future of the profession, problematic as it can cause role confusion, a risk to the profession. • A natural evolution of the profession in response to external changes (10 responses).

practice to services provided at an earlier time in the profession by the profession's founders and by practitioners in the 1960s and 1970s, thereby classifying emerging practice as a new name for a familiar concept. One respondent commented, "We return to our roots in the settlement house system. Settlement houses were change-making institutions. We are returning to being change makers rather than servants of a consumer society." Additional descriptions of emerging practice included the delivery of novel or innovative occupational therapy services in traditional practice settings. Examples offered included a mini-putting green for orthopedic patients and educational programs for home health aides. The theme of research support for emerging practice included the recognition that research evidence is needed to justify emerging practice services and to demonstrate meaningful outcomes that will be reimbursed. Additionally, respondents noted that as academic communities develop emerging practice opportunities, there is a delay in time before the profession as a whole accepts and incorporates the practice strategies.

Theme two: rationale for emerging practice. One rationale for emerging practice was the successful promotion of participation in occupations among individuals, groups, or communities through the development of

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occupational therapy services to underserved or unserved clients. In this process, respondents described the importance of practitioners conducting a needs assessment as a first step in developing a service delivery model for a new population. A practitioner described this concept, "Therapists do not enter with preconceived notions about what needs to be done, rather they identify needs that emerge as an outgrowth of interactions among what people need and what the environment has to offer."

A second rationale for emerging practice related to its perceived significance to the profession. Respondents indicated that emerging practice areas are critical for development despite the inherent challenges to the process of developing and delivering services. However, an alternative view of emerging practice was that of being problematic for the profession. A respondent pointed out:

> It is difficult, for me, to look out at "emerging practice" when "current practice" remains nebulous. As an educator, I see students of all ages who are unfamiliar with OT and its role. If OT practice in "emerging practice" helps identify the role of OT for all involved parties, let the research begin!

Equally important was the deliberation about the greater risk to the profession from the development of emerging practice. One participant questioned, "Are we making a big mistake professionally as we decide to move away from [the] medical model towards a more social work/social justice model—what will we gain [or] lose? Immediately and [for the] long term."

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Rewards and Challenges of Emerging Practice

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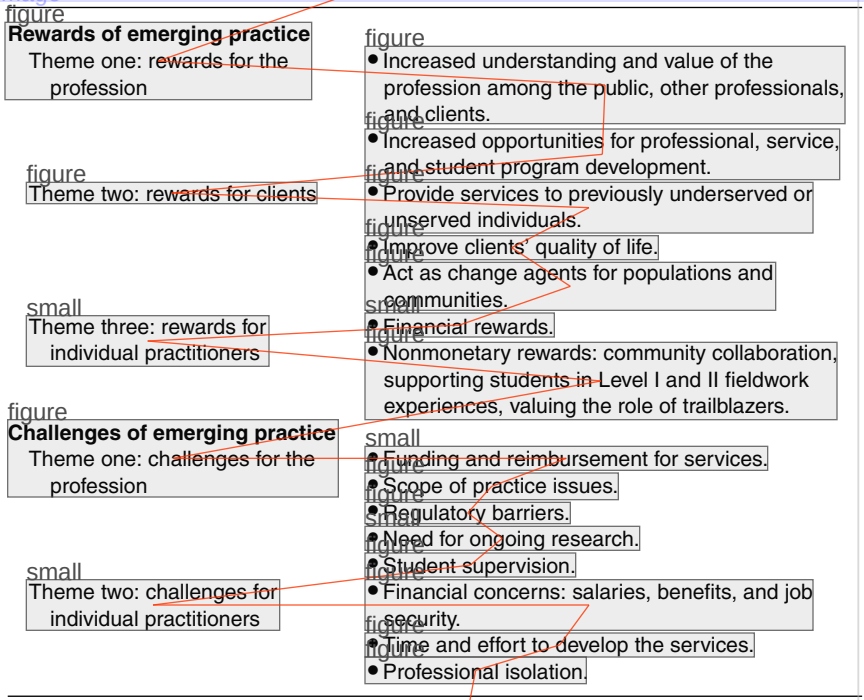
All 174 participants were asked to identify the rewards and challenges of emerging practice; 163 (93.7%) valid responses were received. Responses to the question were organized into themes that were inclusive of all comments provided by the participants. Participants identified multiple rewards and benefits to emerging practice. The narrative analysis resulted in the following themes: (a) rewards for the profession, (b) rewards for clients, and (c) rewards for individual practitioners as shown in Table 3.

The rewards of emerging practice for the profession and its clients were many; however, the theme of individual rewards for the occupational therapy practitioner yielded the greatest number of responses. Engagement in emerging practice offered distinct benefits to the therapist,

TABLE 3. Thematic Findings: Rewards and Challenges of Emerging Practice



Rewards of emerging practice Theme one: rewards for the profession	• Increased understanding and value of the profession among the public, other professionals, and clients. • Increased opportunities for professional, service, and student program development.
Theme two: rewards for clients	• Provide services to previously underserved or unserved individuals. • Improve clients' quality of life. • Act as change agents for populations and communities.
Theme three: rewards for individual practitioners	• Financial rewards. • Nonmonetary rewards: community collaboration, supporting students in Level I and II fieldwork experiences, valuing the role of trailblazers.
Challenges of emerging practice Theme one: challenges for the profession	• Funding and reimbursement for services. • Scope of practice issues. • Regulatory barriers. • Need for ongoing research. • Student supervision.
Theme two: challenges for individual practitioners	• Financial concerns: salaries, benefits, and job security. • Time and effort to develop the services. • Professional isolation.

both tangible and intangible. Financial benefits stem primarily from working outside the third-party reimbursement system that tightly regulates the provision of services. One respondent identified a reward as "getting paid for more than just actual 'face time' with clients." Other financial gains were related to career opportunities resulting from the development of emerging practices. Nonmonetary rewards stemmed from facilitating student growth and development in emerging practice roles and collaboration with community members. One respondent described this further:

> Seeing real change. Disengaging from the belief that we provide the change. Learning that change comes from partnership and community and then finding deep pleasure in connecting with that community. Letting ourselves off the professional hook. Instead of pushing the medical mountain we can swim in the river of community—knowing that our efforts are complimented by those we work with.

Nineteen respondents identified those in emerging practice as pioneers, trailblazers, or innovators who follow their passion to create new cutting-edge practice niches for the profession. Respondents elaborated by describing the elements for success in these endeavors to include persuasiveness, leadership, and innovation.

The themes associated with the challenges of emerging practice presented a number of facets. By far, the most frequently identified concerns and barriers associated with emerging practice were funding and reimbursement for services. If third-party payers reimburse for services in emerging practice settings, reimbursement rates are often lower than for services provided within medical facilities. Additionally, obtaining reimbursement was perceived to be an "uphill battle" with greater justification and skillful documentation often required from therapists for their services. Developing and implementing effective marketing programs was a strategy identified to obtain payment for services.

The challenge associated with identifying and protecting the profession's appropriate domain and scope of practice included the concern from other health professionals that the services provided by the occupational therapists were similar or duplicative to their own. Respondents related this concern, in part, to a general lack of understanding about the value of occupational therapy services, thereby requiring continuous efforts to educate other professionals, families, and community members. The concern for the occupational therapy domain of practice also related to an incompatibility with professional regulatory and licensure issues. One example of this perceived incompatibility was the struggle with maintaining the continuing education requirements for state practice acts as well as gaining the specific knowledge and skills required for emerging practice. Additionally, the definitions of occupational therapy services delineated in practice acts may be too narrow in focus thereby creating potential ethical and legal implications. One practitioner described these challenges as:

> Other OTs "don't get it" and when OT regulatory agencies don't recognize the practice as "real" OT, there are problems with maintaining licensure. In my practice [rehabilitation counselor and disability case manager], maintaining my OT license is required for maintaining the other certification required for my current practice. Since most of the continuing education relevant to my practice is not accepted for my state's OT licensure renewal (although most of the OT-specific continuing education I take is recognized by my other certifications—they are a lot more open-minded), I need to spend a lot of money and take

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time off for continuing education that has no practical application value for me.

In addressing the role of occupational therapy educational programs and student participation, participants articulated the concern for academic preparation, student supervision, and ongoing mentoring at emerging practice settings where occupational therapists are not available on a full-time basis. A final challenge for the profession is to conduct and disseminate research on emerging practice that provides evidence of its efficacy in a timely manner.

Much as reimbursement for services was perceived as a barrier to emerging practice for the profession, financial concerns of the individual therapist contributed to the challenges of emerging practice. In particular, the salary and benefits offered in emerging settings, particularly community organizations with limited funding, often cannot match those of positions held by occupational therapists in health care settings. A number of identified challenges related to the effort and perseverance to develop new practices. A respondent cautioned, "It usually takes a long time to 'find' your 'niche' and to develop your role to a point where you feel you are making a difference." The final broad theme of challenge to the individual practitioner was one of professional isolation. The drawbacks to being an innovator and practicing autonomously can include a lack of professional support networks, role models, and mentors.

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Survey Respondents in Emerging Practice

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Fifty-seven respondents identified themselves as providing occupational therapy or occupational therapy-related services in an emerging practice setting or role. The services provided and populations served were very diverse and often specialized in nature. Numerous reported services—including low vision, driver evaluation and training, ergonomic evaluation and consultation, and health promotion and lifestyle redesign services—are often identified as emerging practice in the profession's literature. Other reported services included assistive technology services, home evaluation and modification, caregiver education, psychosocial, and pediatric services. The populations receiving services from the respondents in emerging roles or settings were individuals of all ages as well as specialized populations including children with chronic disabilities, prospective international adoptive children, students of all ages, at-risk youth, pregnant teens and teen mothers, well elderly, older adults in subsidized or public housing, and low income or at-risk elderly. Table 4 presents the number of years respondents

TABLE 4. Respondents in Emerging Practice: Years Worked at Emerging Practice Setting and Factors Contributing to the Development of Knowledge and Skills for Emerging Practice

Years Worked	Responses ($n = 57$) and Frequency (%)	Factor	Number of Responses[a]
< 5	37 (64.9)	Educational background	64
5–10	14 (24.6)	Continuing education	52
10–20	5 (8.8)	Influence from colleagues	37
> 20	1 (1.7)	Other[b]	40
		Mentoring	25

[a]Respondents selected multiple factors.

[b]Most frequent responses included opportunities from previous work experiences, a personal desire to change practice areas or grow professionally, and the recognition of unmet needs for occupational therapy services.

worked at the emerging practice setting, and the factors respondents identified as contributing to the development of their knowledge and skills for emerging practice.

DISCUSSION

The survey results represent findings of occupational therapists from diverse backgrounds, professional roles, and experiences. As a pilot study, the results cannot be generalized to represent the perspective of all occupational therapists. However, two broad areas of discussion are relevant. First, the respondents held wide-ranging views about the nature and scope of emerging practice and its current and future role within the profession. Without a common definition of emerging practice, the descriptions of emerging practice, as well as the practice settings and services identified by the survey respondents, were wide ranging. Many of the settings and roles reflect those identified within the professional literature and by AOTA's Centennial Vision (2003). The most common descriptor of emerging practice was *nontraditional*, and this term held multiple meanings for the respondents. Community-based settings and services were identified as offering the opportunity to provide services that are occupation-based, holistic, and congruent with the philosophical roots and values of the profession. However, these and other descriptions of emerging practice confirmed therapists perceived emerging opportunities for services very

broadly, and the differentiation between emerging or established occupational therapy practices was not always evident.

Philosophically, some respondents viewed the term *emerging practice* as a misnomer. Emerging practice was perceived as a resurgence of previous roles and practice settings or a natural evolution in the profession rather than a new phenomenon within the profession. Among the divergent views about emerging practice, participants questioned whether emerging practice is potentially detrimental to the profession and its future. While some respondents thought it to be a critical element of the profession's transformation from the medical model to community-based practices and alternative models of service delivery (Baum, 2000; Scaffa, 2001), others suggested it serves to further confuse occupational therapy practitioners, other professionals, and the public about the profession's identity and scope of practice. This dichotomy of opinions appears to characterize Bruhn's (1993) description of the "boundary dilemma" (p. 26) within the profession regarding the expansion of practice beyond the medical and rehabilitation environments. The study results indicate there is a degree of uncertainty about whether the profession's domain of practice should include the delivery of services outside the health care arena.

Are the views of emerging practice and its role within the profession held by the study participants significant and representative of the profession at large? One possible answer may be found in the theory of paradigm shifts. According to Kuhn (1996), paradigm shifts follow a predictable process within a profession. During the preparadigm stage, proposed changes to the common values and practices of a profession are discussed among its members. As a new paradigm emerges, unsettlement and change often leads to a period of crisis until the new paradigm is adopted. If the profession of occupational therapy is indeed undergoing a paradigm shift to its third paradigm (Kielhofner, 2004) with a return to a focus on the occupational nature of humans and occupation-based practice (Baum, 2000; Gilfoyle, 1984; Grady, 1990; Jacobs, 2002a, 2002b), then perhaps the perceptions, opinions, and questions about emerging practice are inherent within the transition of paradigms. As Kielhofner observed, a paradigm shift represents a crises within a profession because its "members find it unsettling to abandon the way of thinking and doing that the paradigm provides. In everyday language, we might say that a paradigm shift represents a change of both mind and heart" (p. 29). Emerging practice, as described by the small sample in this study, could be viewed as a component of the paradigm shift within the profession.

Second, emerging practice presents opportunities for professional growth and satisfaction as well as significant barriers to its advancement.

The many rewards and challenges of emerging practice are both intrinsic and extrinsic in nature. Respondents provided multiple examples of the opportunities emerging practice offers for professional growth and satisfaction including demonstrating the value of the profession and seeing the positive results of their work with clients. As well, for many practitioners, being on the forefront of a practice area provided welcome opportunities for creativity, independence, and collaboration with other professionals, service providers, and community members.

At the same time, the challenges experienced in emerging practice appear to be formidable. The results indicate a common barrier is obtaining funding for services in settings in which third-party reimbursement is unavailable. Additionally, occupational therapy practitioners often need to acquire skills in marketing, business management, and program development, which necessitate a commitment of time and financial resources. Participants also identified the issues of professional regulation, scope of practice, professional isolation, and a lack of sufficient evidence-based research as significant challenges to establishing and maintaining a successful emerging practice. Similar obstacles have been noted by other occupational therapy practitioners seeking to provide services in new areas of practice (Brownson, 1998; Jacobs, 2002b; Loukas, 2000). While acknowledging the challenges associated with developing innovative services in community settings, Loukas offered five models to guide therapists in establishing opportunities for clients to improve occupational performance in "real-life environments" (p. 3) based on successful examples within the profession across a variety of settings. The diversity of these service delivery models present opportunities for therapists to identify one that best matches the need of the clients to be served with the knowledge and skills of the practitioner.

Implications

Continuing professional dialogue and the development of a position paper on emerging practice by AOTA may assist practitioners and academicians alike in reaching consensus about the fundamental issues related to the role of emerging practice within the profession, its required competencies, and future course. Ultimately, the continuance and growth of emerging practice will depend on thoughtful decisions and the ongoing support of the profession's members.

While the participants in the current study addressed the value found in mentoring occupational therapy students in emerging practices, the limited

number of occupational therapists in emerging practice settings has implications for preparing occupational therapy graduates for future practice. In a recent study of Level I fieldwork, Johnson, Koenig, Piersol, Santalucia, and Wachter-Schultz (2006) linked the increasing frequency of supervision by nonoccupational therapy personnel to an increasing number of emerging practice settings. Among the health professions, a shared concern for the preparation and support of clinical/fieldwork educators or preceptors who supervise students in clinical and community settings is contributing to the development of new program and curricular models (Marriott et al., 2005; Turnock, Moran, Scammell, Mallik, & Mulholland, 2005). As well, a variety of models for student supervision in practice settings are being implemented and evaluated. Collaborative (more than one student per supervisor), interdisciplinary (supervision provided by a professional outside of a student's discipline), and multiple mentoring (two or more students mentored by two or more clinicians) are three models applied to fieldwork experiences (Bartholomai & Fitzgerald, 2007; Strohschein, Hagler, & May, 2002). Continued development of supervision models and strategies will be necessary to educate and support occupational therapy and nonoccupational therapy personnel alike to meet the supervisory and mentoring needs of occupational therapy students for emerging practice.

Greater information dissemination about emerging practice activities and outcomes through electronic and other media could address the sense of isolation voiced by practitioners in this study. More frequent topic-specific articles in the professional literature could assist the profession in further understanding the new directions in practice and models of service delivery. While the AOTA SISs and associated quarterly newsletters address a breadth of practice areas, a specific SIS for emerging or community-based practices may allow therapists to more easily network and collaborate about issues specific to developing and delivering services in those practice settings.

Regulatory bodies and policy makers are in the position to facilitate or impede emerging practice and its future development through state practice acts that define and regulate the scope of occupational therapy practice. As such, members of regulatory boards, state professional associations, and agencies should be key participants in the decisions that will shape the future role of emerging practice.

Finally, the study results clearly articulated the need for the profession and its members to support and conduct timely research to document the efficacy of occupational therapy services in emerging practice. The research findings would add to the body of evidence

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supporting the value and effectiveness of occupational therapy practice and services.

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STUDY LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

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The results of the survey painted a general picture of the nature of emerging practice. However, the study included a number of limitations that potentially affected the validity and applicability of the data. The low response rate and the use of convenience and purposeful sampling techniques may influence the validity of the results. In addition, the decision by the researchers not to provide a definition of emerging practice may have introduced interpretation bias among the survey respondents. This was a preliminary and pilot study of emerging practice and consequently cannot be construed to reflect the opinions or beliefs of the larger professional body. Further study with a larger sample size is needed to ascertain the validity of the results.

In anticipation of the profession's 100 year anniversary, the Centennial Vision (AOTA, 2003) articulates a vision and plan for occupational therapy's future. Emerging practice is an integral component of this future vision. As such, the results of this study highlight the need for ongoing dialogue and further investigation of emerging practice, its future role, and strategies to support the development and provision of occupational therapy services in these new and expanded settings. Last, evidence-based research is essential to substantiate the efficacy of emerging practice and the profession's evolving domain.

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