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## He Said—He Said: A Scholarly Conversation about Assessment

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## He Said—He Said: A Scholarly Conversation about Assessment

### Keywords

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### Credentials Display

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One of the missions of *The Open Journal of Occupational Therapy* (OJOT) is to provide timely and free access to applied research, guidelines for practice, and scholarly opinions. Drs. Glen Gillen and Jim Hinojosa, noted scholars in the occupational therapy field, agreed to document a conversation highlighting their perspectives on assessment, in order to provide an even more accessible format for our readers. We present the conversation here, as a supplement to the traditional publications in this issue. We hope you will enjoy it.



Dr. Glen Gillen is currently a member of the full-time faculty at Columbia University's College of Physicians and Surgeons. Dr. Gillen is best known in the occupational therapy community for his contribution to the literature and the textbooks *Stroke Rehabilitation: A Function-Based Approach*, now going into its fourth edition, and *Cognitive and Perceptual Rehabilitation: Optimizing Function*. He recently co-edited the 12th edition of *Willard & Spackman's Occupational Therapy*. He has over 100 publications, including chapters, books, and peer-reviewed publications. A past recipient of the AOTF's Award for Clinical Excellence in Rehabilitation and the AOTA's Recognition of Achievement Award,

Dr. Gillen lectures extensively on multiple topics related to neurorehabilitation at the local, state, national, and university level. Dr. Gillen received the Eleanor Clarke Slagle Lectureship in 2013.



Dr. Jim Hinojosa is a Professor of Occupational Therapy in the Department of Occupational Therapy in the Steinhardt School of Culture, Education, and Human Development at New York University. Dr. Hinojosa has more than 35 years' experience as an occupational therapist, researcher, and educator. Among his publications is the edited textbook *Occupational Therapy Evaluation: Obtaining and Interpreting Data* (4th ed.), coedited with Dr. Paula Kramer and published by the AOTA Press. A Fellow of the American Occupational Therapy Association, Dr. Hinojosa has served on many of its commissions and boards and was awarded its highest honors, the Award of Merit and the Eleanor Clarke Slagle Lectureship. He also served as director of the American Occupational Therapy Foundation Board and received its Meritorious Service Award.

**GG:** How have assessments been affected by the growth of our profession?

**JH:** Since the purpose of a profession is to serve society, it must have valid and reliable assessments to ensure that its services are effective. Thus, I believe that occupational therapy's development of assessments is contributing to the advancement of the profession and assuring the public that our services are efficacious. Efficacious assessments contribute to the continual refinement of the profession's domain of concern. When a therapist is able to communicate to others with valid and reliable assessment results, it reinforces the significance and efficacy of occupational therapy interventions.

I believe that professionals and consumers often judge a profession by the quality and appropriateness of the profession's assessments. Thus, I consider the profession's development of assessments an appropriate priority. However, I think we also need to recognize that occupational therapists use assessments that are developed outside of our profession. In this situation, I think it is critical that therapists are able to articulate how the findings from the assessment uniquely relate to occupational therapy. In this case, I think our unique understanding of occupation enhances the contribution to the growth of our profession when therapists are able to communicate this.

**GG:** I am in total agreement that as a profession we must have valid and reliable assessments to ensure that our services are effective. We, as a profession, have contributed many well-crafted assessment tools. I think we would be hard

that would argue against using well-tested assessments. It has been and continues to be disappointing and frustrating that so many practitioners are not using these tools to document services except when it is mandatory (e.g., Functional Independence Measure™ on inpatient rehabilitation units). When discussing this frustration with practitioners the usual cited reason is "We don't have time." My fear is that if we do not start using them, we will lose our place at the reimbursement table.

**JH:** It is true some therapists are not using standardized assessments even when mandatory. To what extent is this due to the demands of the practice environments and the assessments themselves? I wonder whether the assessments that are available and sometimes mandated provide the therapist with meaningful information for intervention. During an evaluation, an occupational therapist focuses on function, occupational performance, and quality of life. Unfortunately, we, as a profession, only have a few standardized assessments that assess these areas. Beyond our occupational profile, I think we, as a profession, need to do two things to establish our credibility. First, therapists need to be competent interpreting the results of assessments so that they relate to the domain of concern of occupational therapy. Second, we need to develop standardized assessments that specifically evaluate function, occupational performance, and quality of life consistent with our focus on occupation. Evaluation findings should directly relate to interventions. The link between evaluation findings and interventions needs to be explicit. They must be consistent with

the frame of reference, conceptual model, or approach that the therapist will use. Without these advancements, I think you are correct that we will not be reimbursed for our services.

**GG:** I am in complete agreement that we need to develop our own assessments focused on occupational performance and our unique views. One concern that I have discussed before is our freely borrowing assessments from our colleagues in other disciplines. I just received a review copy of a textbook on occupational therapy assessment tools. This text is 900 pages and includes approximately 600 (!) assessment tools. As you can imagine, the vast majority of the authors of these tools are not occupational therapists. This, to me, waters down the power of our profession. It appears as if we do not have a focus. I think this lack of focus and the use of multiple assessments from outside the profession do make it challenging to connect findings to our focus on occupation. Just because a tool is psychometrically sound does not mean it is always in our domain. We, as a profession, would be up in arms if other professions were borrowing our tried and true assessments, such as the Canadian Occupational Performance Measure.

**JH:** We both agree that occupational therapists need to develop appropriate assessments, and they need to be able to interpret the results of other assessments relevant to a client's occupational status. This raises for me the question, how does this perspective influence the future evolution of our profession? As evaluators, I think therapists are going to have to develop advanced evaluation knowledge and skills. Thus, occupational therapy

education will need to ensure that therapists have advanced psychometric knowledge to be able to select, administer, and interpret reliable and valid assessments to individuals, groups, and populations. Further, therapists will need to understand that a reliable and valid assessment for identifying an occupational performance deficit may not be able to identify changes following occupational therapy interventions. In this situation, therapists would need the knowledge to select another assessment. These advanced competencies will enhance occupational therapy's status as a highly regarded profession.

**GG:** Great point. I think academic programs do a great job of exposing students to multiple (too many?) assessments. However, the more I think about your response the more I realize that we (academicians) may fail in terms of teaching the interpretation of findings. I would love to hear your ideas for filling this gap in knowledge. Bumping up ACOTE standards to include advanced knowledge of psychometrics? If the profession does move to the OTD as the entry-level degree, one positive is this will provide more in-class time to address these issues. As we know, our programs are already packed to address multiple standards.

**JH:** I definitely agree that academic programs tend to spend too much time teaching about specific assessments and superficially addressing psychometrics and interpretation. But, I do not think time is the only issue. I believe educators need to examine what they teach about the evaluation process. I also do not believe that adding more to the ACOTE standards or moving the entry-level degree to a practice doctorate will

resolve this issue. I think we, as a profession, need to attend more to the whole evaluation process and its component parts. Beginning with screening, therapists need to be able to screen a client effectively to guide the selection of the appropriate evaluations consistent with the perspective that will guide intervention. Data from the evaluations would then directly relate to the client's outcomes. A therapist, thus, could interpret the findings from the assessment, whether standardized, non-

standardized, or ipsative, so that they are applicable to practice. Finally, therapists would more appropriately focus their re-evaluations on determining intervention effectiveness.

***Readers:*** How do you feel these issues should be resolved in our professional education?