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Abstract

The Philadelphia School of Occupational Therapy (P.S.O.T.) was one of five founding occupational therapy academic programs in the United States. The program was led by two powerful occupational therapists, Helen S. Willard and Clare S. Spackman, for nearly a half century. After 60 years, P.S.O.T. was closed. This article provides a historical overview of the progression of occupational therapy education in the United States over the last century, using the story of P.S.O.T. as a case study. The historical legacy and lesson from P.S.O.T. is that excellence in today's academy may not mean security. Historically relevant today, the interaction between education and societal demands is explored, starting from the founders of the National Society for the Promotion of Occupational Therapy in 1917, through the World Wars, and casting forward. Curricular expansion, the addition of accreditation requirements, financial concerns, and faculty research requirements are presented as influential to the history of occupational therapy education. Lessons for current occupational therapy educational programs are discussed.

Keywords

Occupational therapy education history, university history, medical education history

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The Philadelphia School of Occupational Therapy: A Centennial Lesson

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ABSTRACT

The Philadelphia School of Occupational Therapy (P.S.O.T.) was one of five founding occupational therapy academic programs in the United States. The program was led by two powerful occupational therapists, Helen S. Willard and Clare S. Spackman, for nearly a half century. After 60 years, P.S.O.T. was closed. This article provides a historical overview of the progression of occupational therapy education in the United States over the last century, using the story of P.S.O.T. as a case study. The historical legacy and lesson from P.S.O.T. is that excellence in today's academy may not mean security. Historically relevant today, the interaction between education and societal demands is explored, starting from the founders of the National Society for the Promotion of Occupational Therapy in 1917, through the World Wars, and casting forward. Curricular expansion, the addition of accreditation requirements, financial concerns, and faculty research requirements are presented as influential to the history of occupational therapy education. Lessons for current occupational therapy educational programs are discussed.

“History can be useful in this age of paradoxes, where we collaborate and compete simultaneously” (Bing, 1983, p. 800).

INTRODUCTION

The Philadelphia School of Occupational Therapy (P.S.O.T.), one of five founding occupational therapy academic programs in the United States, represents a loss in the history of occupational therapy education. Many graduates became occupational therapy leaders including administrators, practitioners, academicians, and researchers. For example, Florence Stettell earned the first American Occupational Therapy

Association (AOTA) Eleanor Clarke Slagle lectureship (1955), followed by Philadelphia graduates Ruth Brunyate (1957), Muriel Zimmerman (1960), Naida Ackley (1962), and Gail Fidler (1965), who were all proud “Philadelphia girls” or graduates (AOTA, 2017b; Peters, 2013). Other influential academic and clinical administrators included “Philadelphia girls” Franciscus, Ridgeway, and Thompson (Ackley, 1953; Kholi, 1952; Scullin, 1952). With such quality representation and clout in the alumni pool, how could the demise of the P.S.O.T occur 60 years after its 1918 beginning?

The objectives of this article are twofold. First, it provides a historical overview of the progression of occupational therapy education in the United States over the last century. Secondly, it explains how an exemplar occupational therapy academic program, respected by the profession, aligned with the prestigious University of Pennsylvania, and stamped by two powerhouse leaders and faculty members for nearly a half century, Helen S. Willard and Clare S. Spackman, closed its doors. The story describes the interaction between education and patient treatment starting from the founders of the National Society for the Promotion of Occupational Therapy in America in 1917. Interwoven in this tapestry is a subplot of women gaining occupational therapy leadership, slowly at first, and picking up momentum during the post-World War I and World War II decades.

In the early 1920s as today, the success of many occupational therapy academic programs was synonymous with program director names (Colman, 1984). Helen Willard and Clare Spackman moved P.S.O.T. to a globally recognized and academically competitive program. P.S.O.T. joined respected programs like the Boston School of Occupational Therapy during a robust age of program development and expansion. More surprising is the chain of events it took for P.S.O.T. to collapse, and how the larger occupational therapy community responded. The following section introduces the reader to a historical perspective of occupational therapy education which laid the backdrop of the incorporation of the P.S.O.T.

FOUNDING EDUCATORS

On March 15, 1917, six founders of the occupational therapy profession (George Edward Barton, William Rush Dunton, Jr., Eleanor Clarke Slagle, Susan Cox Johnson, Herbert J. Hall, Thomas B. Kidner, and Isabel Newton) assembled in Consolation House in Clifton Springs, New York. Consolation House was the home and curative workshop of George Barton, and it had a reputation as a healing resort area. The founders signed a certificate incorporating the National Society for the Promotion of Occupational Therapy, that later became the American Occupational Therapy Association (AOTA) in 1921 (Bing, 1981; Dunton, 1947; Schwartz, 2009). Susan E. Tracy was also named as an incorporator, although she was not present at the meeting (Dunton, 1947).

Four of the founders promoted occupational therapy education: Dunton, Slagle, Johnson, and Tracy all developed and taught courses for occupational aides (Dunton, 1947; Licht, 1967; Peloquin, 1991; Slagle, 1922). Slagle, a practical-minded woman from Hobart, New York, taught “theoretical and technical studies that placed emphasis

on the relationship of directed activity to mental adjustment and social rehabilitation” (Dunton, 1947; Slagle, 1922, p. 12). Slagle’s work impacted the development of occupational therapy education and specifically P.S.O.T. as described later in this paper.

Dr. Dunton, referred to as “Junior” by family, was a Philadelphia, Pennsylvania native. Following his graduation in medicine from the University of Pennsylvania in 1893, he accepted a post at the Sheppard and Enoch Pratt Hospital in the greater Baltimore area and was placed in charge of patient occupations working with occupational therapist Mrs. Mildred Price. There he taught courses in bookbinding, a childhood hobby, and quilting. An avid reader, writer and editor, he published numerous articles and books about occupational therapy. Dunton was instrumentally involved with *The Maryland Psychiatric Quarterly* and *The Archives of Occupational Therapy*, the first journal of the AOTA in 1922, which later changed to *Occupational Therapy and Rehabilitation* (Dunton, 1947). Highly esteemed within occupational therapy, this psychiatrist earned the AOTA Award of Merit in 1957, standing out in a lineage of occupational therapists to this day (AOTA, 2017a).

Two other early educators who taught occupations courses to nurses were Johnson and Tracy. Susan Cox Johnson, from Corsicana, Texas, studied arts and crafts in Berkeley, California, where she taught high school students textile design. In July 1917, she began her tenure at Columbia University in New York, teaching occupational therapy in the Department of Nursing (Licht, 1967). Susan E. Tracy trained as a nurse at Massachusetts Homeopathic Hospital and later completed courses in hospital economics in July 1905. She was appointed training school director to instruct basketry at the Adams Nervine Asylum in Jamaica Plains (Boston), Massachusetts. There she gave the first course in occupations to nurses in 1906 which culminated in publishing her textbook: *Studies in Invalid Occupation* in 1911 (Dunton, 1947; Licht, 1967, p. 275).¹ These founding teachers set the path for occupational therapy education.

From Founding Teachers to Founding Schools

World War I formalized a need for occupational therapists to serve as Reconstruction Aides. Helen Willard, eventual Chair of P.S.O.T., served first as a physiotherapy Reconstruction Aide. Her orders set her path. Major C. L. Brown, Sanitary Corps U.S.A., War Department, wrote on October 15, 1918, “Helen S. Willard, Reconstruction Aide, Medical Department, U.S. Army, Physio Therapy...will proceed without delay, after having taken the oath of office to Boston, Massachusetts” (Willard family private papers, Helen S. Willard Scrapbook).

Physiotherapy aides were characterized as more distant than the empathetic occupational Reconstruction Aides (Pettigrew, Robinson, & Moloney, 2017), which may reflect the differences in tools of treatment and education rather than the individual personality. Willard qualified as an occupational therapist through the United States Civil Service in 1922 (Willard, 1975). She proved to be a composite of both professions as

¹ Dunton (1947) identifies Tracy, S.E.: *Invalid Occupations*, Boston, Whitcomb and Barrows. 1910. Peloquin (1991) identifies Tracy’s *Invalid Occupations* publication in 1913.

stated by P.S.O.T. 1948 graduate Elizabeth Thomas; “Miss Willard, a sweet and gentle person, a nice person” (Thomas/Peters Oral history, 9/20/1990).

The Federal Board for Vocational Education published a model occupational therapy curriculum in 1918, accentuating the believed importance of this new profession to health care and the need for more training programs to deliver the workforce.

The participation of the United States in the war [WW I] and the establishment of an elaborate system of reconstruction hospitals designed to rehabilitate the disabled, necessitate the erection of curative workshops and the training of teachers of occupational therapy [i.e., occupational therapists]. (p. 13)

Supporting wartime and veteran rehabilitation needs, short training courses were established in larger cities, including Boston, Philadelphia, St. Louis, Baltimore, and New York. Immediately following the war, war courses in Boston, Philadelphia and St. Louis transitioned to academic programs. P.S.O.T. was one of six professional schools that granted a diploma following the war (see Table 1).

Table 1

Founding Occupational Therapy Schools Granting a Diploma Following World War I

Boston School of Occupational Therapy
Philadelphia School of Occupational Therapy
St. Louis School of Occupational Therapy
Kalamazoo School of Occupational Therapy
Milwaukee-Downer College
University of Toronto, Toronto, Canada

THE PHILADELPHIA SCHOOL: LEGACY BUILDING

The Beginnings: Art or Science?

P.S.O.T. was founded on October 3, 1918 under the directorship of Harriet Sartain (Willard, 1955). The course was four months in length and cost \$50.00. Women, at least twenty-three years of age, born in the United States or allied countries, and with a suitable personality were invited to apply (Willard, 1955). The secretary of the Central Branch of the National League for Women’s Services, the organizing group wrote,

Within a short period after the announcement of the school had been made in the newspapers, nearly two hundred requests had been received for circulars and

application blanks and it is felt that the original limit of a class of forty-two may have to be extended. (Neall, 1918, p. 59)

By June 1919, P.S.O.T. had graduated 50 women to serve in military hospitals (Baird & Starr, 1922).

Early occupational therapy programs experienced an art and/or science curriculum dilemma. The National League for Women's Service, interested in developing an Arts and Crafts Guild, supported introducing a craft-centered rehabilitation program such as occupational therapy. Art-based, students were to take craft classes from the School of Industrial Art and the Philadelphia School of Design for Women, with both institutions providing classrooms and teaching staff to the nascent occupational therapy program. Science-based, physicians provided medical lectures on educational psychology, hospital routine, hygiene and sanitation, applicable to reconstruction work (Neall, 1918). At its beginning, occupational therapy was viewed as a medical treatment. Margaret Neall (1918), secretary of the Central Branch of the National League for Woman's Service, wrote, "Though both occupational training and vocational training...will inevitably overlap somewhat in their application, occupational training is essentially a form of medical treatment administered under direction of physician or surgeon" (p. 58).

Although P.S.O.T. founders intended to close the school after the war, physicians advised the opposite. With this hesitant start, the founders decided to maintain it permanently. Under the directorship of Florence Wellsman Fulton, the curriculum expanded to seven months with content in occupational therapy history, and hospital courses including etiquette (Paul, 1930). Eleanor Clarke Slagle served as an instructor during these early years and was the first instructor teaching the History of Occupational Therapy (Willard, 1955). Faculty held high expertise in their areas, a consistent value held by the program.

Clinical training was an integral part of early occupational therapy education, including practical experience in military hospitals or curative workshops after classroom training. The Federal Board for Vocational Education (1918) stated, "Occupational therapy is the *science* of healing by occupation, and the curative workshop is the shop where the convalescing patients are given occupational treatment" (p.13, emphasis added). P.S.O.T. started its Curative Workshop as "a vital and valuable part of [the Philadelphia] school" that served as a clinical education site and classroom laboratory (Fulton, 1924, p. 232).

The debate of art and science expanded curricula and continued to drive academic growth. Haas (1925) emphasized the importance of craft training: "There is little question that the therapist who is insufficiently equipped with craft knowledge lacks the very means of presenting treatment to the patient" (p. 433). Practicality drove applied science.

Figure 1. Learning Model Plane Construction at P.S.O.T.



Figure 1. Mary Wolcott, Helen Willard, and Gladys Wanner learn model plane construction at P.S.O.T. from Victor R. Fritz, field director of Philadelphia Model Aeroplane Association, 1930. Photograph by George D. McDowell, Courtesy of Special Collections Research Center, Temple University Libraries, Philadelphia, PA.

Early Growth Years

These early years of the P.S.O.T curriculum showed tremendous growth in content in both arts and science with a resulting increase in course length. By 1928, when the directorship transferred to Mrs. Margaret Tyler Paul, the curriculum had expanded to 14 months (9 months of classes and 6 months of clinical internship) (Willard, 1955). Consistent with the AOTA 1924 minimum education standards, entrance requirements shifted to recruit younger applicants so that 18 year old women with a high school diploma or equivalent and high degrees of mental and physical health could enroll in occupational therapy (AOTA, 1924; Willard, 1955).

Helen Willard joined the faculty on November 16, 1928 after working as a supervisor in several therapy departments (Willard, 1935, 1975). She initially served as an instructor, Director of the Curative Workshop, and Director of the occupational therapy department at the University of Pennsylvania Graduate Hospital (Willard, 1935, 1975). She proved to be a good hire, becoming the director in 1935 and retiring after thirty-five years of service in November 1963 (Willard, 1964). Clare Spackman graduated from the certificate program at P.S.O.T. in 1930, now housed in a new building designed for

occupational therapy education and located at 419 19th Street (Paul, 1930; Spackman, 1975). The larger space allowed for reorganization of the Curative Workshop, which served as “a centre for clinical lectures and demonstrations of the therapeutic application of crafts, [and] also the Out-patient Occupational Therapy Department for the Graduate Hospital” (Paul, 1930, p. 363). Official affiliation with the Graduate Hospital of the University of Pennsylvania, across the street from the School’s new location, was thought to “bring about a mutually valuable exchange of educational and clinical facilities” (Paul, 1930, p. 363). Occupational therapists were in high demand. A school brochure from this era reported, “The school finds it true that the demand for Occupational Therapists exceeds the supply, therefore the competent graduate may feel assured of the offer of a position” (Philadelphia School of Occupational Therapy, 1930). In 1931, Clare Spackman returned to work at P.S.O.T. and replaced Helen Willard as the Supervisor of the Curative Workshop and the O.T. Department in the Graduate Hospital in 1935 (Spackman, 1975; Willard, 1935). By 1933, the occupational therapy course required four quarters of classroom study followed by one year of hospital training (Philadelphia School of Occupational Therapy, 1933).

P.S.O.T. consistently supported standards for occupational therapy education (Wigglesworth, 1923). Politically advantageous to program vitality, P.S.O.T. part-time instructor Slagle linked education with lifelong service to the field at AOTA meetings (Wigglesworth, 1923). The first Minimum Standards for Training proposed minimum 12 month training courses (AOTA, 1924). At 14 months length of training, the P.S.O.T. program already exceeded the minimum. Yet, many believed this to be too little time to sufficiently prepare an occupational therapist to meet the challenges of practice. According to Colman (1984), AOTA’s Board of Management rejected a 1930 proposal to increase the curricular requirements on the basis that to do so when the demand for occupational therapists exceeded the supply would be inadvisable. By 1934, on behalf of AOTA, Eleanor Clarke Slagle, on faculty at P.S.O.T., reviewed all training schools to informally regulate curricula (Colman, 1984). P.S.O.T. was one of five schools, nationwide, to meet Mrs. Slagle’s approval.

By 1935, the American Medical Association began accrediting occupational therapy programs in partnership with the AOTA (AOTA, 2016; Colman, 1984). The length of occupational therapy education was set for three years and included both classroom and clinical experiences (Willard, 1936). P.S.O.T. was quick to undergo the accreditation process. Before school accreditation was implemented, Helen Willard wrote in a P.S.O.T. Bulletin to alumnae,

The progress of the profession of Occupational Therapy has been significantly marked by the recent action of the Council of Medical Education and Hospitals of the American Medical Association....Such action by the American Medical Association will probably raise the standards of most training schools, will greatly increase the prestige of the profession and emphasize the need and importance of obtaining registration as indication of graduation from an approved training school. (Willard, 1935, p. 6)

Miss Willard later wrote to the school's alumnae, "Our school was investigated and approved by the Association in 1938. The action set the seal of medical approval on occupational therapy and has done a tremendous amount to develop this profession" (Willard, 1938, p. 25).

P.S.O.T. shared its educational place with others. Milwaukee, Philadelphia and St. Louis programs were accredited in 1938. The Kalamazoo School of Occupational Therapy was approved in 1939, thus forming the core of five programs in the United States (Dunton, 1947; Fish, 1947). Columbia University, New York University, Michigan State and Mount Mary College opened in 1941. Educational expansion continued to crescendo from World War I when five founding schools grew to twenty-six by 1941 (Fish, 1947).

Curriculum Expansion

War again drove a heightened need in the 1940s for occupational therapy graduates from accredited programs, similar to the previous World War. Additional programs opened in Ohio, Virginia, and Kansas with expansions to California by the mid-1940s. A new attention to a prescribed curriculum following the Essentials, the occupational therapy accreditation standards, included 25 months of training and 9 months of clinical affiliations (American Medical Association, 1935; Fish, 1947).

To P.S.O.T., the 1935 educational standards served as a call for curriculum expansion. A three-year course of study was added to the existing two year course. Director Willard described this expansion to alumnae,

The two-year course is planned for persons of maturity and experience, who are able to undertake concentrated and intensive work. The three-year course is planned for students who enter immediately following graduation from school.... It is felt...the emphasis will be laid increasingly on the three-year course. (Willard, 1935, p. 6)

The curriculum also partnered with the University of Pennsylvania to expand both their two-year and three-year courses, building another community partner and setting the stage to expand occupational therapy education to the bachelor's degree (Philadelphia School of Occupational Therapy, 1934). By 1941, P.S.O.T. offered multiple points of entry, one of which included an Occupational Therapy Certificate with a bachelor's degree in Education from the University of Pennsylvania, a 4-5 year course designed for the increasingly encountered college-bound woman. Other points of entry were retained, one reserved for women who had met prerequisite course requirements including up to two years of previous college; a 21 month course for post-baccalaureate students who had already achieved a bachelor's degree; and a three-year course for students who had completed a minimum of one year of college or its equivalent (Philadelphia School of Occupational Therapy, ca. 1948).

At the same time, AOTA linked accreditation with registration so that occupational therapists who graduated from an accredited school, managed by the American Medical

Association, could have their name on a registration list, managed by AOTA. For several years, Helen Willard had been encouraging alumnae to join the registry. On May 3, 1936, she wrote to alumnae, "The American Occupational Therapy Association reports a considerable increase in the number of those who have registered, but we, as a school, should not be satisfied until every one of us who is actually employed...has become registered" (Willard, 1936, p. 2).

The occupational therapy profession was growing with practitioners in high demand. The possibility of returning to war only increased the projected demand. A P.S.O.T. brochure (ca. 1942) stated, "The demand exceeds the supply of trained therapists. Graduates of the School have no difficulty in obtaining employment in a wide variety of institutions...The necessities of national defense may greatly increase the demand (p. 11).

The Second World War was nearing, and P.S.O.T.'s international influence in England prompted activism. Constance Tebbitt Owens, 1930 alumnae of P.S.O.T., had returned to England to support its growth of occupational therapy (Willard, 1940). P.S.O.T. strongly supported international development of occupational therapy, graduating Margaret Barr Fulton, the first occupational therapist to work in the United Kingdom in 1925 (Paterson, 2007). In 1940, Director Willard wrote,

We can contribute greatly not only to the promotion of occupational therapy, but to the desperate need in raising funds to help the O.T. Association of England establish workshops for the care of injured civilians, especially the women and children who have suffered in bombing raids. A fund has already been started for this purpose but more is needed. Won't you use the attached slip and contribute whatever you can for England and O.T.? (Willard, 1940, p. 1)

In the same letter, Willard solicited advice from P.S.O.T. graduates about implementing a possible war training course to help meet the impending workforce need associated with war. By 1944, like other programs nationally, P.S.O.T. established an emergency war training course of 12 months in length; four months in the classroom and eight months in clinical internship (Willard, 1955). P.S.O.T. enrolled the last class of seventy Army Emergency occupational therapy aides the summer of 1945 (Willard, 1955).

Post war occupational therapists continued to be in great demand. More rehabilitation centers and hospitals required a larger occupational therapy workforce. Director Willard writes,

The plans for rehabilitation centers and for hospitals are so extensive that there is little danger, in spite of the number of new schools, of our having too many occupational therapists for many years to come...Fellowships are being offered for further study and in general the growth of occupational therapy is most gratifying. (Willard, 1945)

Post war school directors and administrators increasingly valued graduate education with foresight into graduate workshop training for occupational therapy as a part of rehabilitation (Fish, 1947). The AOTA Committee on Scientific Study and Research encouraged research especially in neuromuscular conditions, evaluation strategies, and therapy skills (Fish, 1947). Occupational therapy program directors, growing in sophistication, continued to dialogue about occupational curriculum, balancing art and science, theory and practice, or crafts and cure in education and practice.

Figure 2. Philadelphia School of Occupational Therapy



Figure 2. Philadelphia School of Occupational Therapy at 419 S. 19th St., Philadelphia, undated, ca. 1950s, Left to right: Virginia Cute [later Virginia Curtin], Clare Spackman, Helen Willard, Miss Woodruff? [as identified on the back of photograph], Dotty Johnson. Courtesy of the Archive of the American Occupational Therapy Association, Inc.

A View from the Top: The Pinnacle

The P.S.O.T. fully merged with the University of Pennsylvania within a new School of Auxiliary Medical Services in 1950. Director Willard wrote to alumnae,

Our merger with the University has been a great advantage to us in many ways and is working more and more smoothly as we learn our way about. One of the nicest things we feel has been the fact that we could retain the name of the School and that it, therefore, still belongs to you (Willard, 1952).

The University of Pennsylvania recognized all previous graduates of P.S.O.T. as Penn alumnae, and with the merger, men were accepted into occupational therapy in Philadelphia for the first time (Philadelphia School of Occupational Therapy, 1968). The

Curative Workshop continued to serve as an integrated clinical practice site for students, and Dr. George Piersol, physical medicine professor in the University of Pennsylvania School of Medicine, served as Chairman of the Curative Workshop Committee (“George M. Piersol dies,” 1966; Spackman, 1951). In 1958, P.S.O.T. moved from its long standing location of 419 South 19th Street to a new location at 3901 Pine Street with other programs of the School of Allied Medical Professions. P.S.O.T. continued to assert its quality and leadership, noting the highest “number of honors [for the registration examination] taken by any occupational therapy school in the country” between 1944 and 1965 (Philadelphia School of Occupational Therapy, 1965, p. 7).

By now, the Philadelphia School had led occupational therapy education and practice for over thirty years. Its legacy included graduates who seeded occupational therapy worldwide, modeled an educational system that maintained focus on the health of communities, and created innovative approaches to meet workforce needs. Although unknown at the time, the school was at its height of impact and influence.

The Other Side of the Mountain

Helen Willard, who guided the program for 28 years, through initial accreditation standards and multiple courses of study, and who kept an ever present pulse on workforce planning, retired in 1964. The Ad Hoc Committee for the selection of a new Director had the formidable challenge to replace her. The search was more difficult due to the institutional requirement that the new program director be doctorally credentialed (Bathke et al., 1965). Since occupational therapy accreditation required that the director be an occupational therapist, the committee started by listing nine United States occupational therapists with doctoral degrees, recommending that the hiring authority offer the position to several individuals, but ultimately, the University of Pennsylvania was unsuccessful in meeting the criteria (e.g., Bathke et al., 1965; Nicholson, 1963). Virginia Curtin, a P.S.O.T. graduate and long-time faculty member at the school, continued as acting director during this multiple year-long process. By 1967, the organizational name transitioned from “school” to “department”, a loss lamented by some alumni (Philadelphia School of Occupational Therapy, 1968; Spackman, 1968). With a new brand (Penn), P.S.O.T. celebrated its fiftieth anniversary in 1968. A new director was finally appointed in 1969, when Nancy Ellis, who had not yet earned a doctorate, was hired into the role (Michels, 1976; Owen, 1969).

The 1970s brought new challenges to the occupational therapy program and the University of Pennsylvania. Clare Spackman retired at the end of 1970, prompting the University to end its association with the Curative Workshop two years later (Dumm, 1974; Spackman, 1968; University of Pennsylvania School of Allied Medical Professions Curative Workshop Committee, 1970). Small enrollment in the occupational therapy program prompted economic questions (Office of the President, 1963). Financial constraints during the economic downturn of the 1970s changed strategic priorities with the resulting decision to reject faculty’s request to develop graduate programs in the School of Allied Medical Professions (SAMP) (University Development Commission, 1972). The school had a national reputation for preparing “first-class professionals” and

there was an outpouring of support from alumni, community members, and several university groups when the recommendation to close the school was announced (Reallocation Review Board, 1976, p. 25). For example, Gail Fidler argued,

University of Pennsylvania graduates continue to represent a substantial percentage of the leaders in the profession of occupational therapy...over the past ten years faculty and graduates have out-distanced all others in the frequency of publications in the AJOT. These are notable achievements especially when viewed with the context of the lack of support from the university. (Fidler, 1976, p. 2)

Despite its consistently balanced budget, due to the small size, lack of graduate programs, and distinct focus, the University of Pennsylvania Board of Trustees voted in 1977 to phase out SAMP, closing it after incoming freshman classes graduated from occupational therapy, physical therapy, and medical technology programs in 1981 (Hunt, 1977). The reasons cited for the decision were “academic and financial” (Langfitt, 1976b, p. 1). The final report from the Reallocation Review Board asserted that “everyone” they interviewed, “including the SAMP faculty and its students,” agreed that change in SAMP was necessary to “maintain a position of leadership in the field and a standing commensurate with being part of the University of Pennsylvania” (Reallocation Review Board, 1976, p. 25). The reputation of the private, Ivy League university as a leader was essential to maintain, and occupational therapy graduate education was becoming increasingly important (AOTA Council on Education, 1964; Jantzen, 1974). The University of Pennsylvania’s administration was unwilling to provide additional funds for the development of graduate programs, deemed necessary for SAMP to fit into the broader University structure and for the programs to remain educational leaders (Langfitt, 1976b).

SAMP was perceived with less academic value to the institution, in part because of limited faculty research and scholarship (Karush, 1976; Langfitt, 1976a; Reallocation Review Board, 1976). The lack of research among SAMP faculty had financial implications because they were not generating external grant funding to benefit the university. Although cited as a key reason to close the school, limited faculty scholarship was long-standing at the University of Pennsylvania. As early as 1953, Dr. Hutchinson, the Dean of the School of Auxiliary Medical Services, as SAMP was then known, noted,

Since the fields represented in our school are relatively new ones and the majority of the senior personnel have had their training in hospital courses or brief college courses, we are faced with a fairly difficult problem in finding professionally trained faculty who are also scholars. (Hutchinson, 1953, p. 1)

While acknowledging the University of Pennsylvania’s emphasis on scholarship, Dean Hutchinson explained that strong scholarship in allied health was less possible since “there are two physical therapists in this country who hold a Ph.D. degree and one occupational therapist” (Hutchinson, 1953, p. 1). In 1976, Acting Dean Michels acknowledged, “The early senior faculty were outstanding leaders, educators, and

'builders' (not researchers) who guided the development of the School's programs and faculty into the late 1960s and early 1970s" (p. 27).

When initially recommending closure, Vice-President for Health Affairs, Dr. Thomas Langfitt, criticized the lack of scholarship among SAMP faculty and went further to denounce allied medical professions' scholarship, in general. He stated that in spite of the physical therapy and occupational therapy programs having strong national reputations, "the school has lacked recognition and general acceptance on the university campus because of the limited opportunities for scholarship in the disciplines represented within the School" (Langfitt, 1976a, p. 2). In spite of recognizing the faculty's "excellence in teaching", the condemnation of limited faculty scholarship and research capacity became the primary rationale for the closing of the occupational therapy program and the entire allied medical professions college at the University of Pennsylvania, which had dedicated itself primarily to teaching *and* scholarship (Reallocation Review Board, 1976, p. 25; University Development Commission, 1972). Although it remained implicit, the lack of scholarship among SAMP faculty translated into a lack of external funding for the university.

A PROGRAM CLOSES: RECASTING THE FUTURE

P.S.O.T.'s undoing in the 1970s was based on irreconcilable differences between P.S.O.T. and the University of Pennsylvania regarding fiscal resources during an economic recession, national reputation, and research. What each viewed as important was fundamentally different. In short, the program and the university grew apart. The occupational therapy department, alumni, and others in the occupational therapy community were primarily concerned about educating clinicians to meet healthcare needs and the strong history of leadership of University of Pennsylvania occupational therapy graduates. The University of Pennsylvania administrators acknowledged the superior teaching in the allied health programs and the reputation of the program within the small world of occupational therapy, but they did not see how occupational therapy and other allied health programs sufficiently aided the university. The University of Pennsylvania administrators were unwilling to provide financial resources to support starting graduate education and research necessary for the allied health programs to maintain their national reputations as leaders in their fields. Although the University of Pennsylvania was a relatively resource-rich institution, even in the lean years of the 1970s, the administration appeared unwilling to use these resources to support programs that did not sufficiently give back to the university. The question remains, was the demise primarily due to internal or external forces? Clearly the University of Pennsylvania cannot be a scapegoat in a simplistic conclusion. Internally, the occupational therapy department was a factor in the unraveling of P.S.O.T. Did the retirement years of Willard and Spackman influence the program's ability to keep pace with graduate school growth? Those individuals who were directly connected to the historical time and place are most qualified to provide an insightful response, but this manuscript provides a coherent narrative that may provide some answers. Many P.S.O.T. alumni remain in the most influential ranks, supported by occupational therapy colleagues who formally protested the closure; however, the closing remains as an example. This article raises a mandate to understand the sign posts that can inform

today's academy. A philosophical disconnect between the P.S.O.T. and the University of Pennsylvania led to the closure of one of the first occupational therapy programs in the United States where visionary leaders Helen Willard and Clare Spackman spent their careers.

What lessons from the P.S.O.T. history parallel the development of occupational therapy education? The P.S.O.T. academic program, like occupational therapy education as a whole, evolved through iterative stages of visionary leadership and expansion. Changes within occupational therapy education's formal accreditation process provide an example of this expansion. First, in the mid-1930s, the Council on Medical Education of the AMA officially recognized education programs meeting essential standards. Later in 1964, the National Commission on Accreditation officially recognized the AOTA/AMA partnership. In 1994, the AOTA Accreditation Committee separated from the AMA to become an independent accreditation agency (AOTA, 2016).

Alliances, such as those in the P.S.O.T. history, were made for strategic purposes within the demands of the larger political and social contexts of the time and place. Occupational therapy education today relies on similar strategic partnerships to meet larger political and social demands. In the final report of an AOTA Ad Hoc Committee on the Future of Occupational Therapy Education, Fisher et al. (2013) identified areas significant to occupational therapy education today, including external funding, career scientist development, the scholarship of teaching and learning, fieldwork, faculty shortage, and the need for the profession to mature. The committee recommended developing the profession's capacity for scholarship by developing career path models in education. Strategic recruitment and a "blueprint" was developed for educational curricula and standards to keep programs viable. This echoes the P.S.O.T. history. Although P.S.O.T. did not withstand the academic turmoil, historical lessons for other occupational therapy academic programs were seeded by their innovative work. If P.S.O.T. was a deep rooted tree, its remaining branches survived to develop more educational programs led or influenced by capable and talented P.S.O.T. graduates. Opportunities for occupational therapy education lie in how programs find the best paths to positive outcomes within their time and place.

Rebirth: Lessons for Current Occupational Therapy Programs

- Occupational therapy programs must align with the strategic initiatives of their institution while anticipating change so that the value of the occupational therapy program is clear.
- Academic programs leave lasting legacies in their graduates, their research, and their scholarly products. The occupational therapy profession must support the presence of academic programs in settings that can promote the continued growth of occupational therapy knowledge and its translation to practice.

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