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Admission Factors That Predict Canadian Occupational Therapy Students' Practicum Success

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Abstract

The evaluation and refinement of admission practices are pertinent topics for admissions committees. There has been limited research that explored the relationship between applicant admission scores and practicum performance. Our study suggests that practicum performance may demand different skills than achieving high academic standing prior to admission. Continued efforts to identify factors predictive of practicum performance will assist occupational therapy (OT) admissions committees to select the highest caliber applicants who will become future practitioners. This study explored which admission factors predicted competency-based fieldwork evaluation for occupational therapists (CBFE-OT) scores for students enrolled in a Canadian Master of Science in Occupational Therapy (MScOT) program. Using a quasi-experimental ex post facto design, 446 admitted MScOT applicants' scored admission packages, which included their undergraduate grade point average (GPA), two personal statements, a resumé, and two confidential assessment forms (i.e., letters of reference), were analyzed and then correlated with midterm and final CBFE-OT scores across four practicum placements. Confidential assessment forms were also used for separate correlational analyses. Linear regression analyses were completed for significant correlations. Admission package scores were positively correlated with CBFE-OT scores for the final evaluations of students in physical health settings for their fourth practicum placements ($p < .05$). Alternatively, GPAs were negatively correlated with CBFE-OT scores ($p < .05$). Admissions practices need to be refined to include salient factors that predict practicum success.

Keywords

Occupational therapy, admissions criteria, practicum performance

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ABSTRACT

The evaluation and refinement of admission practices are pertinent topics for admissions committees. There has been limited research that explored the relationship between applicant admission scores and practicum performance. Our study suggests that practicum performance may demand different skills than achieving high academic standing prior to admission. Continued efforts to identify factors predictive of practicum performance will assist occupational therapy (OT) admissions committees to select the highest caliber applicants who will become future practitioners. This study explored which admission factors predicted competency-based fieldwork evaluation for occupational therapists (CBFE-OT) scores for students enrolled in a Canadian Master of Science in Occupational Therapy (MScOT) program. Using a quasi-experimental ex post facto design, 446 admitted MScOT applicants' scored admission packages, which included their undergraduate grade point average (GPA), two personal statements, a resumé, and two confidential assessment forms (i.e., letters of reference), were analyzed and then correlated with midterm and final CBFE-OT scores across four practicum placements. Confidential assessment forms were also used for separate correlational analyses. Linear regression analyses were completed for significant correlations. Admission package scores were positively correlated with CBFE-OT scores for the final evaluations of students in physical health settings for their fourth practicum placements ($p < .05$). Alternatively, GPAs were negatively correlated with CBFE-OT scores ($p < .05$). Admissions practices need to be refined to include salient factors that predict practicum success.

Introduction

Occupational therapy (OT) is one of the fastest growing professions compared to the average for all occupations (Government of Canada, 2021; United Kingdom Office for National Statistics, 2021; United States Bureau of Labor Statistics, 2019) with employment numbers at their highest in the United Kingdom. The labor demand for OTs working in a variety of different practice areas and settings continues to increase. Additionally, there are a growing number of individuals seeking opportunities to practice in the OT profession. With this growth, it is vital that healthcare programs develop an approach to the admission process to identify the best possible incoming candidates to work as future OTs.

As the number of applications increases and the competition to be accepted into OT programs increases, admissions committees should focus on the most important components of admission packages that accurately predict an applicant's potential for academic and practicum success (Swift, 2012). These components may include academic strengths such as previous grades, test scores, or other interpersonal attributes such as compassion and empathy. Grade point averages (GPAs), interviews, personal statements, and letters of reference are often used to identify academic and non-academic strengths of healthcare program applicants (Siu & Rieter, 2009; Swift 2012). Although these methods have predicted success as a future clinician in healthcare (Bandiera et al., 2015), correlations with practicum performance have been inconsistent (Kreiter & Axelson, 2013; Siu & Rieter, 2009) and need to be further investigated (McGinley, 2020). Identifying applicants with strengths potentiating practicum success, such as communication or critical thinking abilities, could inadvertently be omitted (Auriemma, 2007; Swift, 2012). Current admission practices may favor GPAs and test scores but the development of alternatives that measure other attributes such as conscientiousness and emotional intelligence can predict academic performance (MacCann et al., 2020) *and* practicum success. Without comprehensive selection measures, educators may not be training the most qualified group of students. Thus, OT programs may not be graduating those most likely to become the best practitioners.

Previous research has shown that the single greatest predictor of academic performance in healthcare programs is cumulative undergraduate GPA (Lysaght et al., 2009; Thew & Harkness, 2018). However, basing admissions decisions primarily on GPA may not provide admission practices to assess applicants on their potential to be outstanding practitioners. Bowyer et al. (2018) surveyed 31 master's level programs that used both "cognitive" (GPA and Graduate Record Examinations [GRE scores]) and "non-cognitive" factors. While GRE scores were a significant predictor of clinical performance, there was evidence that the GRE requirements may decrease the diversity of health profession programs' applicant pool. Furthermore, the ability of these measures to predict practicum success is limited. Programs also use personal statements, resumés, interviews, and letters of reference to select appropriate applicants. In recent years, admissions committees have placed greater importance on non-academic factors (e.g., empathy) to select applicants (Bandiera et al., 2015; Thomas et al., 2017). However, the ability of these measures to predict the academic

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performance of successful applicants in healthcare programs has been weak (Patterson et al., 2016; Siu & Rieter, 2009; Timer & Clauson, 2011). For written components of application packages (e.g., personal statements), authorship concerns exist because of the potential for applicants to have others complete submitted material (Patterson et al., 2016; Siu & Rieter, 2009). Poor inter-rater reliability among applicants' referees or those scoring application packages further hinder these measures' use as predictors of practicum success in healthcare programs (Patterson et al., 2016; Siu & Rieter, 2009). The use of Multiple Mini Interviews (MMIs) to assess non-cognitive attributes has demonstrated statistically significant results with positive correlations to future performance (Siu & Reiter, 2009), however not specifically related to practicum performance.

Occupational therapy programs require students to complete practicum experiences to develop professional competence. Internationally, OT students are required to complete at least 1000 hours of practicum experiences for entry level practice from a Master of Science in OT (MScOT) program (World Federation of Occupational Therapists, 2016). For the Canadian MScOT program that this study examines, students complete four full time placements over two years of increasing complexity ranging from six to eight weeks in a variety of practice areas and settings. The first placement is six weeks in length and is situated eight months into the program, while the remaining placements take place in the second year and are six to eight weeks in length from the fall to summer terms. Students must complete different types of practicum placements, during any of the four practicum courses, specifically, at least one placement in physical health and one placement in mental health or a combination of the two. A placement with a primary focus on mental health issues would be classified as a psychosocial health practicum placement. Alternatively, when a placement has a combination of cognitive issues and physical issues, it may be classified as a physical/psychosocial practicum placement. Students who complete a combination physical/psychosocial practicum placement would need to complete a second combination physical/psychosocial placement to fulfill practicum requirements. Students complete these practicums in various practice areas that may be related to diagnoses (e.g., neurological issues, musculoskeletal issues, mental health issues or other health conditions) or non-patient care (e.g. administrative, management, research). Practicums occur in a variety of practice settings such as in a hospital service, long-term care/community health service, private/public sector, or private practice. These practice settings for either physical or psychosocial health may include a variety of different areas, (e.g., acute care, rehabilitation care, short or long stay), in a variety of settings (e.g., inpatient, outpatient, community). Practicums occur across the lifespan from neonate to older adults.

Practicum performance can be measured through the attainment of competencies throughout healthcare practicums. Canadian MScOT programs widely use the Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) to measure students' practicum performance across seven core competencies of OT and to provide an overall rating of practicum performance (Bossers et al., 2008). The CBFE-OT was developed through cross-sectional evaluations from a variety of health professional programs in 21 different practice areas throughout North America, Europe

and Australia. Face validity and the clinical utility of the tool were determined through focus group discussions. The tool was an effective measure of clinical skill development across diverse settings (Miller et al., 2001) and user-friendly with a well designed, accurate rating scale. These competencies include practice knowledge, clinical reasoning, facilitating change with a practice process, professional interactions and responsibility, communication, professional development, and performance management (see Table 1). At the midterm and final evaluation of practicum placements, supervising clinicians score students using the CBFE-OT. The CBFE-OT scale has a lower limit of unacceptable performance (i.e., zero) and an upper limit of exceptional performance (i.e., nine; Holmes et al., 2010; Miller et al., 2001). At completion of the practicum, a final overall rating of student performance is also provided.

While significant predictors of academic success have been well researched, there is a paucity of support for other less studied predictors of MScOT practicum performance. This gap in knowledge needs to be explored because students who excel in practicum placements may be the most well-equipped for careers in OT.

The purpose of this study was to explore scored components of admission packages to determine if they represented factors predictive of practicum performance for applicants admitted into a Canadian MScOT program.

Table 1

The Seven CBFE-OT Competencies and the Overall Rating of Student Performance

Competency	**Domain of Competency**
Practice Knowledge	Theoretical and technical knowledge
Clinical Reasoning	Analytical and conceptual thinking, judgment, decision making, problem solving
Facilitating Change with a Practice Process	Assessment, intervention planning/, delivery, discharge planning
Professional Interaction and Responsibility	Professional integrity, legal and ethical standards
Communication	Verbal, nonverbal, and written communication
Professional Development	Commitment to profession, self-directed learning, accountability
Performance Management	Time and resource management, leadership

From: Bossers, A., Miller, L. T., Polatajko, H. J., & Hartley, M. (2008). *Competency based fieldwork evaluation for occupational therapists CBFE-OT.* Toronto, ON: Nelson Education.

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Methods

Design

This study used a quantitative, quasi-experimental ex post facto design to explore relationships between admission factors of successful applicants to a Canadian MScOT program and practicum performance. A secondary analysis of anonymized data were performed. Admission factors included the undergraduate GPA (uGPA) and overall written submission scores of successful applicants' admission package. An applicant's uGPA was calculated based on their ten most recent full credit courses. Overall written submission scores were tabulated based on two personal statements, a resumé, and two confidential assessment forms completed by a professional and academic referee. Faculty members reviewed the applicants' written submission package and input a rating out of ten for each of the two personal statements. The researchers also input one rating out of ten for the resumé, and two confidential assessment forms. These three scored components are averaged and weighted equally to produce one overall score. The confidential assessment forms used were designed by members of the provinces rehabilitation programs and are utilized by all five provincial programs in OT and physical therapy. Many other health professions in Canada use very similar rating forms. Using the confidential assessment form, referees rate the candidate across seventeen distinct characteristics thought to reflect desired qualities of health professionals, such as the ability to communicate, leadership capacity, and professionalism. Many of the characteristics align with domains of CBFE-OT competencies. As two referees scored successful applicants across the same seventeen characteristics, averages of these category scores were calculated to allow for correlational analyses with CBFE-OT scores.

Participants

The study sample consisted of 446 successful applicants to a Canadian MScOT program from 2010 to 2014, inclusive. The sample was chosen based on convenience, as the study was a secondary analyses. The sample did not include participants who were currently enrolled in the program, however, it remains representative of current cohorts as the same admission factors and fieldwork evaluations continue to be used. Admission packages and CBFE-OT scores were anonymized before analyses by a third party to ensure confidentiality.

Inclusion Criteria

Successful applicants with completed CBFE-OT evaluations in the MScOT program between 2010 to 2014, inclusive, were required for inclusion purposes.

Exclusion Criteria

Applicants not accepted between 2010 to 2014, inclusive, or those who discontinued studies in the program were excluded from the analyses.

Measures and Covariates

Demographic Variables

Demographic tables were used to organize descriptors of the 446 successful applicants. First, gender, age upon admission, uGPA, and overall written submission scores were tabulated. Next, aggregate data for the practice setting and type of practicum placement were compiled. Practice settings included hospital service, long-term care/community health service, private/public sector, or private practice. Types of practicum placements included physical health, mental health, a combination of physical/psychosocial health, or administrative/program development/research.

Independent Variables

Independent variables included applicants' uGPAs, overall written submission scores for MScOT admission packages, and individual scores from two confidential assessment forms. Positively keyed four-point and ten-point scales were used for uGPAs and overall written submission scores, respectively. Confidential assessment forms scored applicants using a six-point scale.

Dependent Variables

Dependent variables consisted of all seven competency scores and the overall rating of student performance score for each practicum placement. CBFE-OT data also included the type of practicum placement (i.e., physical health, mental health, physical/ psychosocial health, administrative/research), practicum placement number, and whether CBFE-OT scores were obtained at midterm or final evaluation with scores ranging from unacceptable performance (i.e., zero) to an upper limit of exceptional performance (i.e., nine; Miller et al., 2001).

Procedure and Data Analyses

Approval to complete the study was received from the Provost's office and research ethics board of a Canadian university. Electronic datasets containing admission factors and CBFE-OT scores were de-identified and coded. Data linkage were performed to match each successful applicants' uGPA, overall written submission score, and scores from two confidential assessment forms with corresponding CBFE-OT scores across four practicum placements.

Means with standard deviations were calculated for gender, age upon admission, uGPA, and overall written submission scores of successful applicants. CBFE-OT data were organized to provide information about the frequencies of practice settings (e.g., hospital service, private/public sector) and types of practicum placements (e.g., physical health, mental health, physical/psychosocial health, administrative/research).

Admission packages and CBFE-OT data were matched using their corresponding code and sorted by practicum placement number (i.e., first, second, third, or fourth) and type of practicum placement. Correlational analyses between the independent and dependent variables were then completed, and significant correlations were flagged.

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Spearman's rank correlation coefficients (ρ) were used as the CBFE-OT is scored on an ordinal scale. Simple linear regression analyses were conducted for significant correlations. IBM SPSS Statistics (version 25 IBM Corp., Armonk, NY) was used for all analyses.

Results

The cohort used in this study was analyzed to gather insights regarding their demographic and practicum information. Table 2 describes the demographic information of the successful applicants included in the sample. As indicated in Table 3, students participated in a total of 1,689 practicum placements. In terms of practice setting, the majority of practicums occurred in hospital service (i.e., acute care service, rehabilitative service, day hospital/outpatient service, or complex continuing care), followed by practicums in long-term care/community health service, then in private/public sector (e.g., government, school), and fewer in private practice OT service (e.g. insurance related practice). Students must complete different types of practicum placements, during any of the four practicum courses, specifically, at least one placement in physical health and one placement in mental health or a combination of two coded as physical/psychosocial health placements. See Table 3 for the practice settings and types of practicum placements.

Table 2

Demographic Information of Successful Applicants to a Canadian MScOT Program from 2010 to 2014 (n = 446)

Descriptor		**n (%)**	
Female		413(92.6)	
Male		33(7.4)	
Descriptor	**Min.**	**Max.**	**M (SD)**
Age	21.00	35.00	23.68 (1.92)
uGPA	3.38	3.98	3.70 (0.13)
Overall Written Submission Score	6.70	10.00	8.52 (0.70)

Note. M = mean; *SD* = standard deviation.

Table 3

Practice Setting and Type of Practicum Placement Distribution for All Practicum Placements of Successful Applicants from 2010 to 2014 (n = 1689)

Practice Setting of Practicum Placement	**n (%)**
Hospital Service	1287 (76.2)
Long Term Care/Community Health Service	242 (14.3)
Private/Public Sector	136 (8.1)
Private Practice Occupational Therapy Service	24 (1.4)
Type of Practicum Placement	**n (%)**
Physical Health	635 (37.6)
Mental Health	267 (15.8)
Physical/Psychosocial Health	761 (45.1)
Administrative/Research/Program Development	26 (1.5)

A total of 14 successful applicants were removed from the sample before correlational analyses because CBFE-OT scores were missing across all practicum placements. Practicum placements categorized as administrative/research were excluded from the correlational analyses because they represented a small portion of the sample.

The analyzed sample consisted of 432 successful applicants. Correlational analyses were performed to determine the strength of the relationship between independent variables (i.e., uGPAs, overall written submission scores, confidential assessment form scores) and dependent variables (i.e., CBFE-OT scores). First, scatterplots were used to determine linearity. As extreme values and outliers were present, Spearman's rho (r_s) was used to determine a linear relationship between the variables for non-normal distributions (Akoglu, 2018).

Table 4 indicates the correlation coefficients for final evaluations of students in their fourth practicum placement. Although correlation coefficients were determined for the first three practicum placements, the fourth practicum placements had the greatest proportion of statistically significant correlations between uGPA and overall written submission scores with CBFE-OT scores. Five competency scores had significant positive correlations with overall written submission scores, namely, facilitating change with a practice process ($\rho = .19$, $p < .05$); professional interactions and responsibility ($\rho = .24$, $p < .01$); communication ($\rho = .23$, $p < .01$); professional development ($\rho = .02$, $p < .05$); and performance management ($\rho = .24$, $p < .01$). Two competency scores had significant negative correlations with uGPAs – performance management ($\rho = -.23$, $p < .01$) and overall rating of student performance ($\rho = -.21$, $p < .05$). For these practicum placements, all statistically significant correlations occurred only for students in physical health practicum placements.

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For mental health and physical/psychosocial health practicum placements, correlations at the final evaluation for fourth practicum placements were non-significant (see Table 4). These practicum placement types also showed minimal correlations between the independent and dependent variables across other practicum placements (i.e., first, second, or third), and for these reasons were not reported.

Table 4

Correlation Analyses (Spearman's ρ) Results for the Fourth Practicum Placement Type and CBFE-OT Competencies

CBFE-OT Competency	Admission Factor	Physical Health (n=126)	Mental Health (n=68)	Physical/ Psychosocial Health (n=208)
Practice Knowledge	uGPA	-0.05	0.05	-0.06
	Overall written submission score	0.14	0.08	-0.04
Clinical Reasoning	uGPA	-0.01	-0.05	-0.09
	Overall written submission score	0.17	-0.05	0.02
Facilitating Change with a Practice Process	uGPA	-0.02	-0.04	-0.09
	Overall written submission score	**0.19***	-0.02	0.03
Professional Interactions and Responsibility	uGPA	-0.03	0.06	-0.11
	Overall written submission score	**0.24****	-0.08	-0.01
Communication	uGPA	-0.11	0.14	-0.04
	Overall written submission score	**0.23****	0.06	0.03
Professional Development	uGPA	-0.05	0.23	-0.05
	Overall written submission score	**0.20***	-0.02	0.00

Performance Management	uGPA	**-0.23****	0.15	-0.11
	Overall written submission score	**0.24****	-0.01	-0.02
Overall Rating of Student Performance	uGPA	**-0.21***	-0.08	-0.11
	Overall written submission score	0.17	-0.02	0.02

Note. *p < 0.05 **p < 0.01; regression analyses for all significant correlations were significant (p < 0.05)

Simple linear regression analyses were performed for significant correlations. All regressions produced statistically significant results (p < 0.05). Overall written submission scores predicted 3% to 6% of variance in CBFE-OT scores for final evaluation of fourth practicum placements for those in physical health settings. Specifically, facilitating change with a practice process (*R2* = .03, p < .05); professional interactions and responsibility (*R2* = .05, p < .05); communication (*R2* = .06, p < .01); professional development (*R2* = .05, p < .05); and performance management (*R2* = .05, p < .05). Variance in some CBFE-OT scores were also explained by uGPA – performance management (*R2* = .04, p < .05) and overall rating of student performance (*R2* = .04, p < .05).

Correlation coefficients were calculated between averaged scores of confidential assessment forms and CBFE-OT scores. No statistically significant relationships were observed and Cohen's kappa (κ) between an applicant's two referees was less than 0.10, indicating no level of agreement (McHugh, 2012). As a result, additional analyses were not performed.

Discussion

Many factors need to be taken into consideration when selecting the most appropriate applicants to OT programs. Limiting admissions processes to GPA, test scores, multiple interview scores and referee letters may not predict success in practicum placements and, ultimately, success as an OT practitioner.

This study indicates that higher overall written submission scores were predictive of higher CBFE-OT scores for final evaluations of students in physical health settings during fourth practicum placements. This finding was not replicated for mental health or physical/psychosocial health settings and there are no clear reasons why this would be the case. Intrinsic differences across types of practicum placements may provide plausible explanations as students have reported practicum characteristics that have impacted their experiences, such as the exposure to a variety of client populations or

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the fit of practicum placements with their learning style (Grenier, 2015; Lalor et al., 2019). Students may have chosen physical health practicums as their final experience because these practicums aligned with their previous undergraduate training, employment, or participation in volunteer activities. While students must complete at least one mental health practicum placement, perhaps having more opportunities to complete physical health practicums enabled students to better integrate the required competencies by their fourth and final practicum. Additionally, experiential variations across practicum settings may account for the differences influencing practicum performance. Students may perform differently on mental health placements. Whether or not the performance is related to the students' previous experiences or types of assessment and interventions used is beyond the scope of this study and warrants further investigation.

Higher uGPAs were predictive of lower CBFE-OT scores for final evaluations of those in physical health settings during fourth practicum placements. This study is consistent with findings in other healthcare programs suggesting practicum success demands a different subset of skills than academic success (Bathje et al., 2014; Salem et al., 2016). The uGPA remains one of the most heavily used criteria in admission processes, despite a lack of translation to practicum performance. Successful applicants with lower uGPAs at admission may have achieved higher MScOT-GPAs once granted entry, contributing to improved practicum scores. This hypothesis is supported by research whereby MScOT-GPAs were positively correlated with practicum success (Bathje et al., 2014) and future studies need to determine how these factors could be considered within the admissions process. Also, important to consider is the notion that MScOT courses focus on building non-cognitive skills (e.g., communicative and professional abilities, clinical reasoning), which contrasts knowledge-based assessment methods of undergraduate studies. As such, MScOT-GPA may be a stronger predictor of practicum performance because it is a direct reflection of a student's knowledge, skills and attributes related to the OT profession and practicum experiences.

Correlational analyses between confidential assessment form scores and CBFE-OT scores were inconclusive. The study suggests that although these scores may not predict practicum performance, they remain useful as they align with the CBFE-OT competencies and provide holistic understandings of applicants. Their objective descriptions of applicants' personal characteristics and accomplishments provide preliminary understandings of non-cognitive attributes useful to admissions committees (Swift, 2012). The researchers only had access to the overall written submission scores, the confidential assessment form scores and uGPA and as a result, correlational analyses for the individual components scores, i.e. individual personal statements and resume scores, were not performed.

The tendency for CBFE-OT scores to cluster at specific values across all competencies depending on practicum placement number could explain the pattern of findings. Students are expected to improve across four practicum placements, reflected through increasing CBFE-OT scores (Bossers et al., 2008). While different stages of student development across practicum placements may be a factor, the pattern of CBFE-OT

scores clustering within and increasing across practicum placements was exhibited in the analyses. Significant findings across types of practicum placement may have been masked due to this enduring pattern of how OT students are scored based on practicum placement order.

Although the findings are specific to a Canadian program, important factors were identified that can relate to any program using practicum evaluations and similar admission processes. While the admission processes that predict practicum success remains challenging, the identification of the best possible candidates who will make the best OT practitioners can be realized through future research efforts.

Future Directions

The CBFE-OT is intended to be used as an ordinal scale (Bossers et al., 2008). However, the data suggests some raters interpret the CBFE-OT and other practicum evaluations as a continuous scale. Efforts to refine scoring methods and scale interpretation is recommended to ensure consistency for practicum placement evaluation. Future research examining the relationship between each of the two personal statements, resumé, and CBFE-OT scores is warranted. A robust examination of differences across practicum placement types (e.g., client diagnoses, intervention methods) is also recommended. Developing admission factors that consider students' practicum performance is encouraged to predict success as OT practitioners.

Limitations

Interpreting the relationship between overall written submission scores and CBFE-OT scores has limitations. It remains unclear if a single component or multiple components of overall written submission scores contributed to the observed effects.

While averaging confidential assessment form scores was necessary for correlational analyses, doing so may have masked significant findings as differences between academic and professional referees were not accounted for in this study.

The study sample consisted of successful applicants to a MScOT program from 2010 to 2014, inclusive, and therefore, the generational differences of student cohorts may have changed.

Implications for Occupational Therapy Education

With the application rate and competition to be accepted into OT programs continuing to grow, it is vital that OT programs develop an approach to the admission process that identifies the best possible incoming candidates to work as future OTs. With OT admissions committees considering applicant's GPAs, interviews, MMIs, personal statements and letters of reference scores that identify academic and non-academic strengths, factors predictive of practicum performance should also be considered.

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This study provided evidence that practicum placement success may demand different skills than achieving academic success in MScOT programs. It is important that reliable practicum evaluation methods be robust to ensure that ratings measure students' knowledge, skills, and abilities. With continued research that identifies factors predictive of practicum performance, OT admissions committees can use this evidence to select the highest caliber applicants who will become exceptional future OT practitioners.

Conclusion

The study suggests that practicum performance is dependent on factors separate from achieving high academic standing prior to admission into MScOT programs. The evaluation and refinement of admissions practices are pertinent topics for admissions committees. The identification of salient factors able to predict practicum performance is an endeavor affecting both potential applicants as well as future users of OT services.

References

Akoglu, H. (2018). User's guide to correlation coefficients. *Turkish Journal of Emergency Medicine*, *18*(3), 91–93. https://doi.org/10.1016/j.tjem.2018.08.001

Auriemma, D. (2007). Admission methods of professional occupational therapy programs in the United States: 2001–2002. *Special Interest Section Quarterly*, *17*(1), 1–4.

Bandiera, G., Maniate, J., Hanson, M. D., Woods, N., & Hodges, B. (2015). Access and selection: Canadian perspectives on who will be good doctors and how to identify them. *Academic Medicine, 90*(7), 946–952. https://doi.org/10.1097/ACM.0000000000000683

Bathje, M., Ozelie, R., & Deavila, E. (2014). The relationship between admission criteria 8and fieldwork performance in a masters level OT program: Implications for admissions. *Open Journal of Occupational Therapy, 2*(3), 1–14. https://doi.org/10.15453/2168-6408.1110

Bossers, A., Miller, L. T., Polatajko, H. J., & Hartley, M. (2008). *Competency based fieldwork evaluation for occupational therapists CBFE-OT.* Nelson Education.

Bowyer, P., Tiongco, C., Rubio, L. K., Liu, J., & Whisner, S. M. (2018). Admission requirements and practices in entry-level occupational therapy programs. *Journal of Occupational Therapy Education*, *2*(3). https://doi.org/10.26681/jote.2018.020301

Grenier, M. L. (2015). Facilitators and barriers to learning in occupational therapy fieldwork education: Student perspectives. *American Journal of Occupational Therapy*, *69*(1), 1–9. https://doi.org/10.5014/ajot.2015.015180

Government of Canada. (2021). Occupational Therapist (OT) in Canada. https://www.jobbank.gc.ca/marketreport/outlook-occupation/4168/ca

Holmes J. D., Bossers, A. M., Polatajko, H. J., Drynan, D. P., Gallagher, M., O'Sullivan, C. M., Slade, A.L., Stier, J.J., Storr, C.A., & Denney, J. L. (2010). 1000 fieldwork hours: Analysis of multi-site evidence. *Canadian Journal of Occupational Therapy*, 7(3), 135–143. https://doi.org/10.2182/cjot.2010.77.3.2

Kreiter, C. D., & Axelson, R. D. (2013). A perspective on medical school admission research and practice over the last 25 years. *Teaching and Learning in Medicine*, *25*(1), 50–56. https://doi.org/10.1080/10401334.2013.842910

Lalor, A., Yu, M. L., Brown, T., & Thyer, L. (2019). Occupational therapy international undergraduate students' perspectives on the purpose of practice education and what contributes to successful practice learning experiences. *British Journal of Occupational Therapy*, *0*(0), 1–9. https://doi.org/10.1177/0308022618823659

Lysaght, R., Donnelly, C., & Villeneuve, M. (2009). Factors predicting applicant outcomes in occupational therapy education. *Canadian Journal of Occupational Therapy*, *76*(1), 38– 47. https://doi.org/10.1177/000841740907600110

MacCann, C., Jiang, Y., Brown, L. E., Double, K. S., Bucich, M., & Minbashian, A. (2020). Emotional intelligence predicts academic performance: A meta-analysis. *Psychological Bulletin*, *146*(2), 150. https://doi.org/10.1037/bul0000219

McGinley, S.L. (2020). Pre-entry selection assessment results and final degree outcomes of occupational therapy students: Are there relationships? *Journal of Occupational Therapy Education*, *4*, (3). https://doi.org/10.26681/jote.2020.040308

McHugh, M. L. (2012). Interrater reliability: the kappa statistic. *Biochemia medica: Biochemia medica,* 22(3), 276–282. https://doi.org/10.11613/BM.2012.031

Miller, L. T., Bossers, A., Polatajko, H.J.,&Hartley, M. (2001). Development of the Competency Fieldwork Evaluation (CBFE). *Occupational Therapy International, 8*(4). https://doi.org/10.1002/oti.149

Patterson, F., Knight, A., Dowell, J., Nicholson, S., Cousans, F., & Cleland, J. (2016). How effective are selection methods in medical education? A systematic review. *Medical Education*, *50*(1), 36–60. https://doi.org/10.1111/medu.12817

Salem, R. O., Al-Mously, N., Al-Fadil, S., & Baalash, A. (2016). Pre-admission criteria and pre-clinical achievement: Can they predict medical students performance in the clinical phase? *Medical Teacher*, *38*(1), 26–30. https://doi.org/10.3109/0142159X.2016.1142511

Siu, E., & Reiter, H. I. (2009). Overview: What's worked and what hasn't as a guide towards predictive admissions tool development. *Advances in Health Sciences Education*, *14*(5), 759–775. https://doi.org/10.1007/s10459-009-9160-8

Swift, S. D. (2012). Relationship of select admissions criteria to pre-licensure requirements in a graduate degree program in occupational therapy. *Electronic Theses and Dissertations*. 14–204.

Thew, M. M., & Harkness, D. (2018). Predictors of practice placement and academic outcomes in master's-level pre-registration occupational therapy students. *British Journal of Occupational Therapy*, *81*(4), 234–242. https://doi.org/10.1177%2F0308022617738467

Thomas, A., Young, M. E., Mazer, B. L., Lubarsky, S. E., & Razack, S. I. (2017). Reliability and validity of the multiple mini interview (MMI) for admissions to an occupational therapy professional program. *British Journal of Occupational Therapy*, *80*(9), 558–567. https://doi.org/10.1177%2F0308022617713980

Timer, J. E., & Clauson, M. I. (2011). The use of selective admissions tools to predict students' success in an advanced standing baccalaureate nursing program. *Nursing Education Today*, *31*(6), 601–606. https://doi.org/10.1016/j.nedt.2010.10.015

United Kingdom Office for National Statistics. (2021). *Annual number of occupational therapists in the United Kingdom (UK) from 2010 to 2020.* https://www.statista.com/markets/412/health-pharma-medtech/

United States Bureau of Labour Statistics. (2019). *Occupational therapists: Job outlook.* https://www.bls.gov/ooh/healthcare/occupational-therapists.htm#tab-6

World Federation of Occupational Therapists. (2016). *Minimum Standards for the Education of Occupational Therapists*. https://www.wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2016-e-copy