ROUND TABLE ON TRAINING COURSES

CONDUCTED BY MISS RUTH WIGGLESWORTH

This is an opportunity looked forward to by those connected with the training of aides.

The number of aides graduating each year may seem small, perhaps one hundred, but when you take into consideration that should each of these care for but two hundred patients, a conservative number, the patients alone affected per year would be 20,000, you can readily see that this question of training must receive serious thought.

It was decided to have no formal speakers at this round table, but to ask the heads of schools and others, to speak of whatever to them seemed vital. We should in this way be able, through interchange of ideas, to reach a decision on certain fundamental points. To make the conference alive and worth while to all, I am going to ask that no one speak more than two minutes. This is all too short a time we realize fully, but in this way we can, by covering more ground, obtain a more general expression of opinion.

Points we want to discuss are as follows: (1) Requirements for entrance, (2) minimum length of course, (3) length of course to be worked toward, (4) requirements for registration, (5) names of schools, (6) who are the craft teachers and who are the occupational therapists. Situations in different parts of the country vary, so that schools cannot realize, nor do we necessarily want them to in detail, exactly the same course, each school must adjust to certain local conditions. We do want, though, as the Methods of Teaching Committee of the American Occupational Therapy Association, to draw up recommendations to be approved, if possible, by all, as standards upon which present and future schools may build.

The report as to the present situation, though given yesterday, will be repeated for those not then present. (See page 63.)

1. Requirements for entrance.

In the majority of schools, requirements practically the same: at least high school or equivalent, essential.

Is there anyone here that would like to speak on this subject? Miss Ball, will you speak for Detroit?
**Miss Camilla B. Ball:** Detroit is doing an unusual feature-developing intermediate work. It may interest you to know that there are probably six or eight high schools over the country who are interested in this experiment and in a few years may develop similar courses. Detroit has put into its high school a course in occupational therapy so that a person entering the eighth grade may take along with their high school work the mechanics of occupational therapy and lectures in the medical college at Detroit, so when that student finishes they have all the preparatory work. There is also a six months post graduate course in practice training. That was the first step that the Red Cross was interested in. Our next is, we hope to carry, if possible, our work into the University of Michigan. If this can be done, the work will count towards a master's degree. If anyone is interested I have some typed copies of the course given in the Detroit high school. When a girl goes through high school, it is not possible to major in occupational therapy without taking all the high school studies, also in the high school are the nurses training courses, art training courses, and social service training courses, so that she can follow occupational therapy with other allied activities. She can get credit for any university work she has done and take the course in crafts in one year or nine months, and through the Red Cross these students are placed in practice training in Detroit hospitals.

**Mr. Kidner:** Madam Chairman, I would like to ask Miss Ball what is the average age of the girls when they enter their training courses?

**Miss Ball:** I presume nineteen. Then they have an additional six months when they finish high school and can take additional social service or practice training that is necessary.

**Mr. Kidner:** Do they specialize after they graduate?

**Miss Ball:** Yes. This is intermediate work which gives them four years training they would not have otherwise.

**Mr. Kidner:** Six months training may be in occupational therapy in a hospital?

**Miss Ball:** Yes.

**Mr. Kidner:** Under a trained worker?

**Miss Ball:** Yes.

**Mr. Kidner:** At the end of that time, who issues a certificate or diploma?

**Miss Ball:** The Detroit Board of Education.

**Dr. Pollock:** How many classes are maintained in the schools for the occupational therapy pupils, and are these in all the schools or only in one?
Miss Ball: One particular high school—technical high school, and incidentally, this technical high school is affiliated with all the city organizations; for instance, their art department is under the City Art Commission, so that our students may go right to the Art Institute of the city and take the studies there.

Miss Johnson: Madam Chairman, I would like to ask Miss Ball if the crafts taught to the pupils are taught by a craft worker or an occupational therapist?

Miss Ball: One of our new teachers was from the Army of Occupation and Miss Greene also had occupational therapy training. You see, you can use all those city facilities there; modern building; many thousands of dollars worth of equipment this year, and they give regular occupational therapy women places as teachers. This does not include any medical lectures or supervision during the training, but they may take their medical lectures at the Detroit Medical College.

Miss Johnson: Any special requirements?

Miss Ball: No special requirements, if they have a Board of Education certificate.

Miss Johnson: Do they require any preliminary training?

Miss Ball: Just six months.

Miss Johnson: What would be the minimum age that an aide can go to this work?

Miss Ball: The high school average, which would be eighteen and a half, and six months—nineteen years.

A Member: What portion of the time is given to this work outside of high school studies?

Miss Ball: During four years she can take exactly 170 hours of occupational therapy.

Miss Wigglesworth: Miss Fulton, would you tell us of the requirements of the Philadelphia School of Occupational Therapy?

Miss Fulton: Simply a high school education; we require a Philadelphia high school education. When we have fallen down, as we have in one or two cases, we find it has been a mistake, and I feel that the girls who take the domestic science course do not as a rule line up as well as the girls who take the full academic course or training. I think we should absolutely require that. I do not think there is enough education in the high school any way. I do feel it is a mistake; we must have a higher standard of education and a finer back ground in the aides who come to work.

Miss Wigglesworth: Mrs. Michael, will you speak for the St. Louis School?
Mrs. Michael: The educational requirements we try to keep up to the high school; they have all passed about the equivalent of the high school.

A member: I attended the American Federation of Arts in Washington, D. C., and they laid great stress on the fact that the foundation education in arts of any description is not long enough.

Mr. Kidner: I think that the girl who has taken arts and these various side lines is just as well prepared for life and all she can get out of it. We have to think in terms of schools and courses and the six months training in the hospital is the most important part of it. As to the particular course she takes, I do not believe in a whole lot of electives, but I should be quite willing to pin my faith to a girl who has taken a great many other things such as the old high school course. That six months training after she gets out of school is the crux of the whole thing; that is the strongest part of it.

Miss Ball: Another word about the Detroit course. It occurs to me that the same is true of this occupational therapy. A boy goes in to a technical high school, he is going to be an engineer. He can be a major in his engineering, and the same is true of the occupational therapist, because the credit would not be accepted at the University of Michigan otherwise.

Mr. D. O'Flaherty: All states do not have the same requirements for these colleges and universitites, and those who pass on the requirements would so greatly differ that you would not have a uniform curriculum until some standard committee or board of education passed on it. What I object to is that there is so much the aide has to know in the first place to deal especially in the psychopathic ward, and I feel that she should have more training before she is allowed to enter them. That is the reason I ask the minimum age. You want to make it high enough so that when anyone does this they will be well trained and not have a bad effect upon the patients they are handling.

Chairman Wigglesworth: The committee has been asked to bring up one point, namely the advisability of requiring or not requiring college training. May I ask an expression of opinion?

Dr. Pollock: I think for the therapist who is going to work in the average hospital that college training is not necessary; in fact, I think most college graduates could not be depended upon to do the work in the wards under the conditions as they now obtain after they graduate from college. Perhaps for leaders we need some college trained people. It seems to me that more depends upon intelligent capacity than on the
period of training. We often lose sight of that point, I think. There is a tendency at the present time to standardize everything by the number of years in school and the particular course taken. There are some places where we are getting away from that, I am glad to say. Columbia College is now admitting students through intelligence tests rather than through prescribed courses. I believe they also accept credentials from certain schools; but of the two, I think the intelligence tests are decidedly superior, and we might possibly devise some tests whereby we could tell whether an applicant for work as an occupational therapist was fitted for the work or not before undertaking the course of training.

Miss Wigglesworth: One feeling expressed is as follows: “A great mistake to make college training a requirement for entrance.” Without in the least belittling such training for some, is it necessarily the best for the occupational therapist? It is true, students are brought in touch with many others, from all parts of the world, but all approximately the same age, the problems, no matter how varied, are being worked out from one view point, that of the girl of approximately eighteen to twenty-five years. It is true also that the home life of the students is varied, that the activities and responsibilities of the college demand much, but after all, the college stands in common to draw all together in one interest. It is a life which in some instances, because an independent one, makes it hard for girls to readjust to home and other conditions. As with every opportunity, a student can get from college as much or as little as is in her to get.

As another kind of training compare that of the one who has had real home responsibilities with the many demands and necessary adjustments to all ages and problems. Still another, that of social service training, where a girl is dealing with men, women and children of all ages and nationalities, helping to share and work out the big problems of life, primarily a training in adapting and adjusting, and learning human nature first hand; learning that in spite of apparent external differences, all have fundamentally, much the same thoughts and feelings, and after knowing of the religions, traditions and tastes of the different nationalities that make up the country, appreciating that all are one group working together—all Americans.

Where one of the great essentials in occupational therapy is knowledge and understanding of people, is this not at least, the equivalent of college training for the occupational therapist? It was felt there were many trainings that fitted equally well; that it was primarily the right
personality, a personality developed by former responsibilities of some kind, that was required; that where of those that had been successful in the field, some had been college graduates and some not, that to require college training would lose for the profession some excellent workers. That it was, therefore, not wise to emphasize any one training more than another.

Miss Montgomery: In my experience the ones who study things the best, most of them are college graduates or have had at least two years. Some of them who insisted upon taking the short course in occupational therapy were high school graduates or had taken courses in universities, and we have found that they could meet the problem whether it was social or anything else.

Miss Wigglesworth: Will anyone make a recommendation on this point? If not, your committee will draw up from suggestions given, recommendations to be submitted.

Miss Montgomery: By having taken the college course the girl had obtained the age where she used better judgment.

Chairman Wigglesworth: Is there any further discussion on this point of requirements for entrance?

Miss Johnson: The college education is not necessary as an entrance requirement because I believe that if we take a young woman straight from high school with nothing beyond high school that our minimum course of one year is entirely insufficient for the instruction of that young person, but that if we take undergraduates who have had college experience for at least two years that that person arrives much more quickly, and a year or ten months possibly in a course of technical work will put that person far ahead and make her much more capable of doing the work than if we took the young person straight from high school. It is not a matter of ruling against the high school graduate only or entering the college graduate, but it is a matter of making the time of training for the two classes of people. What we need is education.

Miss Brice: I would like to make a point, though we want to keep our standards as high as possible, we should not make the entrance requirements too high and too long which would keep out a great many girls. We have not enough to cover the field so we should guard against making the standard so high that we eliminate girls who later would make good aides.

Chairman Wigglesworth: Are there any further remarks?

Before taking up the required length of course, I am going to read answers to notes sent to various doctors asking their written answer to "The Aide I Want."
Letters were received from the following:

Dr. John B. Hawes, 2nd—President, Boston Tuberculosis Association, Boston.

Dr. Harvey Cushing—Surgeon-in-Chief, Peter Bent Brigham Hospital, Boston.

Dr. Arthur Steindler—Professor of Orthopedic Surgery, State University of Iowa, Iowa City, Iowa.

Dr. C. D. Mitchell—Superintendent, Mississippi State Insane Hospital, Fondren, Miss.

Dr. C. W. Munger—Superintendent, Blodgett Memorial Hospital, Grand Rapids, Michigan.

Dr. Joseph E. Bennett—Medical Superintendent, Wayne County Superintendents of the Poor, Eloise, Michigan.

Dr. C. Macfie Campbell—Director, Boston Psychopathic Hospital, Boston.

Miss Wigglesworth: The second question: What is the minimum length of course to be approved as a standard? As was said yesterday, almost all approve of at least twelve working months, to include nine months medical and social service and craft study, lectures and trips and three months field work in different type hospitals. One school since we have come here, has lengthened its course to one year.

Through the work in the army, we learned that the short courses were not long enough, nor did they pretend to be. Women were taken as aides, whose past training made it possible in most instances to accept them for the emergency. We learned, also, that the success of the army aide was due in great measure to personality, understanding of human nature, vision, and her power of using her mind in adapting to the need what she herself had at her control.

One feeling expressed was, that should a course be made four years at the start, we should be forfeiting for the longer theoretic study and guided work, the real training, that of the immediate application of work to needs of the individual patient; and of an aide standing on her own feet and learning first hand, what she can in no other way.

Better a two year course provided original choice of student correct, then into the field, studying again as all must, no matter what the original training, after years of service. One cannot give out all of every day, without eventually needing to put in something more.

Miss Brice: I would like to ask if we could find out if allowances are made for previous training an aide may have had before she goes into the course. She may have studied basketry when she was a child, etc.
Do you allow time for that which they may have already gotten in another way?

Miss Wigglesworth: We give credit for anything completed up to the standard. Except in special instances, however, this cannot shorten the time before receiving the certificate, for the program is arranged in such a way that the medical, social service, and craft study are not given as separate courses, but closely coordinated. Through the medical study the student begins at once to learn what muscles, etc., are used in whatever craft she is also studying. Through the social service work, she is learning the characteristics, tastes and problems of others in order to be able to help more intelligently and therefore effectively. Through her craft study, she is not only studying the art and craft, but how to apply such to help the special handicap back, as nearly as possible, to normal. Should a student take but isolated courses she would not be taking a course in occupational therapy. Has she taken individual courses, she need not repeat, but can use this special hour of instruction for a study hour. Nurses in the course have found that as the medical instruction is given from the kinetic angle they were unable to pass the required examination without taking the medical course. We prefer that a student should start the first day and go through the course as planned.

Miss Johnson: A course that is incorporated in a university is a little bit different in its requirements than the course in separate schools for occupational therapy. Therefore, perhaps, what I say in explaining that may seem unnecessary. At Teachers' College there are sixty points required for a teacher's certificate, a point counting for one hour of lecture work a week and two hours of manual work a week. If an applicant comes to enter the occupational therapy course, if that applicant can present credentials and papers to the college which show that that person has had the equivalent or has exactly covered the ground of any one of the subjects they are exempted from that, and in some cases credited for the difference between the two, as after exemption they are still obliged to have a credit of sixty points before they may take up the work in what the major of the course requires. For example, if a person who has had the training of a nurse enters, that person would hardly be required by the college to take physiology and anatomy, because a graduate nurse would have had the equivalent in her training of the physiology and the anatomy. If an art student from such a school as Pratt Institute showing that she had had certain training equivalent to what is required in this course, that would reduce the
requirements of the college. And so I can answer yes to the question that it is possible to have recognition. The methods of teaching occupations in hospitals and one month of practice training under supervision that course should be required of every student. There is also a course in psychology that is required of every student no matter what other school she may have attended, and this course on methods of teaching and practice one month, is in excess of three months hospital experience which she may get anywhere.

Miss Robeson: I understand that graduates from these schools who have had a one year's course are not eligible under the civil service. I see Dr. Carr and I would like him to tell us what more we need in training.

Dr. Carr: I am very sorry but I cannot tell you of the civil service requirements. They are modified from time to time, but I think they stand now a good deal as they were when Miss Robeson left us. I do feel, however, that it would be a mistake to make the requirements too low. In the government service the occupational and physiotherapy personnel are right with the nurses and one of the chief troubles we have had in keeping up the same status with these two bodies has been that they claimed the girls have had shorter courses than they have had in preparation. In certain cases that is true, and it is only stating a fact that most of the girls who went into the army had no preliminary training before they took this war course. A great many of them were college graduates which gave them a superior basic education than the nurses, while the technical training may have been shorter. As I stated before, I think the training for this work should not be made too low. Of course, if you go back to the time that trained nurses started, the courses which they took were very much shorter. First a year and a half, then two years, and now three years training for a nurse. I do not believe it is best for the American Occupational Therapy Association to set a standard too low. If you do, in the course of a few years you will have to advance it, because this work is something that is going to grow in importance as it is taken more and more into the hospitals. All of the doctors come to realize the benefits of occupational therapy to their institutions not only from a curative stand point, but from the morale of the institution, and I do not think you can find a hospital where the thing has been carried across in good shape and the doctors have been shown why, that you can take it out without a fight. We found that so in the government service. It is really pleasing to me, when I have had to force this thing, and then in six months or a year,
those who put up a very loud cry that it was disrupting the service in their hospitals, have had to admit its value. It certainly shows what the girls can do, and they have had to go out and make their way against adverse feeling on the part of the medical officers, and I think they deserve a great deal of credit.

Miss Wigglesworth: May I say just a word here in connection with the nurses from an aide’s view point. In a few instances there has been lack of cooperation, but is it not quite possible that such was due to two personalities not working easily together, rather than a question between aide and nurse, as such? To my mind, if things do not run smoothly, it is for the aide to work out, for she must remember she is, after all, the new element in the hospital. She must do a great deal more than her share, if necessary, to make all run smoothly. In every instance when the work has been explained and the requirements of the aide made clear, the nurses have gone out of their way to express their appreciation of what occupational therapy work has meant, not only to the patients but to themselves, and have stood whole heartedly back of the aides.

Dr. Carr, can you tell us whether the course will in future be considered long enough?

Dr. Carr: I believe the requirements should be that the girls have so much training and then six months teaching experience. The teaching experience can be in a hospital or in a school. I am sorry that Miss Morriss does not happen to be here just now because she is very familiar with these requirements. I do not think a one year course with a hospital training of say three months or six months would meet the requirements of the civil service as they are at present. As I told someone this morning, undoubtedly if the American Occupational Therapy Association wants to set a standard for aides, we can get the civil service requirements to be whatever you consider necessary; but I do think that we are going to run up against a question of salaries in the government.

Mrs. Slagle: I think that the matter of requirements for the educational background is very important. I think the most important thing, however, in training aides is a proper selection of material to take training, and the test question I used to use was, “Are you prepared to render a life’s service to our civilian population in our hospitals that need your service?” I think that is one of the things that should be required irrespective of what course you give. How long it is, whatever it is, it will have my approval, but I do hope you will not
leave that part, that important thing in the persons selecting a course that will bring in an income in perhaps a short time, but they should feel that they have a real service to render.

Miss Wigglesworth: There is one other point that came up in the training: that of the apparently complex program. From one angle it is complex, as almost any part is in itself a life study, but an occupational therapy course can merely open the eyes of the student to the size of the field into which she is entering for a life study.

If teachers themselves see how all coördinates, and if students are helped to dare to use their own minds and initiative, to visualize results they are working to obtain, to realize that there are many ways of reaching the same results, provided they follow a few simple rules, the details do not or should not assume undue proportions.

To be an occupational therapist one has to realize there are many ways of doing the same thing and must be, in order to adapt to situations. An aide has to be guided not only by what she has been taught, but primarily by her own intelligent grasp of the situation, and in some way, together with the training given her in using her own powers if she will, to meet whatever arises.

Mrs. Slagle: I think that is a very important point. The doctor does not know because the doctor has not had time or the interest in craft work and does not know the reaction that may come from certain types of work, and he depends on her not only to teach the crafts and handle the patient, but very generally to choose what the patient shall do and what is best for the patient, and unless the therapist has a broad vision and good understanding, not only of human nature but of human ills, there is great danger of much harm being done. The doctor agrees, but in a general way, and I think you want to strongly stand for an occupational therapist as a therapist and emphasize the therapeutic side very much.

Miss Johnson: I think we are all agreed upon the matter which was emphasized so strongly by the letter from the gentleman from Mississippi that the aide cannot cover the requirements the therapist must have and also the requirements of a vocational teacher. The things that we teach for therapy are not vocations. We are about to do many things, and as well as we can do them, but we can not train a teacher of vocations and at the same time keep these lines from overlapping. It seems to me that you must say that therapy is under the doctor's prescription while the patient is within the hospital or some institution where he is under a physician's care. When he is beyond
the need of a physician then he can take up prevocational work and pass him on to a specially trained vocational worker. As to length of training, I am firmly for the long training and college training wherever possible. I also know, too, from my experience in a hospital and in trying to finance my department and keep it within my budget, that there is a cost to the hospital, and the hospital is the thing that has held back occupational therapy today. The reason why it does not go on is because medical superintendents and boards cannot see how to employ aides at one hundred dollars and more a month, and the only solution is that we make a modest requirement of time, perhaps one year, on which we will admit the aide to the hospital as an assistant or in some position where she can work at a nominal salary and give service to the hospital and gain her own experience, and then provide post graduate and post extension courses where the aide may go and continue in higher education and receive a certificate of that type and standard. It has been our experience that the aides at the end of the year go out and get positions. They do not wait for certificates. I think we have granted two certificates in occupational therapy during these five years and have had four hundred aides go through our courses, but the aide does not wait to get the certificate; she gets a position at the end of a year. If that aide would come back and continue and complete the requirements, then I think you get them fit for directors and supervisors. In Cincinnati they have the shop work and they combine the educational work with the city and in that way the person going through college can spend more time by earning two weeks and then two weeks of study, and in fact they keep the standard higher, but they do not make it impossible for a person to go through college.

Miss Wigglesworth: Our time is up, but if there are those who want fifteen minutes more for discussion, the time will be given.

The question of registration has come up but in few places. Has anyone any suggestion on this point?

One suggestion offered was that all state associations look into the matter and see what method seems the best. If no other suggestions, we will take up the last two points, the first of which being what the names of schools shall be, two at present being called other than Schools of Occupational Therapy.

Will someone make a motion in regard to this?

It has been moved and seconded that the schools be called Schools of Occupational Therapy.
The second is the necessity of making clear in the minds of all, what the difference in the craft worker and the occupational therapist and the legitimate place for each. It has been suggested that in future, those not having had the required occupational therapy training or equivalent, be called craft teachers, and that all who have had the required training be called occupational therapists.

We wish all of you who have any suggestions would send them to your committee. Recommendations, based on the expression of opinion, will be drawn up and presented for approval.

If such can be approved, they will help not only in the question of the training of aides, but because of the more standardized training, help in the question of salaries and in establishing the work in the hospitals.

Such standards approved by the American Occupational Therapy Association cannot but help greatly to promote the work, for upon the training of aides depends to a large degree the future of occupational therapy.

Meeting adjourned until 8:00 p.m.