

SOTA

NEWSLETTER



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Greetings Occupational Therapy Department!

Congratulations on another year of learning under your belt! As the semester winds down and we welcome in a new SOTA board for the 2018-2019 school year, we wanted to use this moment to recap some of the fun and educational activities and workshops from the past few months. Thank you to everyone who participated in these events, and a special thank you to the student leaders associated with SOTA, OTAC, and PTE (as well as our faculty advisors) who helped make this semester a success! We hope everyone is looking forward to an amazing summer filled with opportunities for growth, adventure, and leisure occupations! Be sure to read through to the end for advice from former students who are now practicing OTs!

Molly Jow and Nicole Gorman, SOTA Publicity Coordinators
SOTA Board 2017-2018



SPRING 2018 RECAP

PAST SOTA WORKSHOPS AND NON-SOTA EVENTS

- St. Catherine's Challenge Bowling Night
- Region 3 OTAC PAC Hockey Night
- Therapeutic Use of Essential Oils Workshop
- Lifeglider Workshop
- OTAC Spring Symposium
- Role of OT in Oncology Workshop
- OT Week on Campus
- Sim Lab Tour
- Visit to the National Center for Equine Facilitated Therapy
- AOTA Conference in Salt Lake City
- COTA Workshop
- NBCOT Prep Workshop

SPRING SEMESTER OT-RELATED EVENTS!



SJSU GRADUATE
PERSPECTIVES ON:

LIFE AFTER GRAD SCHOOL

RESPONDENTS:

- **Dream Chew***, class of 2016 graduate, currently working in inpatient acute care
- **Christine Huynh**, class of 2016 graduate, currently working in skilled nursing
- **Erin Betty** (formerly Erin Lucey), class of 2016 graduate, currently working in skilled nursing

**Dream's responses have been paraphrased from notes from a phone interview*

Question: What was it like to transition from student to practitioner? Was there anything unexpected? What helped you with that process?

Dream: Transitioning was a little difficult. It is kind of like being at fieldwork all over again (unless you're hired at your internship site). As a new grad, you don't have a lot of skills to bring to the table, so you might have some feelings of disappointment. I did my internship in inpatient acute care (at a certified stroke center), so I thought it might have an easier time when I transitioned to working at Highland hospital (L1 trauma center in a public hospital). However, since it's a teaching hospital, the doctors don't always know what they're doing because they're in their internships and I was expected to know a lot of medical things that I wasn't prepared to know. It helps to keep in touch with cohort after graduating because it's nice to have a support system. Some OTs may be sympathetic to your progress as a new practitioner, but others may forget what that was like, so it's good to talk to someone going through the same thing as you.

Erin: I found the transition to be relatively easy, but I had a few things working in my favor. My second FW placement was at a SNF, and I started working in a SNF that was similar. We used the same documentation system too, which was very helpful. The hardest thing was not treating the patients, but figuring out all the systems and paperwork at my new job.

Christine: Transitioning from student to practitioner can be hard or easy depending on how well you adapt, if you're working in a setting you had an in internship in, and how supportive your team is when you first start. Sometimes they will say you will have mentorship, but in reality there is no formal mentorship process in your first job and it is much more informal.

Where do you work now? Are you happy with the setting? How did you come to work there?

Erin: I work in a SNF and I like it for a first job. I did a fieldwork in a SNF, so I felt comfortable with the setting. I also like working with older adults, so I knew this would be a good place to start.

Dream: I was dead set on going into acute care because I like the fast pace and variety, and it's inspiring to see people struggle through something so scary and then overcome it. Lots of inpatient jobs want new grads who have had internships in acute care, so my fieldwork gave me that advantage. There's definitely a turning point of when you feel comfortable doing the basics, and I'm still learning every day. There are coworkers who are 10 years into the profession and still learning. Learning never ends, but the comfort level gets better. At Highland, we assess patients all the time, so my assessment skills are pretty solid. However, treatment doesn't happen all the time, so I'm less comfortable in my treatment skills. My professional goal is to improve my treatment skills. It was helpful that my department was supportive with whatever I needed, but mainly, practicing skills until they feel routine was the biggest factor in making me feel more comfortable.

Christine: I work in a SNF and there are definitely pros and cons to it. The great thing about SNFs is that the hours are flexible, and you can really get to know your patients. You are given the chance to see them progress throughout the weeks to potentially months they are there. You can also do whatever you feel is appropriate during treatment time to benefit your patients. The bad thing about SNFs is that many are productivity-driven, and depending on your corporate company, you may feel ethically compromised or burnt out by their expectations. If you are not sure where you want to work yet, don't worry because there is always time to change settings and populations, or work with different populations at the same time. One therapist I know works part-time SNF and part-time early intervention.

Do you have any advice for finding that first job?

Dream: I did most of my job search via Linked in and Indeed. I also tried Glassdoor, but not much came of it.

Christine: Don't rush into finding your first job, even if recruiters may make you feel rushed. Always negotiate your salary. Take your time to evaluate your options and try to talk to people who have worked for the company before to see if they like them.

Erin: I strongly suggest that you take a job that has at least one other OT working there. My boss is an OT and we have 2 other full-time OTs, along with several per diems. It is so helpful to have others to bounce ideas off of and to turn to when you are stuck.

Do you have any suggestions for students who aren't sure where they want to work?

Erin: Just try to find a supportive working environment. Don't stress too much - you can always change jobs if it doesn't work out.

Dream: I knew where I wanted to work, but I had friends who were unsure. When they applied and interviewed, some asked if they could shadow a therapist to get a feel for the day-to-day operations and that helped them figure out where they wanted to be.

Question: What is life like for you on a day-to-day basis now as compared to when you were a graduate student?

Christine: My daily work life includes getting my daily schedule, figuring out when to see which patients, coordinating treatments with Physical Therapists if need be, and checking if I have extra paperwork due. The rest of my day is spent alternating between seeing patients, writing notes, and sometimes going to care plan meetings. I have to be pretty flexible with my day because sometimes I will plan to see one patient but they might be in an activity, or haven't received their pain meds, or are simply refusing until a later time. Everyday is like a puzzle of patients, appointments, and meetings I have to find a time and place for.

Erin: I work a pretty regular schedule now, which is different from the day-to-day variety of school life. And typically when I'm done with work, I'm done. No homework or projects to work on!

Dream: Life now is a lot less flexible. School was super flexible, since we had long weekends and the ability to sleep in later. Now, I get to work between 7 and 7:30 and get off around 4 or 4:30 and I'm totally exhausted (there's lots of walking in hospital). I usually cook on the weekends, then just heat up meals when I come home on the weekdays. I also keep a journal of what I learned at work each day so that I have notes on new diagnoses or perspectives. Then I usually just relax for a bit, do my ADLs (and sometimes IADLs, but that usually happens on the weekends), and then go to sleep. So, you have less energy and less flexibility, but you do have money! Being in grad school is hard, but it's super worth it. It's the kind of job you feel good doing.

NBCOT STUDY & TEST TIPS

Don't burn yourself out - you can't study all day every day. I (Erin) studied for about 6 weeks prior to the exam, approximately 5 days a week for a few hours each day.

People sometimes take the test twice, but even if you don't pass the first time, you can re-evaluate your plan, and take it again.

The TherapyEd book is good, but I think it is too dense. I found the NBCOT study prep materials from AOTA to be more helpful.

Be sure to really read the question. NBCOT will throw an occasional curve ball by overloading you with info on one topic and then ask a question that seems unrelated, so don't get lost in the wordiness - instead look for key words. You can highlight on the test.

You need to manage your time when you take the test. On practice exams, I had time left over to check answers, but at the very end of the NBCOT, I only had 2 minutes to look back.

I (Christine) studied for 2 months, 5 days a week, 4 hours a day. I read all the AOTA PDFs, took all the practice tests multiples times just to get used to taking the test. I also took all practice tests in the Johnson book (Occupational Therapy Examination Review Guide)

It's helpful to research what materials and resources you want to use while you're doing fieldwork and gather your materials early. If you get them ahead of time, you have them ready when fieldwork is over.

The exam does test your knowledge, but it really tests how good your clinical reasoning skills are, since there are often answers that may have multiple good answers and your job is to pick the "best" one out of all of them.

Taking the NBCOT is hardest thing I've done in my life. It's a physical/mental game. You have to focus for 4 hrs. You get hungry, thirsty, you have to pee. It's good to get yourself into shape to sit and focus for that long.

Figure out a study plan. Study calendars can be helpful for some people. I (Dream) took a blind exam without studying, then identified weak areas and focused studying on those topics, scheduled out over a few weeks using AOTA PDF...
(cont.)

(cont.) ...When done studying PDFs, I took a mini quiz using AOTA test prep and if I got a passing score I kept studying or identified what went wrong. You can select by topic or by questions that you didn't answer before (new questions, not recycled ones).

A good strategy is to plan for a maximum amount of time per question, record an answer, and move on. You can look back later, if there's time.

NBCOT STUDY RESOURCES

TherapyEd NBOCT Review and Study Guide by Rita P. Fleming*

Has a lot of information, probably more than you need but it is better to be over prepared than underprepared. Questions are probably a little harder than the actual exam. Some find TherapyEd too dense and believe that it goes into unnecessary detail.

Occupational Therapy Examination Review Guide by Caryn R. Johnson***

Includes 3 practice tests with explanations for answers. Helpful if you like taking practice tests.

Facebook Group: AOTA's NBCOT exam prep info center*

Support group with tips on how to study for NBCOT exam.

OT Miri**

Includes a FB group, Youtube channel, and website "OTmiri.com" with resources to help you pass your exam. This is a nice way of getting information in a different format.

AOTA'S NBCOT Exam Prep***

When you get the subscription you get access to AOTA study guide PDFs and simulated practice tests. Most people consider this pretty close to the real test and it has very helpful, succinct PDFs. The PDFs bullet point basics that you need to know that you then apply in the exam.

** This resource was recommended as helpful by 1 respondent*

*** This resource was recommended as helpful by 2 respondents*

**** This resource was recommended as helpful by all 3 respondents*