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Evolution of Occupational Therapy Practice: Life History of Jane Loscheider

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Abstract

The purpose of this qualitative study was to gather information on individuals whom have contributed in expanding occupational therapy around the states of North Dakota, and Wyoming. The interview contained questions which helped to understand our individuals journey, and the contributions made to influence occupational therapy (OT) around the state of North Dakota. This project was completed through background research and a semi structured interview. The interview was audio recorded and then transcribed verbatim. Codes were then selected from what emerged from the data. The codes then were sorted into categories, themes, and a final assertion. The participant was selected by a purposive sample completed by the project directors. The Kawa model was used to guide the research. The results showed that Jane has had to fight through changes in documentation, billing, expectations, and professional issues; but to this day she still loves her job due to her support system, her patients, and the collaboration between other professions, making the job possible.

Introduction

Jane is currently working in the Altru Outpatient Rehabilitation Center, but occasionally on weekends works in the inpatient area as well. She used to be an adjunct at the University of North Dakota, and would like to be one again someday. Jane believes that contributing to patient progress, establishing strong rapport with patients, and having an extraordinary support group makes being an occupational therapist worth persevering through insurance policies, the extra amount advocating, and the changes in credentials. Jane was interviewed by the researchers at her home. The interview took place in her kitchen, with the only distraction being her dog. This life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of this project is to gather information about the history and evolution of occupational therapy practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapist a view of the history and how occupational therapy (OT) practice has evolved from its inception to current practice in North Dakota and Wyoming.

Literature Review

In the spring of 1997 the Red River flooded Grand Forks at a level of 54.35 feet (City of Grand Forks, 1997). This was an important life event for Jane, as it not only affected her education, but it also pushed back her marriage. These events were then made up at the end of the year, when the town was back on its feet. Years later, OT entry level requirements changed. In 2006, OT went from a bachelor's degree to a master's degree (AOTA, 2017). This was an

exciting move for the profession, and many individuals including Jane chose to meet these requirements. In 2009, Jane completed an online program to earn her master's degree in OT. In a study done by Reed and Peters (2010), they found five themes related to OT that occurred during 1986 and 2000, the era Jane Loscheider began practice. These themes were: professional role identification, credentialing versus membership, sponsorship by medicine versus a self defined profession, labor force needs versus job satisfaction, and the question of what is and what is not an appropriate OT modality process. Jane's first job was selected based on the labor need rather than her personal satisfaction. She worked in inpatient rehab, acute, and outpatient at the Altru hospital, and was placed wherever help was needed. This helped Jane become more competent in areas she may never have practiced in. Jane also received here Assistive Technology Practitioner (ATP) certification. An ATP recommends appropriate assistive technology that would be best for the individuals (RESNA, 2016). Jane is very competent in wheelchair seating, and with this certification she continues to practice in this area that she enjoys.

Description of Participant

Jane Loscheider is a mother of three and has been married for the past 20 years. She has continued to enjoy OT since the day she graduated from The University of North Dakota in 1997; the year of the flood. The flood caused her education to be put on hold, along with pushing back her marriage date. Jane became a part time adjunct faculty member for the University of North Dakota's Occupational Therapy Program, but is no longer teaching there; she states she would like to be one again someday. Jane is a certified ATP, certified lymphedema treatment (CLT), and neurodevelopmental treatment (NDT) provider. She is known for advocating for her clients, and building rapport that will last a lifetime. Jane often lectures to OT students at The University of North Dakota, Casper College in Wyoming, and has presented at a few AOTA

conferences. She treats every client as though they were her family member, and this is why she has become such a phenomenal occupational therapist. (See life timeline, Appendix B)

Methodology

The study design used was a qualitative study, using a life history approach. This design focuses on understanding participants views on the practices they carry out. The Kawa model was used to guide the study. The Kawa model focuses on an individual's life journey through the metaphor of a river (Teoh & Iwama, 2015). The participant interviewed was assigned from a participant list compiled through purposive sampling by the project directors. There were no gatekeeper issues because initial participant contact was made by project directors. Before interviewing the participant, background information was found on her LinkedIn site which stated she is certified in CLT, ATP, and NDT. Following the time background research was done, Jane Loscheider was a speaker for the occupational therapy departments, physical disabilities course at the University of North Dakota; this gave us the opportunity to set up an interview date with her. The semistructured interview was guided by an interview schedule prepared by the course instructors; the questions on the interview schedule were designed to be used with all individuals interviewed as part of the larger project. The interview schedule is included in the Appendix A. The researchers were allowed to modify or add interview questions as need for specific interview. The interview was held at her home, and lasted approximately 1 hour and 10 minutes. Informed consent obtained prior to interview.

The interview was recorded, and transcribed verbatim, after transcribing subjective memos were added. The transcription was then coded, and broken down into categories with corresponding themes, and a final assertion. The interviewers memoed, member checked and

reflected on their own work to make sure no outside opinions impeded the outcomes. These procedures helped to contribute to the validity and reliability of the study.

Data Analysis

The interview was recorded, transcribed verbatim and then coded. The codes were selected based on common themes throughout the interview (See Appendix C). The quotes that supported the codes were then cut out and taped onto notecards with the appropriate label. After the seventeen codes were established, the categories were identified by grouping the similar and relatable codes. For example, one of the codes was patient relationships. This became a code because Jane gave many examples of how her relationships with her patients affect her life and practice as practitioner. “I still go to my patient’s funerals. These families get close to you.” From the codes, four major categories with corresponding themes and a final assertion were generated. Follow up questions were clarified via email with the participant. An advisor reviewed and guided data collection and analysis during the course.

Findings

The four categories developed from the codes were clinical practice, job requirements, professional issues, and personal life. The Kawa model was used to develop these categories. The Kawa model has four different symbols representing different aspects of life. This model bases its many symbols off of a river, to make it metaphorically, ‘the river of life’. The *water* represents life flow and priorities. The *river banks* represent social and physical environment. The *rocks* represent obstacles and challenges. The *driftwood* represents influencing factors in life. The *spaces* represent opportunities for enhancing flow. (Teoh & Iwama, 2015)

Category One: Clinical Practice

There were four themes developed in the clinical practice category. The first theme was *treat every patient as though they're your family member*. This was viewed as *water* in the flow of Jane's life, because this is a priority for her. "I approach every patient as though if this were my brother, if this was my mother, if this was my grandmother, how would I want them to be treated?" Jane has mentioned that as therapy progresses the patient relationship grows much stronger. She was once invited in with the family to say goodbye to their loved one. "I did because she wanted me to, I would never impose on my own. But I went." Jane has genuinely portrayed this theme in her daily practice.

The second theme was *everything we (occupational therapists) do should revolve around our patients*. Jane works hard to provide her clients with the best possible care and therapy they can get. One way she does this is by providing them with a support group. "I like to introduce patients to each other. You know because if you are going through something, it is nice to know you are not going through something alone." Jane is a strong advocator for her clients, she frequently writes appeal letters, makes phone calls and emails insurance companies or funding agency to get her clients the service and equipment they need. "Sometimes I intentionally over paperwork them so then they think this lady is never going to stop trying and they just give me what I want for my patient. I'm going to send you 15 articles because I just know."

Communicating across disciplines is critical. This third theme is associated as *driftwood*. Jane saw communication among occupational therapists and occupational therapy assistants as necessary and commonly done by most therapists. She saw the need for communicating across disciplines to be beneficial to improve overall client care. "Communicating is so critical with

your colleagues, and in certain settings it's forced on you because you're working and you have a team meeting once a week."

It is important to use community resources for the client's benefit. Jane makes this a priority in her practice which is why this is *water* in her river of life. The challenge of being a rural therapist is being knowledgeable in many different areas and providing clients with as much as you can when they travel in for an appointment. Another aspect with working in a rural area is the lack of funding available compared to the urban settings. "I have learned how to become more resourceful with what's available in my community. Where can they apply for funding? Where can we go and get something used for them?"

Category Two: Job Requirements

Four themes developed under this category. The first one being *documentation has continued to change throughout the years of occupational therapy*. This is part of the *riverbank* for Jane river of life as she has to follow the hospital's guidelines for documentation. When Jane first started working, she had to document once a week. Even when she saw an inpatient rehab patient all week long. "At the end of the week I just had to write a summary." Documentation was handwritten when she started working at Altru. "I wanna say it has been almost 15 years that we had computerized system on some level." Documentation has changed in form and frequency for Jane over the years of her career.

New technology is not always the best technology. This is seen as a *rock and driftwood* by Jane. She is happy with the advanced technology coming out for people but sometimes the new technology is all her client's think they need. Technology is continually advancing especially in the medical field. However, Jane will not recommend the equipment if she doesn't see it as appropriate. "People get excited about the new, expensive, cool gadget things but I always try to

be cognizant of whatever I am recommending that I truly think they need that piece of equipment.” Jane looks at the overarching picture, factors in the expense, and the practicality for the client using each piece of equipment she recommends.

Her job satisfaction comes from seeing patients improve. This is *driftwood* as this is an aspect that influences Jane’s joy for the profession. Jane enjoys being able to take part of her patient’s recovery. “She went from being totally isolated to now. She just drove to Fargo this weekend to go visit her son. Her life is changed and that is what we do as OTs. We help make things possible for people.”

Billing makes providing care to those in rural areas difficult. This is seen as *rock* as Jane’s practices in rural health. In the rural setting, clients may travel one to two hours in order to come to therapy. As a highly respect wheelchair evaluator, Jane has many clients that travel long distances for her services. “If they’re traveling more than a half hour then I ask that they give them a full two-hour appointment.” However, the time spend with the client can not go over two hours for insurance to cover the cost of the session. “If you bill Medicare more than 8 units, they automatically kick the charges out and won’t pay a dime of it.”

Category Three: Professional Issues

There were four themes found in the professional issues category. The first is *insurance is driving treatments*. This theme can be looked at as *driftwood*, and a *rock* in her life, as insurance is influencing the way she treats clients and is also an obstacle she must overcome to help her clients get the best care possible. Jane stated “insurance is driving shorter stays, what they’ll pay for, and what they won’t and then that affects obviously how we provide care, I can’t get the patient what they really need.” This obstacle is something Jane faces everyday in practice, and she believes has created insufficient care for patients and their needs.

The second theme is *the change in OTA and OTR may dramatically affect the amount of people drawn to the profession*. Jane looks at this as a *rock* in the profession of OT. “I think it’s really going to hurt the OTA programs. Because the students that choose the OTA route, in many cases are looking for that two year degree where they can be in and out. Because that just might be what they want to do, and they can give with whatever else is happening in their lives, or financially that’s all they can commit to. I think it’s going to keep students away from going into the profession.” Jane also states that “you’re not going to get paid any more as an OTD.” Jane believes this move does nothing but adds more debt for the student, and is worried “it’s going to dramatically affect the number of students that want to go into OT.”

The third theme was *continuing education funds have decreased over the years*. This has become a *rock* in Jane’s professional career, as insurance is now expecting OTs to be certified in continuing education when treating patients. Facilities have less continuing education dollars which makes it “much harder to get approved to go on courses.” This has caused issues in patient care, making it an obstacle for Jane, and other OTs to overcome.

The last theme was *insurance forces therapists to engage in continuing education classes even if they’re already competent in that area*. This is another *rock* in OT, as stated before it is becoming much harder for facilities to afford continuing education for their faculty. “Medicare was threatening at the time ... that they would not approve a wheelchair, a high end wheelchair unless the patient was evaluated by the therapist with an ATP.” Luckily for Jane, her facility paid the cost for her to become certified in ATP.

Category Four: Personal Life

There were four themes found in the personal life category, the first being *family and colleagues become your support group*. This theme surrounds *driftwood* as it influences her well

being. Jane spoke of her hardships such as her battle with cancer, and the illness in her family. Throughout every battle she spoke of her outstanding support group consisting of her colleagues and husband. “My colleagues put together a fundraiser for me, like I mean just the support was amazing and so I don’t think I’d find that really anywhere else.” Her husband being “very supportive with me getting my masters and again with the three young kids” She has gotten through the toughest of battles with the help of this support group being by her side the entire time.

The second theme is *the environment affecting her wedding date and her education*. Jane planned to get married in the spring of 1997, in the spring of 1997, a *rock* in her life came into play. The town she planned to get married in, was completely flooded. “Our wedding venue was flooded and so was our church, so we couldn’t get married.” Jane was also on fieldwork that summer. “We got married in September, so I was on fieldwork during the wedding. Luckily, they let me have a couple days off so I could.” These events proved that *rocks* come into our lives so easily, it’s the way we overcome them that proves our abilities.

The third theme was *due to her child’s illness, she see’s patient care in a whole new light*. This theme revolved around a rock, that soon turned into water. Jane overcame this battle, and turned it into something good. Jane mentioned that after her son’s hospitalization, she realized how important it was to make sure the patient has all they need before the practitioner leaves the room. “So many people would just walk out and I’d be like, oh man I would have loved a fresh ice water. The little things just made me feel good. So I just know now that I have to do those little things.” She now does all the little things when in practice to make sure not only her patient, but her patient's family is as comfortable as possible.

The final theme was *patients often continue to be friends after therapy*. This theme can be found as a *rock*, or a *water* symbol depending upon your point of view on it. Jane looks at this as *water*. She often talked about her relationship with her patients. She explained how close they become as “these families get close to you”. Following this statement she stated “I know you guys talk about boundaries in school, but it’s hard.” It’s hard to build rapport and fight for someone’s well being without becoming close to them. Many individuals see this as crossing professional lines, but Jane looks at it as her job.

Discussion/Conclusion

Assertion: Jane believes contributing to patient progress, establishing strong rapport with patients, and having an extraordinary support group makes being an occupational therapist worth persevering through insurance policies, the extra amount advocating, and the changes in credentials.

Based on using components of the Kawa Model (Teoh & Iwama, 2015) , Jane goes through life by working through the *rocks* that affect her practice, letting the *driftwood* carry her professional abilities, allowing the *river banks* affect her daily life, and most importantly letting the *water* in her life lead her aspirations. Jane continuously puts her family, her clients, and her life goals before letting *rocks*, and *driftwood* affect her life. She put her heart into the work of OT, making sure her clients are getting the best care possible, while also taking care of a family of five. Jane amazes others through her intuition, commitment, and perseverance. The impact she has made on her clients, students, and families lives has made her a very important participant of this study; she works to help students, and occupational therapists strive to be as phenomenal as she.

This project has helped the researchers understand the history of OT practice, specifically in North Dakota. The participant talked about the changes in documentation, insurance, and client care. She is a prime example of the changes OT has gone; she worked through the transformation from a bachelor degree, to a master's degree, and now a doctorate degree. Jane has had to work in areas that may not have been her first choice, but has battled to become a lead OT at a highly regarded outpatient rehabilitation hospital. She has helped provide insight on the challenges occupational therapists face, and the ways she overcomes these challenges. Her input provides a phenomenal insight to the history of OT.

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Appendices

Appendix A

Life History Interview Schedule

When setting up the interviews. Ask if the person has a resume or CV and whether they would be willing to share it with you. Also ask for photographs and artifacts from their early practice/education and now. Also ask if they are willing to take pictures of any artifacts they want to include.

Introduction:

Thank you for being willing to participate in the interview today; please remember that you are not required to answer any question that you are uncomfortable with. The purpose of this project is to gather information about the history and evolution of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states and/or at the national level. Do you have any questions before we begin?

Demographics: (ask for this information at the beginning of the interview **or** you may want to get this information when you make the phone call to set up the interview time).

- Year graduated.
- Any degrees past their initial certification.
- Work settings – positions (you might ask for a copy of the resume or CV if available).
 - What does your typical day of work look like?
- Involvement in professional organizations – volunteer positions/leadership positions in state, national OT organizations.
 - What volunteer opportunities have you engaged in over the years? Can you tell us more about them.

1. What has being an OT meant to you?

2. When did you decide to be an OT?

- How did you find out about the profession?
- What factors influenced your decision to become an OT practitioner?

3. How do you see the profession evolving over the time of your practice? Describe the profession as you see it now.

- How does today differ from a day of practice within your first year of OT?

4. We want to look at the context of practice when you graduated – What was happening in world? Social, political, economic, education, family.
5. How did the context shift across the time of your practice?
 - What were the key aspects that influenced the shifts you saw in the context? Legislation, political, war, economic, etc.
 - Within the things that were happening at the time; how did you think they would impact your profession? When you are looking back, now would you view them the same?
6. Think back to your career - reflect on your personal growth and professional development?
 - What do you see as your personal accomplishments that impacted OT practice?
 - Is there something you would have liked to do that you haven't able to accomplish yet?
 - Tell us about some factors that facilitated and supported the progression of your career over time.
 - Of the experiences that contributed to your development as an OT, what do you consider to be the most monumental one in shaping you into the practitioner you are today?
 - How do your own personal values and beliefs guide your practice?
7. What is one of your best memories of being an OT?
 - Describe in detail what was going on then.
 - What was the impact or outcome of that situation?
8. Now describe one of the most challenging experiences you had as an OT.
 - What was going on, what issues were involved in this challenge?
 - How did you make sense of the challenges?
 - Were you able to resolve the challenge? Tell me more about the process of how you did this.
9. We want to get an understanding of what your educational experiences were like – describe your education. Class size, theoretical models, faculty,
 - What stands out to you about what you were learning?
10. Educational demands have shifted across time – What do you see as the impact of these?
 - Movement to the master's degree
 - Development of OT models and frames of reference.

- Emphasis on OT/OTA collaboration.
- Importance of inter-professional education.

11. ACOTE – has indicated that by 2027, entry level practice will be at the doctoral level for the OT and the Bachelor’s degree for the OTA. As you think about your practice, what do you see as the positives about this move?

- Now reflect on the drawbacks of this move

12. Card Sort question: For this class, we reviewed a series of articles that looked at the values and beliefs across time. Some of the key things articulated in the articles were:

1. Licensure,
2. Legislation – passage of Medicare/Medicaid, rehab act, public law 94-142, ADA
3. Arts and Crafts
4. Occupation
5. Technology
6. Specialty certification
7. Continuing education
8. Activity Analysis
9. Adaptive equipment
10. Health care team

- How would you prioritize these in terms of enhancing your professional practice and development?
- Let’s walk through each item in terms of what you were thinking about as you prioritized the cards.

Note: If you are doing the interview in person, come with each item written on a 3x5 card. If you are doing the interview over the phone or by video, send the list to them ahead of time and ask them to print it out. You will have to jot down how they prioritize as well as track their responses.

13. North Dakota is considered to be a rural state, how did this influence your practice decisions?

- How does it influence (or not) impact the care you were able to provide.
- Your involvement in professional organizations, continuing education opportunities, etc.

14. Imagine that I am a family member who is considering pursuing a degree in occupational therapy. What advice would you give me?

- Why?
- What are the positives about this degree?
- What are the drawbacks?

Appendix B

Life Timeline of Jane Loschieder

Sydney Person, OTS; Brooke Westrich, OTS

1997 (April): The Red River floods Grand Forks, causing the city to shut down.

1997 (September): Jane gets Married.

1997 (December): Jane graduates from The University of North Dakota, with a Bachelor's Degree in Occupational Therapy.

1999: Jane has her first child

2000: Jane becomes certified in Neurodevelopmental Treatment.

2002: Jane has her second child

2003: Jane has her last child.

2004: Jane becomes a certified in lymphedema therapy.

2006: Occupational Therapy moves from a Bachelor's Degree to a Master's Degree.

2008: Jane becomes certified as an Assistive Technology Practitioner

2009: Jane finishes online Masters Degree program, and receives her Degree.

Appendix C

Visual Data Display

Sydney Person, OTS and Brooke Westrich, OTS

Categories and Codes

Clinical Practice

Advocacy
community resources
patient care
collaboration

Personal Life

Family
Environment/wedding
Mentorship
Patient relationship
Social

Professional Issues

Professional issues
education views

Job Requirements

Job satisfaction
Job (Altru)
Documentation
Technology
Billing
Expectations

Themes

Clinical Practice

- 1.) Treat every patient as though they're your family member.
- 2.) Everything we do should revolve around our patients.
- 3.) Communicating across disciplines is critical.
- 4.) It's important to utilize community resources for the client's benefit.

Job requirements

- 1.) Documentation has continued to change throughout OTs years.
- 2.) New technology is not always the best technology.
- 3.) Her job satisfaction comes from seeing patients improve.
- 4.) Billing makes providing care to those in rural areas difficult.

Professional Issues

- 1.) Insurance is driving treatments
- 2.) Change OTA and OTR may dramatically affect the amount of people drawn to the profession.
- 3.) Continuing education funds have decreased over the years
- 4.) Insurance forces therapists to engage in continuing education classes even if they're already competent in that area.

Personal life

- 1.) Family and colleagues become your support group.

- 2.) Finding a mentor as a new grad is very beneficial.
- 3.) The flood affected her wedding and graduation dates.
- 4.) Due to her child's illness, she see's patient care in a whole new light.
- 5.) Patients often continue to be friends after therapy.

Assertion

Jane believes contributing to patient progress, establishing strong rapport with patients, and having an extraordinary support group makes being an occupational therapist worth persevering through insurance policies, the extra amount advocating, and the changes in credentials.