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OCCUPATIONAL SURVEY REPORT

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OCCUPATIONAL THERAPY CAREER LADDER

AFSC 913X1

AFPT 90-913-846

JUNE 1990

OCCUPATIONAL ANALYSIS PROGRAM
USAF OCCUPATIONAL MEASUREMENT CENTER
AIR TRAINING COMMAND
RANDOLPH AFB, TEXAS 78150-5000

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PREFACE

This report presents the results of an Air Force Occupational Survey of the Occupational Therapy (AFSC 913X1) career ladder. Authority for conducting occupational surveys is contained in AFR 35-2. Computer products used in this report are available for use by operations and training officials.

Captain Doug Ketch developed the survey instrument, analyzed the data, and wrote the final report. Master Sergeant Cornelia Wharton provided computer programming support, and Ms Raquel A. Soliz provided administrative support. Lieutenant Colonel Charles D. Gorman, Chief, Airman Analysis Branch, Occupational Analysis Division, USAF Occupational Measurement Center, reviewed and approved this report for release.

Copies of this report are distributed to Air Staff sections and other interested training and management personnel. Additional copies may be requested from the Occupational Measurement Center, Attention: Chief, Occupational Analysis Division (OMY), Randolph AFB, Texas 78150-5000.

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SUMMARY OF RESULTS

1. Survey Coverage: This report is based on data collected from 48 respondents constituting 76 percent of all assigned AFSC 913X1 personnel.
2. Career Ladder Structure: Survey data show there are three jobs in this career ladder: Mental Health, Physical Disabilities, and Occupational Therapy Department Supervisor.
3. Career Ladder Progression: This career ladder is typical in that 3- and 5-skill level members spend most of their job time performing technical tasks related to occupational therapy. Seven-skill level members are first-line supervisors, performing the same technical tasks as 3- and 5-skill level members, along with supervisory tasks.
4. Specialty Descriptions: The AFR 39-1 Specialty Descriptions accurately describe jobs and tasks performed by AFSC 913X1 personnel in the career ladder.
5. Training Analysis: The Specialty Training Standard (STS) was supported by survey data when reviewed using criteria set forth in AFR 8-13/ATC Supplement 1 and ATCR 52-22. The Army Plan of Instruction (POI) is largely knowledge based and, therefore, was not matched to survey data.
6. Job Satisfaction: Job satisfaction for respondents in the present study is slightly lower than reported for members of comparative AFSCs surveyed in 1988. Members of most jobs report they find their job interesting, but feel their talents and training are not being fully utilized.
7. Implications: Survey data show the career ladder structure is fairly straightforward. Members progress typically through the specialty, and current AFR 39-1 Specialty Descriptions are supported. Job satisfaction is good, although slightly lower than comparative AFSCs, with most members finding their job interesting.

OCCUPATIONAL SURVEY REPORT
OCCUPATIONAL THERAPY CAREER LADDER
(AFSC 913X1)

INTRODUCTION

This is a report of an occupational survey of the Occupational Therapy (AFSC 913X1) career ladder completed ~~by the~~ USAF Occupational Measurement Center in March 1990. The present survey was the first one accomplished for this career ladder and was requested by (USAFOMC) during the Priorities Working Group meeting. *AFSC 913X1 Survey Report*

Background

The AFR 39-1 Specialty Descriptions state that AFSC 913X1 personnel perform activities toward rehabilitating patients with physical and psychosocial dysfunctions, implement patient treatment programs, and design rehabilitation equipment to assist patients in normal functions. Personnel enter this career ladder by attending a Category A, 25-week J5ABA91331 course taught at Ft Sam Houston TX (first 17 weeks completed at Ft Sam Houston, and remaining 8 weeks completed at Wilford Hall Medical Center). Content of the course at Ft Sam Houston includes introduction to occupational therapy, human anatomy, physiology and kinesiology, applied psychology, treatment methods, therapeutic application of activities, and therapeutic recreation and reconditioning sports. The training received at Wilford Hall is actual field work in two areas: mental health and physical dysfunction.

SURVEY METHODOLOGY

Data for this survey were collected using USAF Job Inventory AFPT 90-913-846 (July 1989). The Inventory Developer reviewed pertinent career ladder documents, and then prepared a tentative task list. The task list was validated through personal interviews with 18 subject-matter experts at the following bases:

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<u>BASE</u>	<u>REASON FOR VISIT</u>
Ft Sam Houston TX	Technical school
Wright Patterson AFB OH	Regional Medical Center
Lackland AFB TX	Wilford Hall Medical Center (Largest number of 913X1 personnel)
Travis AFB CA	Regional Medical Center

The final inventory contained 292 tasks grouped under 9 duty headings, standard background questions asking for DAFSC, organization of assignment, MAJCOM, duty title, TAFMS, time in career ladder, and additional questions asking respondents to indicate medical facility assigned, work area assigned, number of beds authorized in medical facility, certification, and equipment used or operated. Training personnel will use responses to these questions to evaluate training and determine how AFSC 913X1 personnel are being used.

Survey Administration

From July through November 1989, Consolidated Base Personnel Offices at operational bases worldwide administered the surveys to AFSC 913X1 personnel selected from a computer-generated mailing list provided by the Air Force Human Resources Laboratory. Respondents were asked to complete the identification and biographical information section first, go through the booklet and mark all tasks they perform in their current job, and then go back and rate each task they marked on a 9-point scale reflecting the relative amount of time spent on each task. Time spent ratings range from 1 (indicating a very small amount of time spent) to 9 (indicating a very large amount of time spent).

The computer calculated the relative percent time spent on all tasks for each respondent by first totaling ratings on all tasks, dividing the rating for each task by this total, and multiplying by 100. The percent time spent ratings from all inventories were then combined and used with percent member performing values to describe various groups in the career ladder.

Survey Sample

The final sample included responses from 48 DAFSC 91331, 91351, and 91371 members. As shown in Tables 1 and 2, the MAJCOM and DAFSC representation in the sample is very close to that of the total AFSC 913X1 population, with the greatest number of members assigned to ATC.

TABLE 1
MAJCOM REPRESENTATION

<u>MAJCOM</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
ATC	43%	40%
MAC	19%	23%
PACAF	11%	13%
USAFE	8%	10%
AFLC	8%	8%
AFSC	8%	2%
SAC	3%	4%

Total Assigned = 64
Total Eligible = 57
Total In Final Sample = 48
Percent of Assigned in Sample = 75%
Percent of Eligible in Sample = 86%

TABLE 2
PAYGRADE DISTRIBUTION

<u>PAYGRADE</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
E-1 to E-3	39%	38%
E-4	27%	21%
E-5	19%	21%
E-6	6%	8%
E-7	9%	12%

Data Processing and Analysis

Once the job inventories were received from the field, data were manually entered to form one complete case record for each respondent. Comprehensive Occupational Data Analysis Programs (CODAP) then created a job description for each respondent, as well as composite job descriptions for members of various demographic groups. These job descriptions were used for much of the occupational analysis.

Task Factor Administration

Personnel who make decisions about career ladder documents and training programs need task factor data (training emphasis and task difficulty ratings), as well as job descriptions. The survey process provides these data by asking selected supervisors to complete either a training emphasis (TE) or task difficulty (TD) booklet. For this report, only TE data were collected due to the small number of 5- and 7-skill level members available. These booklets are processed separately from the job inventories, and TE data are used in several analyses discussed later in this report.

Training Emphasis (TE). TE is defined as the amount of structured training that first-enlistment personnel need to perform tasks successfully. Structured training is defined as training provided by resident technical schools, field training detachments (FTD), mobile training teams (MTT), formal OJT, or any other organized training method. Twenty-two experienced AFSC 91351 and 91371 personnel rated the tasks in the inventory on a 10-point training emphasis scale ranging from 0 (no training required) to 9 (much structured training required). The interrater agreement for these 22 raters was acceptable.

TE ratings, when used with percent members performing values, can help validate the need for organized training and provide insight into the 3-skill level training codes needed on individual STS elements.

SPECIALTY JOBS (Career Ladder Structure)

The first step in the analysis process is to identify the structure of the career ladder in terms of jobs performed. CODAP assists by creating an individual job description for each respondent based on the tasks performed and relative amount of time spent on the tasks. The CODAP-automated job clustering program then compares all the individual job descriptions, locates the two descriptions with the most similar tasks and time spent ratings, and combines them to form a composite job description. In successive stages, new members are added to this initial group, or new groups are formed based on the similarity of tasks and time spent ratings. This process continues until all respondents have been included in a group.

AFSC 913X1 SPECIALTY JOBS (N = 48)

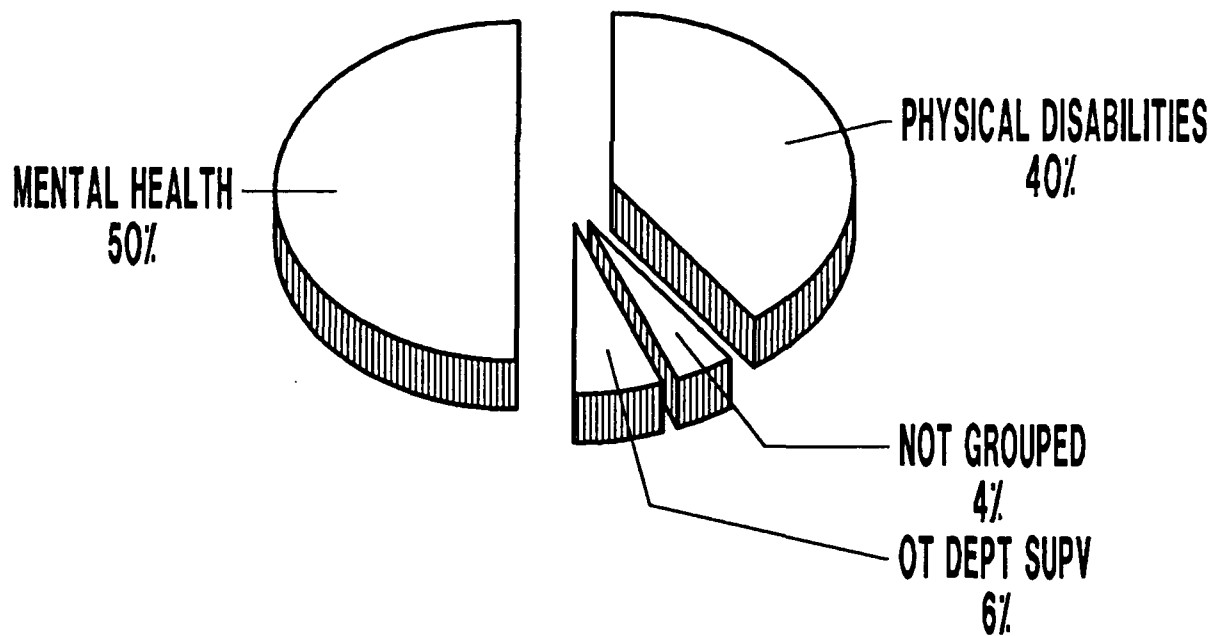


FIGURE 1

The basic group that CODAP uses in the clustering process is a job, or those individuals who perform many of the same tasks and spend a similar amount of time performing them. When several jobs are similar, they form a cluster. If members of a job perform tasks so different they cannot be included in a cluster, they are referred to as being an independent job. These definitions are used to describe the Occupational Therapy specialty and the variations in jobs within the specialty. In addition, this information is used to evaluate the accuracy and completeness of AFR 39-1 Specialty Descriptions, the Specialty Training Standard, and the Plan of Instruction for the entry-level course.

Overview

Survey data show most members of the career ladder perform in one of two jobs within the Occupational Therapy specialty. These jobs are Mental Health and Physical Disabilities. A smaller job of Occupational Therapy Department Supervisor was also identified (Figure 1). There is overlap among the three jobs, with similar tasks being performed by all three groups. The relative time members of the jobs spend on duties is presented in Table 3, while selected background information on these members is presented in Table 4. The GP/STG number next to the job title is a group reference number assigned by CODAP, and the letter "N" refers to the number of respondents in each job.

- I. MENTAL HEALTH JOB (GP032, N=24)
- II. PHYSICAL DISABILITIES JOB (GP033, N=19)
- III. DEPARTMENT SUPERVISOR JOB (STG012, N=3)

A description of each job is presented below, with a more complete list of representative tasks performed by members of each job listed in Appendix A.

I. MENTAL HEALTH JOB (GP032, N=24). Twenty-four respondents indicated they perform tasks related to this area. They are made up of 3-, 5-, and 7-skill levels performing tasks that deal with the psychosocial dysfunctions of patients. This job is distinguished by the time they spend on the following tasks:

- apply methods to improve situational coping skills
- instruct patients in ceramics
- apply methods to improve group interaction
- develop therapeutic goals
- apply methods to improve concentration
- apply methods to improve patients self-concept
- conduct therapeutic psychosocial skills group sessions

TABLE 3

DISTRIBUTION OF DUTY TIME SPENT BY MEMBERS OF CAREER LADDER JOBS
(RELATIVE PERCENT OF JOB TIME SPENT)

<u>DUTIES</u>	<u>MENTAL HEALTH (N=24)</u>	<u>PHYSICAL DISAB (N=19)</u>	<u>DEPT SUPV (N=3)</u>
A ORGANIZING AND PLANNING	4	2	18
B DIRECTING AND IMPLEMENTING	4	2	18
C INSPECTING AND EVALUATING	3	2	19
D TRAINING	2	4	14
E PERFORMING ADMINISTRATIVE OR SUPPLY FUNCTIONS	19	15	17
F PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS	43	63	12
G ADMINISTRATION OF STANDARD EVALUATION TESTS	1	3	*
H INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	17	5	*
I MAINTAINING TOOLS AND EQUIPMENT	6	4	1

* Denotes less than 1 percent

TABLE 4

SELECTED BACKGROUND DATA FOR CAREER LADDER JOBS

	<u>MENTAL HEALTH</u>	<u>PHYS DISAB</u>	<u>DEPT SUPV</u>
NUMBER IN GROUP	24	19	3
PERCENT OF SAMPLE	50%	40%	6%
PERCENT IN CONUS	83%	68%	66%
DAFSC DISTRIBUTION			
91331	42%	21%	0%
91351	29%	47%	33%
91371	29%	32%	67%
AVERAGE TAFMS (MOS)	68	63	179
AVERAGE NUMBER OF TASKS PERFORMED	85	122	68
PERCENT IN FIRST ENLISTMENT	68%	48%	0%
PERCENT SUPERVISING	28%	31%	100%

II. PHYSICAL DISABILITIES JOB (GP033, N=19). Nineteen respondents indicated they perform tasks related to this area. They are also 3-, 5-, and 7-skill levels and perform tasks that help to rehabilitate patients physically. This job is distinguished by the time they spend on the following tasks:

- fit patients for splints
- fabricate static splints
- measure pinch strength
- apply methods to improve strength
- measure grip strength
- adjust splints
- measure AROM of wrists
- measure AROM of joints
- measure AROM of thumbs

III. DEPARTMENT SUPERVISOR JOB (STG012, N=3). Three respondents indicated they perform tasks related to managing this career ladder and distinguish themselves by the time they spend performing the following tasks:

- evaluate safety or security programs
- develop work methods or controls
- direct maintenance or utilization of equipment and supplies
- analyze workload requirements
- monitor unit manning document
- schedule or project equipment replacements
- evaluate budget requirements
- determine training requirements
- write job or position descriptions
- prepare statistical reports
- establish organizational policies

Summary

The analysis of the jobs performed shows that the majority of the personnel in this career ladder are in the Mental Health or Physical Disabilities jobs. These two jobs identified support the current classification structure of the career ladder.

CAREER LADDER PROGRESSION

Analysis of DAFSC groups, together with the analysis of the career ladder structure, is an important part of each occupational survey. The DAFSC analysis identifies differences in tasks performed by members of the various skill-

level groups which in turn may be used to evaluate how well career ladder documents, such as AFR 39-1 Specialty Descriptions and the Specialty Training Standard (STS), reflect what members of the various skill-level groups are doing.

The distribution of skill-level members across the specialty jobs is displayed in Table 5, while relative amounts of time members of the various skill level groups spend on duties are shown in Table 6. These data show 53 percent of 3- and 5-skill level members are assigned to the Mental Health job, while 41 percent of 3- and 5-skill level members are assigned to the Physical Disabilities job. The majority of the 7-skill level members are also assigned to one of these jobs, with the remainder assigned as Occupation Therapy Department Supervisors. Descriptions of the skill levels follow.

DAFSC 91331/51. DAFSC 91331/51 respondents constitute 67 percent of the sample and have a 75 percent-time-spent overlap on common tasks, indicating they perform essentially the same job. Because of the high overlap, a combined job description was created and used in further analyses. As shown in Table 5, almost all 3- and 5-skill level members have the Mental Health or the Physical Disabilities job. Representative tasks DAFSC 91331/51 members perform are listed in Table 7. Most of the tasks listed deal with therapy treatment programs for rehabilitating patients.

DAFSC 91371. Seven-skill level personnel constitute 33 percent of the sample and, as shown in Table 5, are involved in most of the jobs identified by survey data. Representative tasks performed by 7-skill level members are listed in Table 8 and include a mixture of technical and supervisory tasks. Table 9 lists examples of tasks that best differentiate between AFSC 91331/51 and 91371 personnel. Figures in the top portion of the table show there are very few tasks that best differentiate 3- and 5-skill level personnel, but the lower half clearly shows 7-skill level personnel performing supervisory and administrative tasks.

Summary

Survey data show Occupational Therapy personnel progress typically through the skill levels to the 7-skill level. Three-, 5-, and 7-skill level personnel typically have either of the two main jobs, Mental Health or Physical Disabilities. Three-skill level personnel typically do not perform as many tasks as do 5- and 7-skill level members, due to lack of experience, while 7-skill level members are first-line supervisors and perform the same technical tasks as the 3- and 5-skill level members, along with the supervisory tasks.

TABLE 5
DISTRIBUTION OF SKILL-LEVEL MEMBERS IN CAREER LADDER JOBS
(PERCENT)

<u>JOBS</u>	<u>91331/51 (N=32)</u>	<u>91371 (N=16)</u>
MENTAL HEALTH TECHNICIAN	53%	44%
PHYSICAL DISABILITIES TECHNICIAN	41%	38%
OT DEPARTMENT SUPERVISOR	3%	12%
UNGROUPE	3%	6%

TABLE 6
TIME SPENT ON DUTIES BY MEMBERS OF SKILL-LEVEL GROUPS
(RELATIVE PERCENT OF JOB TIME)

<u>DUTIES</u>	<u>91331/51 (N=32)</u>	<u>91371 (N=16)</u>
A ORGANIZING AND PLANNING	3	7
B DIRECTING AND IMPLEMENTING	2	9
C INSPECTING AND EVALUATING	1	8
D TRAINING	1	7
E PERFORMING ADMINISTRATIVE OR SUPPLY FUNCTIONS	19	15
F PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS	53	40
G ADMINISTRATION OF STANDARD EVALUATION TESTS	1	2
H INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	13	7
I MAINTAINING TOOLS AND EQUIPMENT	6	4

TABLE 7
REPRESENTATIVE TASKS PERFORMED BY 91331/51 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=32)
E75 MAINTAIN AF FORMS 1412 (OCCUPATIONAL THERAPY RECORD)	94
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN NOTES	90
F106 APPLY METHODS TO IMPROVE PLAY OR LEISURE INTEREST	84
E64 DOCUMENT PATIENT TREATMENT ON LOCAL FORMS	84
E87 SCHEDULE PATIENTS FOR TREATMENTS	81
H257 INSTRUCT PATIENTS IN USE OF CRAFT KITS	81
F192 OBSERVE AND REPORT PATIENTS PERFORMANCE	78
E74 INITIATE SF FORMS 507 (CLINICAL RECORD)	78
E76 MAINTAIN PATIENT DAILY AUDIT TRAIL	78
F111 APPLY METHODS TO IMPROVE SITUATIONAL COPING SKILLS	75
F101 APPLY METHODS TO IMPROVE GROUP INTERACTION	75
F97 APPLY METHODS TO IMPROVE COORDINATION	72
H244 INSTRUCT PATIENTS IN COPPER TOOLING	72
F95 APPLY METHODS TO IMPROVE CONCENTRATION	72
E78 MAINTAIN STOCK LEVELS OF GENERAL SUPPLIES OR FORMS	69
F107 APPLY METHODS TO IMPROVE RANGE OF MOTION	69
H242 INSTRUCT PATIENTS IN CERAMICS	69
F100 APPLY METHODS TO IMPROVE ENDURANCE	69
F135 CONDUCT INITIAL INTERVIEWS OF PATIENTS	69
F112 APPLY METHODS TO IMPROVE STRENGTH	66
F155 DOCUMENT PATIENT PERFORMANCE	66
F122 ASSESS PROBLEM-SOLVING SKILLS	66
H241 INSTRUCT PATIENTS IN ART TECHNIQUES	59
H256 INSTRUCT PATIENTS IN SLIP-CASTING CERAMICS	56

TABLE 8
REPRESENTATIVE TASKS PERFORMED BY 91371 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=16)
F111 APPLY METHODS TO IMPROVE SITUATIONAL COPING SKILLS	87
F106 APPLY METHODS TO IMPROVE PLAY OR LEISURE INTEREST	87
B18 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	87
B17 COUNSEL PERSONNEL ON PERSONAL OR MILITARY-RELATED MATTERS	87
E85 REVIEW MEDICAL RECORDS OF PATIENTS	87
C39 WRITE APRs	87
A3 DETERMINE WORK PRIORITIES	87
E89 WRITE SPECIAL REPORTS, SUCH AS QUARTERLY REPORTS, OI	81
F105 APPLY METHODS TO IMPROVE PATIENTS SELF-CONCEPT	81
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN NOTES	81
C31 EVALUATE MAINTENANCE OR USE OF WORKSPACE, EQUIP, OR SUPPLIES	81
B22 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES	81
E64 DOCUMENT PATIENT TREATMENT ON LOCAL FORMS	81
F109 APPLY METHODS TO IMPROVE SELF-MANAGEMENT	81
E83 PREPARE REQUISITIONS FOR EQUIPMENT OR SUPPLIES	81
E63 ASSIST PATIENTS IN FILLING OUT FORMS	81
F125 ASSESS TIME MANAGEMENT	81
B19 DIRECT MAINTENANCE OR UTILIZATION OF EQUIPMENT AND SUPPLIES	75
C28 EVALUATE ADMINISTRATIVE FILES OR PROCEDURES	75
F155 DOCUMENT PATIENT PERFORMANCE	75
F135 CONDUCT INITIAL INTERVIEWS OF PATIENTS	75
E84 PREPARE STATISTICAL REPORTS	75
E75 MAINTAIN AF FORMS 1412 (OCCUPATIONAL THERAPY RECORD)	75
F136 CONDUCT REASSESSMENT EVALS OF PATIENT'S SKILLS/ PERFORMANCE	75
F137 CONDUCT THERAPEUTIC PSYCHOSOCIAL SKILLS GROUP SESSIONS	69
B25 SUPERVISE OCCUPATIONAL THERAPY SPECIALISTS (AFSC 91351)	68

TABLE 9

EXAMPLES OF TASKS WHICH BEST DIFFERENTIATE BETWEEN DAFSC
91331/51 AND DAFSC 91371 PERSONNEL
(PERCENT MEMBERS PERFORMING)

TASKS	91331/51 (N=32)	91371 (N=16)	DIFFERENCE
F192 OBSERVE AND REPORT PATIENTS PERFORMANCE	78	56	+22
F97 APPLY METHODS TO IMPROVE COORDINATION	72	50	+22
C39 WRITE APRs	9	87	-78
A2 ASSIGN SPONSORS FOR NEWLY ASSIGNED PERSONNEL	3	81	-78
C40 WRITE RECOMMENDATIONS FOR AWARDS AND DECORATIONS	3	75	-72
B17 COUNSEL PERSONNEL ON PERSONAL OR MILITARY-RELATED MATTERS	16	87	-71
D46 DETERMINE TRAINING REQUIREMENTS	12	81	-69
C37 INVESTIGATE ACCIDENTS OR INCIDENTS	0	69	-69
B22 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES FOR SUBORDINATES	12	81	-69
C32 EVALUATE PERSONNEL FOR COMPLIANCE WITH PERFORMANCE STANDARDS	16	81	-65

AFR 39-1 SPECIALTY JOB DESCRIPTION ANALYSIS

The current AFR 39-1 Specialty Descriptions for the career ladder were compared to job descriptions for each job identified and for each DAFSC group. Survey data support the jobs and tasks included in the current AFR 39-1 Specialty Descriptions.

TRAINING ANALYSIS

Occupational survey data are a source of information used to review training documents for the specialty. Two of the most commonly used types of data are: (1) percent of first-enlistment personnel performing tasks, and (2) ratings of how much TE tasks should receive in a structured training program for first-enlistment personnel. These data were used to evaluate the Specialty Training Standard for the 913X1 career ladder.

TE factors may be used in conjunction with percent members performing figures to determine what tasks should be emphasized in entry-level training. Tasks with high TE ratings and performed by moderate to high percentages of first-enlistment personnel normally are taught in resident courses, while tasks with high TE ratings and low percentages of first-enlistment personnel performing may be more appropriate for OJT. Tasks rated low in TE generally are not included in any formal training unless their inclusion can be justified by percent members performing, command concerns, or criticality. Products in the Training Extract contain several listings of tasks with accompanying TE ratings, and percent members performing figures. Training personnel will find these listings extremely helpful for reviewing training requirements for the 913X1 career ladder.

Table 10 lists tasks with the highest TE ratings, with accompanying first job (1-24 months TAFMS) and first enlistment (1-48 months TAFMS) percent members performing data shown. These tasks are performed by fairly high percentages of respondents, and all but three are matched to STS elements.

The Training Extract contains a complete listing of all tasks in descending TE order, percent first-enlistment personnel performing the tasks, and TE ratings for matched tasks. Copies of these extracts have been forwarded to the technical school for their use in reviewing training documents for the career ladder. A summary of that information is presented below.

First-Enlistment Occupational Therapy Personnel

Twenty-five survey respondents indicated they are in their first enlistment. As shown by Figure 2, the largest percentage of first-enlistment AFSC 913X1 personnel have the Mental Health job, with a slightly smaller percentage in the Physical Disability job. The relative amount of time spent by first-enlistment AFSC 913X1 personnel on the duties is presented in Table 11, while

TABLE 10
SAMPLE OF TASKS WITH HIGHEST TRAINING EMPHASIS RATINGS

TASKS	TNG EMP	PERCENT MEMBERS PERFORMING	
		1-24 TAFMS	1-48 TAFMS
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN (SOAP) PROGRESS NOTES	7.76	92	96
F90 ADJUST SPLINTS	7.62	33	56
F160 FABRICATE STATIC SPLINTS	7.62	50	64
F155 DOCUMENT PATIENT PERFORMANCE	7.57	50	68
F161 FIT PATIENTS FOR SPLINTS	7.57	50	56
F185 MEASURE AROM OF JOINTS	7.52	25	44
F188 MEASURE AROM OF WRISTS	7.48	25	44
F187 MEASURE AROM OF THUMBS	7.43	25	40
F189 MEASURE GRIP STRENGTH	7.29	25	44
F107 APPLY METHODS TO IMPROVE RANGE OF MOTION	7.19	58	68
F158 FABRICATE DYNAMIC SPLINTS	7.19	8	20
F178 INSTRUCT PATIENTS ON USE OF SPLINTS	7.19	33	48
F192 OBSERVE AND REPORT PATIENTS PERFORMANCE	7.19	67	76
F101 APPLY METHODS TO IMPROVE GROUP INTERACTION	7.14	83	88
F112 APPLY METHODS TO IMPROVE STRENGTH	7.14	58	64
F191 MEASURE PINCH STRENGTH	7.14	25	44
F116 ASSESS FINE MOTOR AND DEXTERITY OF HANDS	7.05	33	44
F186 MEASURE AROM OF SHOULDERS	7.05	17	28
F105 APPLY METHODS TO IMPROVE PATIENTS SELF- CONCEPT	7.00	58	68
F135 CONDUCT INITIAL INTERVIEWS OF PATIENTS	6.95	67	76
F207 SELECT THERAPEUTIC ACTIVITIES	6.86	33	52
F100 APPLY METHODS TO IMPROVE ENDURANCE	6.76	75	76
F182 MEASURE ACTIVE RANGE OF MOTION (AROM) OF ELBOWS	6.76	25	32
F106 APPLY METHODS TO IMPROVE PLAY OR LEISURE INTEREST AND SKILLS	6.71	100	96
F159 FABRICATE ORTHOTIC THERAPEUTIC DEVICES	6.71	8	16
H242 INSTRUCT PATIENTS IN CERAMICS	6.71	92	80
H248 INSTRUCT PATIENTS IN LEATHER CARVING	6.71	58	76
F181 MANAGE EDEMA OF UPPER EXTREMITIES	6.67	17	20
F97 APPLY METHODS TO IMPROVE COORDINATION	6.62	75	76

**FIRST ASSIGNMENT AFSC 913X1
CAREER LADDER JOBS**

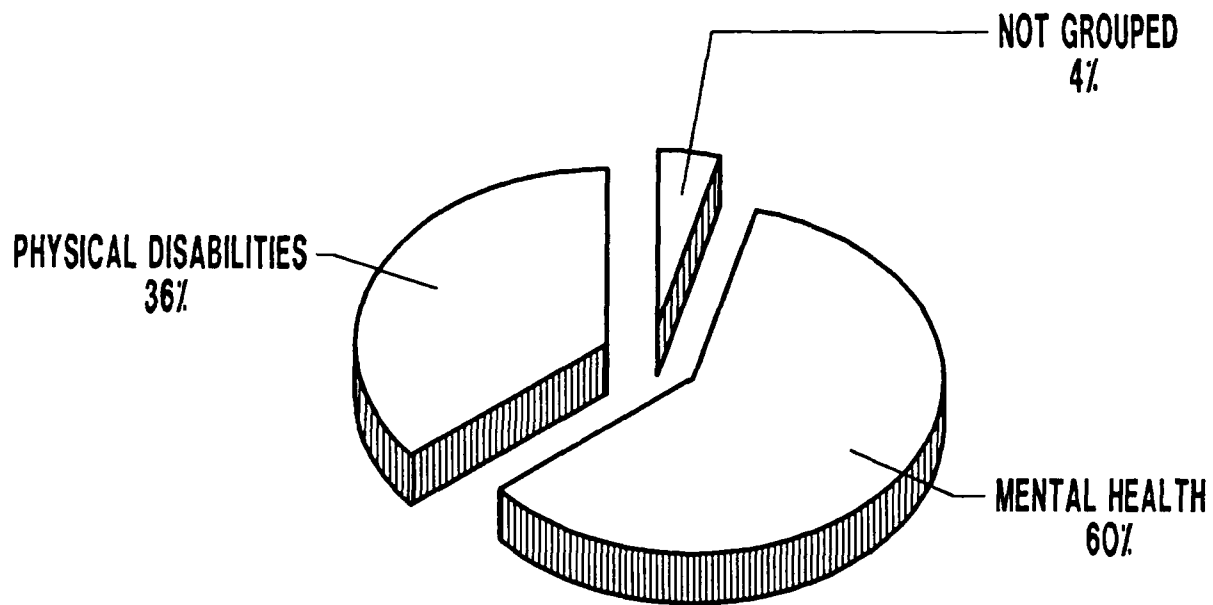


FIGURE 2

TABLE 11
RELATIVE PERCENT OF TIME SPENT ACROSS DUTIES
BY FIRST-ENLISTMENT PERSONNEL

<u>DUTIES</u>	<u>1-48 MOS TAFMS (N=25)</u>
A ORGANIZING AND PLANNING	2
B DIRECTING AND IMPLEMENTING	2
C INSPECTING AND EVALUATING	*
D TRAINING	*
E PERFORMING ADMINISTRATIVE OR SUPPLY FUNCTIONS	19
F PERFORMING THERAPY ASSESSMENT OR TREATMENT OF PATIENTS	54
G ADMINISTRATION OF STANDARD EVALUATION TESTS	1
H INSTRUCTING PATIENTS IN THERAPEUTIC ACTIVITIES	15
I MAINTAINING TOOLS AND EQUIPMENT	6

* Denotes less than 1 percent

representative tasks performed are listed in Table 12. These data confirm that first-enlistment personnel are involved in both of the main jobs for the Occupational Therapy career ladder, with a larger number in the Mental Health job.

Specialty Training Standard

For the purposes of reviewing the Specialty Training Standard (STS) for this specialty, USAF Occupational Measurement Center personnel met with three 913X1 personnel from Wilford Hall to match tasks listed in the job inventory to STS line items. The end product of the match was used to produce listings of the STS with job inventory tasks matched, percent members performing the tasks, and TE ratings for each matched task. These listings are included in the Training Extract sent to the school for review.

Because the first 13 paragraphs of the AFSC 913X1 STS deal with the general topics of career progression, security, AFOSH, graduate evaluation, technical publications, supervision, and training and maintenance, they were not reviewed. Technical aspects of the career ladder, on the other hand, are covered in paragraphs 14 through 17.

Criteria set forth in AFR 8-13, AFR 8-13/ATC Supplement 1 (Attachment 1, paragraph A1-3c(4)), and ATCR 52-22 Attachment 1, were used to review the relevance of each STS element that had inventory tasks matched to it.

Using these criteria, all elements in the STS are supported by OSR data, meaning individual line items have tasks matched that are performed by more than 20 percent first-job, first-enlistment, 5-, or 7-skill level members.

There are three tasks with high TE ratings performed by more than 20 percent of criterion group members and not matched to STS elements (Table 13). These tasks were reviewed and appear to be related to the Mental Health job. Training personnel and subject-matter experts need to review these unmatched tasks to determine if they suggest material that should be added to the STS.

Plan of Instruction

The Plan of Instruction (POI) for the 913X1 course is an Army POI and is mostly knowledge based. For this reason, it was not matched with the job inventory tasks. Nevertheless, technical school personnel may wish to use survey data to help insure complete coverage of relevant knowledge areas.

JOB SATISFACTION

Respondents were asked to indicate how interested they are in their jobs, if they feel their talents and training are being used, and if they intend to reenlist. Overall, job satisfaction for the 913X1 career ladder is good,

TABLE 12
REPRESENTATIVE TASKS PERFORMED BY FIRST-ENLISTMENT
AFSC 913X1 PERSONNEL

TASKS	PERCENT MEMBERS PERFORMING (N=25)
E75 MAINTAIN AF FORMS 1412 (OCCUPATIONAL THERAPY RECORD)	100
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN NOTES	96
F106 APPLY METHODS TO IMPROVE PLAY/LEISURE INTEREST/SKILLS	96
H257 INSTRUCT PATIENTS IN USE OF CRAFT KITS	92
F101 APPLY METHODS TO IMPROVE GROUP INTERACTION	88
E74 INITIATE SF FORMS 507 (CLINICAL RECORD)	88
F94 APPLY METHODS TO IMPROVE COMMUNITY INVOLVEMENT SKILLS	88
E76 MAINTAIN PATIENT DAILY AUDIT TRAIL	84
E64 DOCUMENT PATIENT TREATMENT ON LOCAL FORMS	84
E87 SCHEDULE PATIENTS FOR TREATMENTS	84
H244 INSTRUCT PATIENTS IN COPPER TOOLING	84
H242 INSTRUCT PATIENTS IN CERAMICS	80
H249 INSTRUCT PATIENTS IN LEATHER LACING	80
H248 INSTRUCT PATIENTS IN LEATHER CARVING	80
F192 OBSERVE AND REPORT PATIENTS PERFORMANCE	76
F111 APPLY METHODS TO IMPROVE SITUATIONAL COPING SKILLS	76
F100 APPLY METHODS TO IMPROVE ENDURANCE	76
F122 ASSESS PROBLEM-SOLVING SKILLS	76
H251 INSTRUCT PATIENTS IN MACRAME	76
F107 APPLY METHODS TO IMPROVE RANGE OF MOTION	76
H241 INSTRUCT PATIENTS IN ART TECHNIQUES	76
E78 MAINTAIN STOCK LEVELS OF GENERAL SUPPLIES OR FORMS	72
F155 DOCUMENT PATIENT PERFORMANCE	68
F97 APPLY METHODS TO IMPROVE COORDINATION	68
H256 INSTRUCT PATIENTS IN SLIP-CASTING CERAMICS	64
F95 APPLY METHODS TO IMPROVE CONCENTRATION	64
F135 CONDUCT INITIAL INTERVIEWS OF PATIENTS	56

TABLE 13
TASKS WITH HIGH TE NOT MATCHED TO AFSC 913X1 STS

<u>TASKS</u>	<u>TNG EMP</u>	<u>PERCENT MEMBERS PERFORMING</u>			
		<u>1ST JOB</u>	<u>1ST ENL</u>	<u>5- LVL</u>	<u>7- LVL</u>
F207 SELECT THERAPEUTIC ACTIVITIES	6.86	33	52	72	63
F151 DEVELOP THERAPEUTIC GOALS	6.24	58	72	72	63
F176 INSTRUCT PATIENTS ON TIME MANAGEMENT	6.24	58	52	39	75

TE Mean = 3.94 S.D. = 2.04

although personnel in their second enlistment appear to be less satisfied than other members of the career ladder (see Table 14). Satisfaction indicators for TAFMS groups in the present study were also compared to a comparative sample of four medical AFSCs surveyed in 1988 (see Table 14). Overall, indicators are slightly lower for AFSC 913X1 personnel than those expressed by members of the four related medical specialties. AFSC 913X1 personnel also feel their talents and training are not used as well as they could be, compared to counterparts in the related specialties.

Satisfaction indicators for members of the three jobs were also looked at and are shown in Table 15. Most respondents find their work interesting, although those in the Physical Disabilities job are somewhat less satisfied than other members and also feel that their talents are used the least. Reenlistment intentions for all groups is better than average.

IMPLICATIONS

Survey data show most AFSC 913X1 personnel are split between two jobs, Mental Health and Physical Disabilities. Personnel progress normally through the career ladder, with 3- and 5-skill level members performing mainly technical tasks, and 7-skill level personnel performing as working supervisors who perform a mixture of technical and supervisory tasks. Survey data support the current AFR 39-1 Specialty Descriptions and the Specialty Training Standard.

Job satisfaction indicators for this specialty are slightly lower than those of related AFSCs surveyed in 1988. Members of most jobs report they find their job interesting, but a few feel their talents and training are not fully used.

TABLE 14

COMPARISON OF JOB SATISFACTION INDICATORS FOR 913X1 TAFMS GROUPS
IN CURRENT STUDY TO A COMPARATIVE SAMPLE
(PERCENT MEMBERS RESPONDING)

	<u>1-48 MONTHS TAFMS</u>		<u>49-96 MONTHS TAFMS</u>		<u>97+ MONTHS TAFMS</u>	
	<u>913X1 (N=25)</u>	<u>COMP SAMPLE (N=870)</u>	<u>913X1 (N=8)</u>	<u>COMP SAMPLE (N=383)</u>	<u>913X1 (N=15)</u>	<u>COMP SAMPLE (N=623)</u>
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	84	84	75	86	87	86
SO-SO	16	10	13	8	*	8
DULL	0	6	13	4	13	5
<u>PERCEIVED USE OF TALENTS:</u>						
FAIRLY WELL TO GOOD	80	86	75	86	80	87
LITTLE OR NOT AT ALL	20	13	25	14	20	13
<u>PERCEIVED USE OF TRAINING:</u>						
FAIRLY WELL TO GOOD	84	89	63	86	73	84
LITTLE OR NOT AT ALL	16	10	38	13	27	16
<u>REENLISTMENT INTENTIONS:</u>						
WILL REENLIST	64	59	75	75	73	72
WILL NOT REENLIST	36	40	25	25	13	8
WILL RETIRE	*	*	0	*	13	20

Comparative data were from 4 Medical AFSCs surveyed in 1988: 911X0-Aerospace Physiology, 914X1-Mental Health, 918X0-Biomedical Equipment Maintenance, and 982X0-Dental Laboratory

* Denotes less than 1 percent

TABLE 15
COMPARISON OF JOB SATISFACTION INDICATORS FOR AFSC 913X1
ACROSS SPECIALTY JOBS
(PERCENT MEMBERS RESPONDING)

	MENTAL HEALTH (N=24)	PHYSICAL DISABILITIES (N=19)	DEPARTMENT SUPERVISORS (N=3)
<u>EXPRESSED JOB INTEREST:</u>			
INTERESTING	87	73	100
SO-SO	13	11	0
DULL	*	16	0
<u>PERCEIVED USE OF TALENTS:</u>			
FAIRLY WELL TO GOOD	87	63	100
LITTLE OR NOT AT ALL	13	37	0
<u>PERCEIVED USE OF TRAINING:</u>			
FAIRLY WELL TO GOOD	79	84	67
LITTLE OR NOT AT ALL	21	26	33
<u>REENLISTMENT INTENTIONS:</u>			
WILL REENLIST	63	68	100
WILL NOT REENLIST	29	32	0
WILL RETIRE	8	0	0

* Denotes less than 1 percent

APPENDIX A

SELECTED REPRESENTATIVE TASKS PERFORMED BY
MEMBERS OF CAREER LADDER JOBS

TABLE A1

GROUP ID NUMBER AND TITLE: STG032, MENTAL HEALTH JOB
 NUMBER IN GROUP: 24 AVERAGE TIME IN JOB: 27 MONTHS
 MONTHS PERCENT OF SAMPLE: 50% AVERAGE TAFMS: 68 MONTHS

THE FOLLOWING TASKS ARE IN DESCENDING ORDER OF PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
F106 APPLY METHODS TO IMPROVE PLAY OR LEISURE INTEREST AND SKILLS	100
H257 INSTRUCT PATIENTS IN USE OF CRAFT KITS	96
E75 MAINTAIN AF FORMS 1412 (OCCUPATIONAL THERAPY TREATMENT RECORD)	95
H242 INSTRUCT PATIENTS IN CERAMICS	95
F101 APPLY METHODS TO IMPROVE GROUP INTERACTION	92
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN (SOAP) PROGRESS NOTES	92
H244 INSTRUCT PATIENTS IN COPPER TOOLING	92
E76 MAINTAIN PATIENT DAILY AUDIT TRAIL	88
E74 INITIATE SF FORMS 507 (CLINICAL RECORD - REPORT ON ____ OR CONTINUATION OF SF ____)	88
E87 SCHEDULE PATIENTS FOR TREATMENTS	88
F111 APPLY METHODS TO IMPROVE SITUATIONAL COPING SKILLS	88
H251 INSTRUCT PATIENTS IN MACRAME	88
H248 INSTRUCT PATIENTS IN LEATHER CARVING	88
H249 INSTRUCT PATIENTS IN LEATHER LACING	88
H250 INSTRUCT PATIENTS IN LEATHER STAMPING	88
H256 INSTRUCT PATIENTS IN SLIP-CASTING CERAMICS	83
E64 DOCUMENT PATIENT TREATMENT ON LOCAL FORMS	83
H241 INSTRUCT PATIENTS IN ART TECHNIQUES	83
F122 ASSESS PROBLEM-SOLVING SKILLS	83
F135 CONDUCT INITIAL INTERVIEWS OF PATIENTS	79
E78 MAINTAIN STOCK LEVELS OF GENERAL SUPPLIES OR FORMS	79
F94 APPLY METHODS TO IMPROVE COMMUNITY INVOLVEMENT SKILLS	75
F125 ASSESS TIME MANAGEMENT	75
F95 APPLY METHODS TO IMPROVE CONCENTRATION	71
F105 APPLY METHODS TO IMPROVE PATIENTS SELF-CONCEPT	71
F155 DOCUMENT PATIENT PERFORMANCE	67
F176 INSTRUCT PATIENTS ON TIME MANAGEMENT	67
E83 PREPARE REQUISITIONS FOR EQUIPMENT OR SUPPLIES	67
F100 APPLY METHODS TO IMPROVE ENDURANCE	63
F137 CONDUCT THERAPEUTIC PSYCHOSOCIAL SKILLS GROUP SESSIONS	63

TABLE A2

GROUP ID NUMBER AND TITLE: GP033, PHYSICAL DISABILITIES JOB
 NUMBER IN GROUP: 19 AVERAGE TIME IN JOB: 24 MONTHS
 PERCENT OF SAMPLE: 40% AVERAGE TAFMS: 63 MONTHS

THE FOLLOWING TASKS ARE IN DESCENDING ORDER OF PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
F192 OBSERVE AND REPORT PATIENTS PERFORMANCE	100
F107 APPLY METHODS TO IMPROVE RANGE OF MOTION	100
F208 WRITE SUBJECTIVE OR OBJECTIVE ASSESSMENT PLAN (SOAP) PROGRESS NOTES	95
E75 MAINTAIN AF FORMS 1412 (OCCUPATIONAL THERAPY TREATMENT RECORD)	95
F112 APPLY METHODS TO IMPROVE STRENGTH	95
F160 FABRICATE STATIC SPLINTS	95
E64 DOCUMENT PATIENT TREATMENT ON LOCAL FORMS	89
F185 MEASURE AROM OF JOINTS	89
F188 MEASURE AROM OF WRISTS	89
F187 MEASURE AROM OF THUMBS	89
F90 ADJUST SPLINTS	89
F189 MEASURE GRIP STRENGTH	89
E88 STORE THERAPEUTIC SUPPLIES AND EQUIPMENT	89
F190 MEASURE PATIENTS FOR SPLINTS	89
F191 MEASURE PINCH STRENGTH	89
F116 ASSESS FINE MOTOR AND DEXTERITY OF HANDS	89
E74 INITIATE SF FORMS 507 (CLINICAL RECORD - REPORT ON ____ OR CONTINUATION OF SF ____)	84
E76 MAINTAIN PATIENT DAILY AUDIT TRAIL	84
F155 DOCUMENT PATIENT PERFORMANCE	84
E78 MAINTAIN STOCK LEVELS OF GENERAL SUPPLIES OR FORMS	84
F165 INSTRUCT PATIENTS ON CARE OF SPLINTS	84
E86 SCHEDULE PATIENTS FOR EVALUATIONS OR CONSULTATIONS	84
F178 INSTRUCT PATIENTS ON USE OF SPLINTS	84
F161 FIT PATIENTS FOR SPLINTS	84
F100 APPLY METHODS TO IMPROVE ENDURANCE	84
E87 SCHEDULE PATIENTS FOR TREATMENTS	84
F151 DEVELOP THERAPEUTIC GOALS	84
F97 APPLY METHODS TO IMPROVE COORDINATION	84
E83 PREPARE REQUISITIONS FOR EQUIPMENT OR SUPPLIES	74
F111 APPLY METHODS TO IMPROVE SITUATIONAL COPING SKILLS	74

TABLE A3

GROUP ID NUMBER AND TITLE: STG012, DEPARTMENT SUPERVISOR JOB
 NUMBER IN GROUP: 3 AVERAGE TIME IN JOB: 24 MONTHS
 PERCENT OF SAMPLE: 6% AVERAGE TAFMS: 179 MONTHS

THE FOLLOWING TASKS ARE IN DESCENDING ORDER OF PERCENT MEMBERS PERFORMING:

TASKS	PERCENT MEMBERS PERFORMING
E89 WRITE SPECIAL REPORTS, SUCH AS QUARTERLY REPORTS, OI, STANDARD OPERATING PROCEDURES, AND HOSPITAL REGULATIONS	100
B22 INTERPRET POLICIES, DIRECTIVES, OR PROCEDURES FOR SUBORDINATES	100
C28 EVALUATE ADMINISTRATIVE FILES OR PROCEDURES	100
B18 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	100
A6 ESTABLISH ORGANIZATIONAL POLICIES	100
C31 EVALUATE MAINTENANCE OR USE OF WORKSPACE, EQUIPMENT, OR SUPPLIES	100
E84 PREPARE STATISTICAL REPORTS	100
A14 WRITE JOB OR POSITION DESCRIPTIONS	100
B17 COUNSEL PERSONNEL ON PERSONAL OR MILITARY-RELATED MATTERS	100
B19 DIRECT MAINTENANCE OR UTILIZATION OF EQUIPMENT AND SUPPLIES	100
A4 DEVELOP WORK METHODS OR CONTROLS	100
C39 WRITE APRs	100
D46 DETERMINE TRAINING REQUIREMENTS	100
D52 EVALUATE TRAINING METHODS, TECHNIQUES, OR PROGRAMS	100
C29 EVALUATE BUDGET REQUIREMENTS	100
C40 WRITE RECOMMENDATIONS FOR AWARDS AND DECORATIONS	100
C33 EVALUATE SAFETY OR SECURITY PROGRAMS	100
A12 SCHEDULE OR PROJECT EQUIPMENT REPLACEMENTS	100
A11 PLAN SAFETY OR SECURITY PROGRAMS	100
B20 IMPLEMENT SAFETY OR SECURITY PROGRAMS OR PROCEDURES	100
B25 SUPERVISE OCCUPATIONAL THERAPY SPECIALISTS (AFSC 91351)	67
C35 EVALUATE WORK SCHEDULES	67
A10 PLAN OR SCHEDULE WORK PRIORITIES	67
C27 ANALYZE WORKLOAD REQUIREMENTS	67
A9 PLAN OR SCHEDULE WORK ASSIGNMENTS	67
A15 CONDUCT STAFF MEETINGS	67
B21 IMPLEMENT WORK METHODS	67
A7 ESTABLISH PERFORMANCE STANDARDS FOR SUBORDINATES	67
A3 DETERMINE WORK PRIORITIES	67
B16 CONDUCT SUPERVISORY ORIENTATIONS OF NEWLY ASSIGNED PERSONNEL	67