UNITED STATES AIR FORCE

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OCCUPATIONAL SURVEY REPORT

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.

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 kinesology, 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:

BASE	REASON FOR VISIT
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

MAJCOM	PERCENT OF ASSIGNED	PERCENT OF SAMPLE
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

PAYGRADE	PERCENT OF ASSIGNED	PERCENT OF SAMPLE
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)

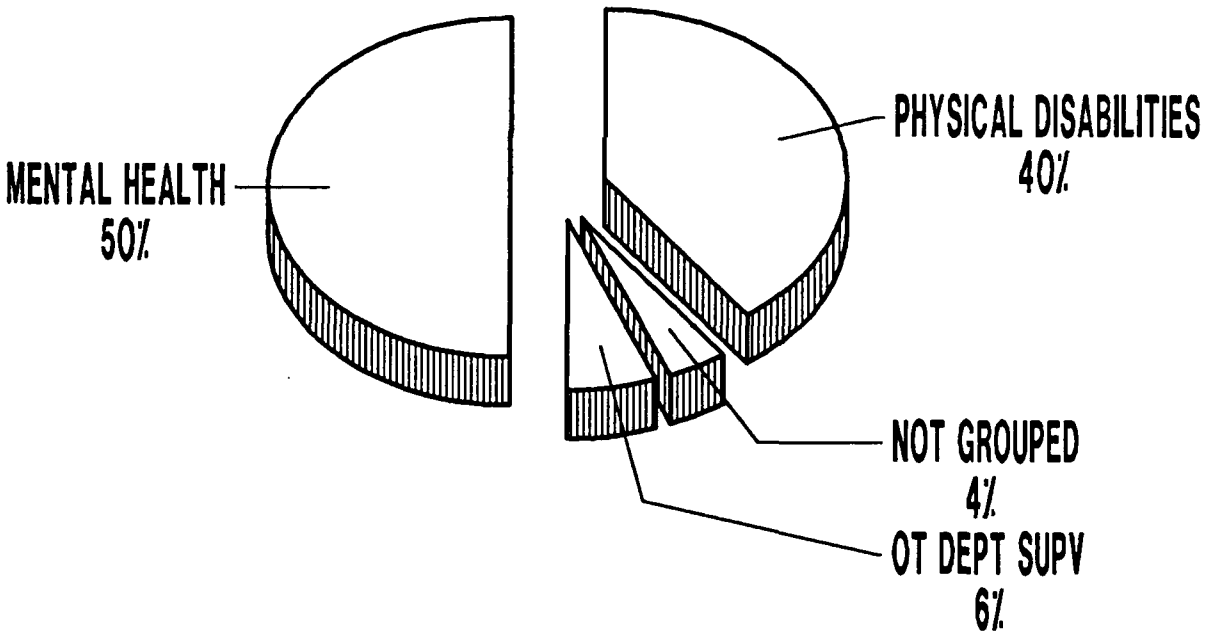

FIGURE 1

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)

DUTIES	MENTAL HEALTH (N=24)	PHYSICAL DISAB (N=19)	DEPT SUPV (N=3)
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

	MENTAL HEALTH	PHYS DISAB	DEPT SUPV
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)

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

TABLE 6

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

DUTIES	91331/51 (N=32)	91371 (N=16)
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

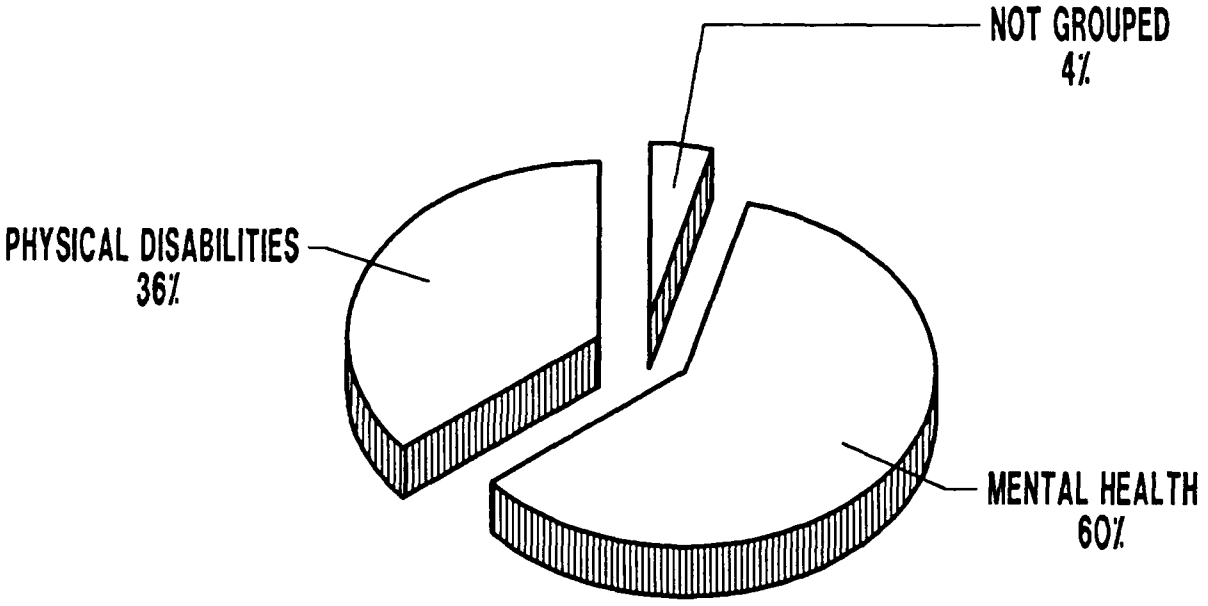

FIGURE 2

TABLE 11

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

DUTIES	1-48 MOS TAFMS (N=25)
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

TASKS	TNG EMP	PERCENT MEMBERS PERFORMING 1ST JOB	1ST ENL	5-LVL	7-LVL
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)

	1-48 MONTHS TAFMS		49-96 MONTHS TAFMS		97+ MONTHS TAFMS	
	913X1 (N=25)	COMP SAMPLE (N=870)	913X1 (N=8)	COMP SAMPLE (N=383)	913X1 (N=15)	COMP SAMPLE (N=623)
EXPRESSED JOB INTEREST:						
INTERESTING	84	84	75	86	87	86
SO-SO	16	10	13	8	*	8
DULL	0	6	13	4	13	5
PERCEIVED USE OF TALENTS:						
FAIRLY WELL TO GOOD	80	86	75	86	80	87
LITTLE OR NOT AT ALL	20	13	25	14	20	13
PERCEIVED USE OF TRAINING:						
FAIRLY WELL TO GOOD	84	89	63	86	73	84
LITTLE OR NOT AT ALL	16	10	38	13	27	16
REENLISTMENT INTENTIONS:						
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)
EXPRESSED JOB INTEREST:			
INTERESTING	87	73	100
SO-SO	13	11	0
DULL	*	16	0
PERCEIVED USE OF TALENTS:			
FAIRLY WELL TO GOOD	87	63	100
LITTLE OR NOT AT ALL	13	37	0
PERCEIVED USE OF TRAINING:			
FAIRLY WELL TO GOOD	79	84	67
LITTLE OR NOT AT ALL	21	26	33
REENLISTMENT INTENTIONS:			
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