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**FACULTY PERCEPTIONS OF FACILITATORS AND BARRIERS IN HOLISTIC
ADMISSIONS FOR GRADUATE CLINICAL HEALTH PROFESSIONS PROGRAMS**

by

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Abstract

Purpose: To promote holistic admissions, the focus was on graduate clinical health professions faculty's perceptions of facilitators and barriers in admissions practices. This evaluation sought to add to existing knowledge of how current holistic practices could be best utilized and implemented in the College of Public Health to effectively support staff and students involved in these programs.

Methods: An anonymous online survey was distributed to the graduate clinical programs within the College of Public Health. The invitation to participate in the survey included the link to the survey, which consisted of 17 multiple choice questions. This was aimed at gaining knowledge of faculty's knowledge, attitude, and practices related to holistic admissions.

Results: Faculty knowledge, attitudes, and practices of holistic admissions were analyzed using a KAP-based survey. Results indicated faculty perceptions and values being positively aligned with CPH's, but also needs such as increased time, resources, and a more comprehensive model.

Faculty Perceptions of Holistic Admissions

Introduction

The profession of occupational therapy asserts that engagement in occupations facilitate and maintain health and participation. Part of this domain includes supporting occupational justice, defined as the recognition of occupational rights to inclusive participation in occupation for all regardless of age, ability, gender, social class, or other differences (AOTA, 2020). A key event in the occupation of education –specifically formal education participation– is the admissions process. Holistic admissions can facilitate occupational justice and individuals in their participation in higher education. Holistic admissions are “a flexible, individualized approach to assessing an applicant’s capabilities, where balanced consideration is given to experiences, attributes, and academic metrics (E-A-M), and how these factors, when considered together, contribute to the individual’s potential value in their future roles as students and clinicians” (AAMC, 2013, p. ix).

The College of Public Health (CPH) at Temple University –an urban, public, 4-year university in the northeastern United States– seeks to facilitate “healthy, equitable, and thriving communities for all” using “cultural humility as [they] advocate for positive change” (Temple University, 2024, p. 1). To facilitate holistic admissions and occupational justice within CPH graduate clinical health professions programs, an evaluation of faculty perceptions of facilitators and barriers in the admissions process was conducted. Continual evaluation of processes is vital to assuring that program goals and objectives are being supported as well as facilitating occupational justice for individuals and communities.

Background

Holistic admissions can be defined as admission practices that include secondary considerations –such as lived experience, personal statements, or cultural context– as part of the potential student application and review process (Bastedo, 2021). Holistic review is currently considered to be a high standard of practice amongst many universities and programs seeking to encourage diversity and equity within their student populations (Tyminski & Grajo, 2024). There are, however, pros and cons to its use. The idea of holistic review precedes World War II, when the goal was to deny applicants who had specific qualities, for example, being of Jewish descent. As the idea has evolved, today’s holistic review is most often meant to facilitate students of different backgrounds in entering institutions of higher education. Nevertheless, current barriers to holistic admissions may deter the inclusive properties that holistic practices are meant to create. Thus, consistent research, examination, and analysis of institutional practices is necessary to promote holistic admissions in achieving their core values (Bastedo, 2021). Most of the available research finds benefits in the use of holistic admissions practices. There is, however, uneven implementation of holistic practices between health professions as well as within professions and institutions themselves. Leading professions utilizing holistic admissions include dentistry and medicine; the benefits found when holistic practices were integrated most effectively include increased diversity, student outcomes, and community engagement (Artinian et al., 2017). The topic of holistic admissions and the tenants it supports is so valuable, some health professions have conducted studies within their own education programs to learn more about the subject.

Though there is much support, there are also many barriers to wide and effective use of holistic admissions practices. Some barriers are more localized including costs associated with

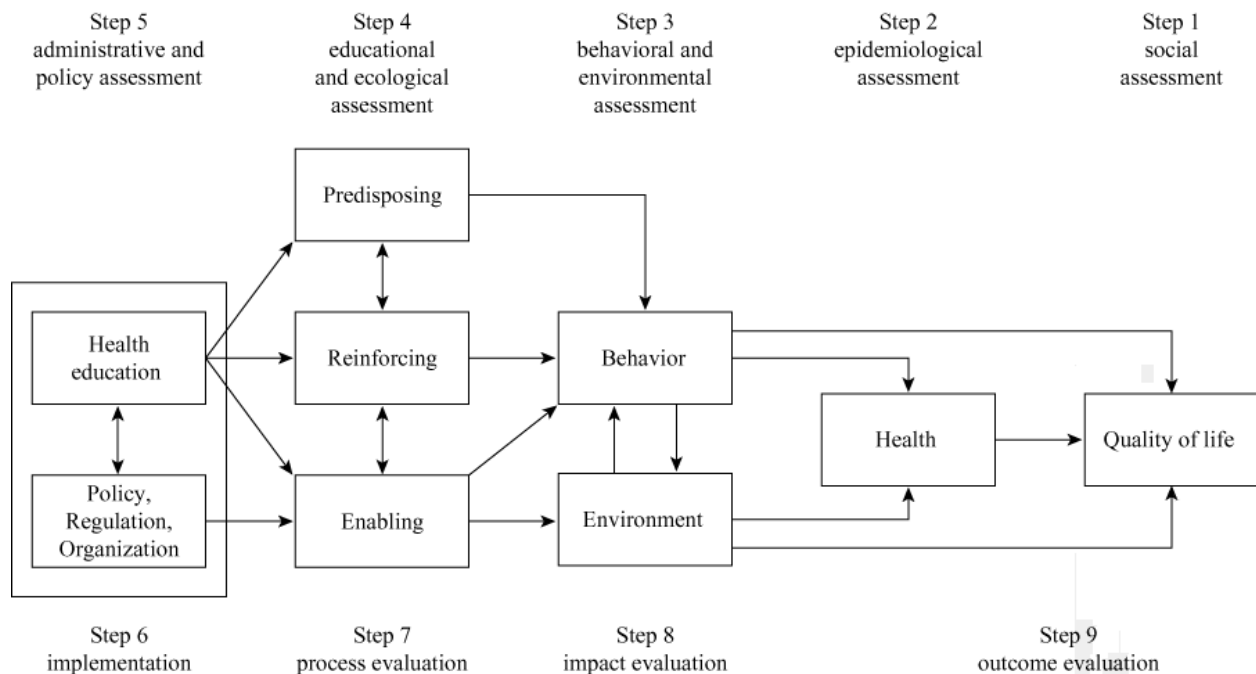
implementation of holistic practices, preconceived notions regarding practices, inconsistent education of faculty in their applicant review using holistic criteria, or institutional support of implementation (Glazer et al., 2016; Tyminski & Grajo, 2024). Meanwhile others are more systemic such as perceived support from accrediting bodies and uniformity of criteria and rubrics (Barret et al., 2022) (McNeil et al., 2021). Many of the barriers cited in current literature are related to perceptions of how the use of holistic admissions, and their review in addition to standard academic criteria, could change practicum or certification success.

Theory

Figure 1

Visual Depiction of the Precede-Proceed Planning Model. Source: Green and Kreuter, 1999, p.

34.



The PRECEDE-PROCEED model is a planning model that can give insight into a given effort and how interventions can be built or improved. The program acronym follows the steps

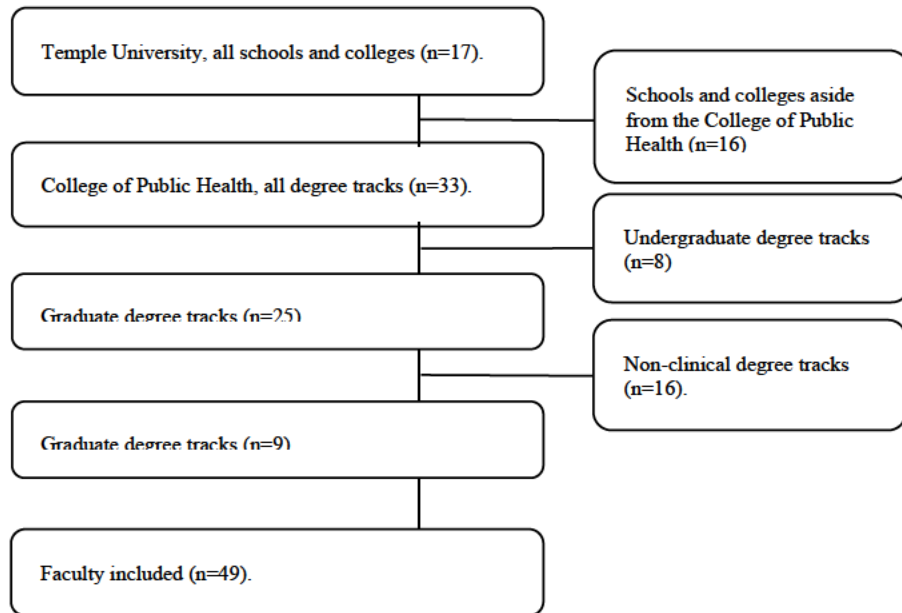
with PRECEDE –Predisposing, Reinforcing, and Enabling Constructs in Educational/ environmental Diagnosis and Evaluation– corresponding to the first four steps of assessment, and PROCEED stands Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development. CPH has had goals in place to facilitate an environment of cultural humility and improve student and patient outcomes, evidenced by many programs transitioning to using more holistic criteria over the past decade. So, the goal of this evaluation, following holistic admissions implementation (Step 6), was Step 7: Process evaluation. By assessing the current faculty perceived facilitators and barriers to holistic admissions –predisposing, reinforcing, and enabling factors according to the model– potential areas of need and future programming can be identified to improve outcomes such as student success, faculty experience, and future patient results (Crosby & Noar, 2011).

Methods

Participants. Participants in this survey were CPH faculty recruited through graduate program directors. The inclusion criteria included (a) faculty within CPH, (b) involved in admissions for clinical graduate programs, and (c) were English speaking. For the purpose of this inquiry, clinical graduate programs were defined as degree tracks offered to post-baccalaureate matriculating students –master’s or doctorate level– focused on the practical application of knowledge and skills for direct patient care or research. This resulted in forty-nine potential faculty participants from different health professions disciplines that offer a total of nine degree tracks (Temple University, 2024). This was a purposive sample based on participants who were most likely to be familiar with and find the topic of holistic admissions relevant.

Figure 2

Inclusion and Exclusion Criteria of Faculty Involved in Admissions for Graduate Clinical Health Professions Programs in the College of Public Health



Recruitment. Program directors were contacted in-person and via email invitation; individual faculty then received the invitation from their program director. A total of eight participants from six different disciplines participated in the survey. This assessment was exempt from IRB approval prior to the initiation of research as it did not collect protected information or seek to produce generalizable information.

Data Collection Procedures. Data collection consisted of a survey over a three-week period. The survey was created using principles of the Knowledge, Attitudes, and Practices Model aimed at better understanding the current climate on holistic admissions from graduate clinical health professions faculty involved in admissions at CPH (Andrade et al., 2020). The survey was presented to program directors within the college, and they then thereafter informed faculty and distributed the survey via email using Qualtrics. Each participant was free to

complete the seventeen-question survey at their own leisure, abstaining from any questions they did not feel comfortable answering.

Data Analysis. Descriptive statistics were recorded regarding the frequency of responses to the survey administered. The frequency distributions were then grouped by the question focus—knowledge, attitudes, and practices—to discern areas of strength and potential areas for facilitation of holistic admissions practices within these programs.

Results

All participants (n=8) were recruited from the six graduate health professions disciplines within CPH—athletic training, nursing, occupational therapy, physical therapy, recreational therapy, and speech-language pathology. There was at least one participant from each discipline, and two respondents from the occupational therapy and recreational therapy programs. Among them, these programs advise hundreds of students every year.

Knowledge of holistic admissions. Holistic admissions related knowledge was assessed by 3 categories—regarding experience with CPH admissions, self-perceived knowledge of holistic admissions, and source of knowledge. Results suggest faculty generally have a good knowledge of holistic admissions practices with an average score of 8.53 out of 11 \pm 1.01. Qualitative responses showed that the majority of faculty were educated on holistic admissions through personal research, peers, or additional resources such as professional conferences (See Appendix A).

Attitudes about holistic admissions. Participants demonstrated a generally positive view of holistic admissions with an average score of 18.86 out of 24 \pm 0.52. Questions focused on faculty perceptions of academic and holistic metrics validity. Qualitative responses indicated that many participants perceived a challenge in executing holistic admissions is the difficulty in

accessing non-academic criteria objectively. Other perceived barriers included increased need for support and increased time needed (See Appendix B).

Practice of holistic admissions. Survey results demonstrated fairly good practice of holistic admissions with an average score of 6.4 out of 8 \pm 1.08. Qualitative responses indicated that the majority of programs employ multiple holistic criteria including structured interviews, personal statements, recommendation letters, consideration of lived experience, observation hours, and consideration of student demographics. In addition, multiple programs have established a metric including checklists, rubrics, and an assessment formula –which participants describe as being “somewhat subjective” (See Appendix C).

Discussion

CPH faculty knowledge in holistic admissions. Results of this inquiry show that faculty within CPH graduate clinical health professions programs generally have a good knowledge of holistic admissions, though there is potential room for program level support. The average score among participants who participated in the survey was 8.53 out of 11 \pm 1.01, illustrating that the majority of faculty had extended experience with admissions in CPH, were already aware of holistic admissions, and have received at least some formal training in holistic review. This widespread level of knowledge supports implementation of holistic admissions and thus CPH goals of facilitating practitioner diversity, a measurable outcome indicator (Canham et al., 2021 & Lewis et al., 2021). Another theme that was revealed about faculty knowledge of holistic admissions was that there was a wide variety of sources from which they learned this information – such as personal research, professional conferences, and discussions with peers. In CPH, holistic criteria for graduate clinical students may be reviewed by a number of faculty. So, while the triangulation of holistic admissions knowledge is a positive factor in mitigating

potential bias, a more uniform knowledge base or protocol may increase accuracy (Glazer et al., 2016).

CPH faculty attitudes regarding holistic admissions. A generally favorable attitude of holistic admissions was suggested by an average participant score of 18.86 out of 24 \pm 0.52 in corresponding survey questions concerning perceptions of importance, fairness, validity, and outcomes. When evaluating holistic admission practices, faculty are a vital factor as their predisposing factors –self efficacy, attitudes, and beliefs– as well as what reinforcing and enabling factors they experience will impact how the holistic review practice is implemented across all programs (Tyminski & Grajo, 2024); as such the demonstrated positive view of holistic admissions and how it contributes to the potential attributes of admitted students and future healthcare professionals contributes to greater implementation. This inquiry revealed that barriers that contributed to less positive perceptions of holistic review included the increased difficulty, time, and effort required to assess such criteria, aligning with the findings seen in Glazer et al., 2016 and Tyminski & Grajo, 2024.

CPH faculty practice of holistic admissions. CPH's mission to facilitate students in being culturally humble clinicians has been evidenced by its health programs' switch to holistic admissions over the past decade. This was also illustrated as the average score among participants in items concerned with practice was 6.4 out of 8 \pm 1.08, encapsulating program policies, criteria, and tools used. The criteria reviewed –holistic and academic– vary program to program, as does the use of a tool –such as a rubric or a checklist. There are set protocols for the flow of an application, however the steps and reviewers are also program specific. Research (Barret et al., 2022, McNeil et al., 2021, Stier et al., 2021) supports the use of holistic criteria seen within CPH –structured interviews, personal statements, personal attributes, and

observation hours– in their facilitation to admitting cohorts with successful students of varying lived experiences.

Limitations

Limitations of this evaluation include the small ratio of participants and organizational bias. There was a total of eight respondents to the survey, a small proportion of the total admissions faculty in CPH graduate clinical health professions programs; so the findings may not give the most accurate picture of perceptions for the whole faculty. In addition, Temple University and the College of Public Health both report valuing under-represented communities and diversity; thus, the faculty that choose to work within these organizations may be predisposed to the value of holistic admissions.

Implications

Implications of this evaluation include potential need for increased or alternative student resources and a more comprehensive model for holistic admissions. Regarding student needs, cohorts admitted using holistic criteria may have different lived experiences than traditional students admitted using strictly academic criteria (Arugete., 2017). This can be on a variety of different levels –including academic, financial, professional, or social– and would improve outcomes of overall occupational health (McCallen & Johnson., 2020), seen in Step 8 of PRECEDE- PROCEED. In addition to student needs, further inquiry into holistic admissions, specifically a more comprehensive model could mitigate some of the barriers expressed by faculty in this evaluation. The most frequently cited barriers were difficulty in accessing holistic criteria objectively and the need for more time, both of which could be aided by a protocol for assessing applicants holistically.

Conclusion

Holistic admissions –a process that involves the inclusion of additional criteria to assess an applicant– support the goals of CPH in educating more culturally humble healthcare practitioners. Based on the PRECEDE-PROCEED model, an evaluation of current practices was indicated. Using the Knowledge, Attitude, Practice survey model and available literature, a survey was distributed to faculty. Findings suggested good –though varied– knowledge of holistic practices, positive attitudes regarding the efficacy of holistic criteria, and practice of holistic policies throughout graduate clinical programs in CPH. Moving forward, further inquiry into how holistic admissions affect overall outcomes and health would continue to be beneficial, with the results from this evaluation suggesting potential value in increased resources for both students and faculty to further meet the goals of CPH in facilitating cultural safety for students, faculty, patients, and communities.

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Appendix A:**Table 1:***Survey Results for Faculty Knowledge of Holistic Admissions*

Variable categories	Options	N(%)
K1: How many years have you been involved in admissions for graduate health professions programs	- 0-2 years	1 (13)
	- 3-5 years	2 (25)
	- 6-10 years	4 (50)
	- 10< years	1 (13)
K2: How familiar are you with the concept of holistic admissions	- Not familiar	2 (25)
	- Somewhat familiar	0 (0)
	- Familiar but not confident in applying it	1 (13)
	- Very familiar and confident in applying it	5 (63)
K3: Have you received any formal training on holistic admissions?	- Yes	4 (63)
	- No	2 (33)
	- Unsure	0 (0)
K4: Where did you learn about holistic admissions?	- Program	2 (33)
	- Personal research	5 (83)
	- Colleagues	4 (67)
	- CPH	2 (33)

	- Other	4 (67)
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Appendix B:**Table 2:***Survey Results for Faculty Attitudes About Holistic Admissions*

Variable categories	Options	N (%)
A1: Traditional admissions metrics are sufficient for selecting candidates	- Strongly disagree	0 (0)
	- Disagree	4 (80)
	- Neutral	1 (20)
	- Agree	0 (0)
	- Strongly Agree	0 (0)
A2: Holistic admissions increase fairness in the admissions process	- Strongly disagree	0 (0)
	- Disagree	0 (0)
	- Neutral	3 (60)
	- Agree	2 (40)
	- Strongly Agree	0 (0)
A3: Holistic admissions increase variability of student-lived experience	- Strongly disagree	0 (0)
	- Disagree	0 (0)
	- Neutral	0 (0)
	- Agree	5 (100)
	- Strongly Agree	0 (0)
	- Strongly disagree	0 (0)

A4: Holistic admissions result in the selection of more well-rounded candidates	- Disagree	0 (0)
	- Neutral	0 (0)
	- Agree	4 (80)
	- Strongly Agree	1 (20)
A5: How important do you believe holistic admissions are in achieving a competent, culturally humble health professions workforce?	- Not important	0 (0)
	- Somewhat important	0 (0)
	- Important	3 (60)
	- Very important	2 (40)
A6: What do you perceive as the challenges of holistic admissions	- Difficulty in accessing non-academic factors objectively	4 (80)
	- Increased need for collaborator support	2 (40)
	- Increased time/effort required	2 (40)
	- Institutional policies favoring academic/traditional metrics	1 (20)
	- Other	1 (20)

Appendix C:**Table 3:***Survey Results for Practices with Holistic Admissions*

Variable categories	Options	N (%)
P1: Does your program currently use holistic admissions?	- Yes, fully	4 (57)
	- Yes, partially	1 (14)
	- No	1 (14)
	- Unsure	1 (14)
P2: Which holistic criteria do your program include in admissions?	- Structured interviews	3 (75)
	- Personal	4 (100)
	- Consideration of lived-experience	4 (100)
	- Observation hours	4 (100)
	- Other	3 (75)
P3: Is there a metric your program uses for holistically reviewing applicants	- Checklist	1 (20)
	- Rubric	2 (40)
	- No	1 (20)
	- Other	1 (20)
P4: How would you rate support from collaborators in implementing holistic criteria?	- Poor	0 (0)
	- Somewhat supportive	1 (25)
	- Supportive	1 (25)

	- Very supportive	2 (50)
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