



# OT-OTA ROLE DELINEATION

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MARCH 17, 2016

COVIELLO\_OT-OTA ROLE DELINEATION\_CCD 2016

## OBJECTIVES:

- Participants will demonstrate an increased understanding of the scope of practice of the Occupational Therapist
- Participants will demonstrate an increased understanding of the scope of practice of the Occupational Therapist Assistant

# COMPLETE THE MYTH VERSUS REALITY “PRE-TEST”

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# ACCORDING TO THE SCOPE OF PRACTICE: SUPERVISION IS...

- A cooperative process
- Ensures effectiveness & safety of OT services
- Fosters professional competence & development
- Established to elevate performance of all parties
- Requires mutual understanding
- Involves effective utilization of resources

# OCCUPATIONAL THERAPISTS ARE...

- Autonomous practitioners
- Responsible for all aspects of OT service delivery
- Accountable for the safety & effectiveness of OT services
- Ultimately responsible for developing a plan of supervision of OTA

# OCCUPATIONAL THERAPY ASSISTANTS ARE...

- Able to deliver OT services under the supervision & in partnership with an OT
- Responsible for collaborating with OT to develop a plan for supervision
- Responsible to seek & obtain appropriate supervision



MYTH VERSUS REALITY:

OTAs require on site supervision by an OT at all  
times

## IN REALITY:

- OTAs do not require on site supervision at all times
- Review State Practice Acts to ensure compliance
- New Jersey requires OTA new grads/or less than one year of experience to: Receive “close supervision”/daily face to face contact & frequent observation
- PA requires OTAs to be supervised 10% of time worked via direct & indirect modes. Face to face contact required at least once a month



## MYTH VERSUS REALITY:

OTAs are not permitted to participate in the  
evaluation process

## IN REALITY:

- OTAs are permitted to participate in the evaluation process
- OTs must initiate and direct the evaluation process
- OTAs may completed delegated assessments
- OTs are responsible for interpreting information provided by the OTA

## MYTH VERSUS REALITY:

OTAs are able to administer standardized and non-standardized assessments?

## IN REALITY:

- It is within the OTA's scope practice to administer standardized & non-standardized assessments
- State practice acts, regulatory guidelines, & site policies may impact whether or not an OTA administers assessments
- OTA must be deemed competent by supervising OT



## MYTH VERSUS REALITY:

OTAs are permitted to complete screenings

## IN REALITY:

- OTA may contribute to the screening process
- OTA may provide verbal & written observation of client
- OT is responsible for determining the need for service



MYTH VERSUS REALITY:

OTAs are not permitted to write treatment  
goals

## IN REALITY:

- OTAs can up or down grade goals initially established by the OT
- OTAs should collaborate with OT regarding changes in the clients' needs, goals, & performance



## MYTH VERSUS REALITY:

OTAs are permitted to add new goals to an established plan of care

## IN REALITY:

- OT is responsible for establishing the plan of care & treatment goals
- OT is responsible for making modifications to intervention plan throughout intervention process
- It is not within the OTA scope of practice to modify an existing plan of care

## MYTH VERSUS REALITY:

OTs are responsible for delegating  
responsibilities to the OTA

## IN REALITY:

- OT determines when to delegate responsibilities to OTA
- Delegation based on:
  - Complexity of client's condition/needs
  - Knowledge, skill, & competence of OTA
  - The complexity of the intervention, needs, & requirements of setting
  - State practice act requirements

## MYTH VERSUS REALITY:

OTs & OTAs are both responsible for ensuring that services provided are appropriate to address the clients' needs

## IN REALITY:

- Both the OT & OTA are responsible for providing appropriate interventions
- Both the OT & OTA are responsible for ensuring services provided are within each practitioner's level of competence & scope of practice
- Services provided by OTA must be within the OT's knowledge base/skill set
- OT is responsible for determining service competency

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(AOTA, 2014)

## MYTH VERSUS REALITY:

OTs are responsible for determining whether a client has attained desired outcomes/is ready for discharge

## IN REALITY:

- OT is responsible for determining, preparing & implementing discharge plan
- OTA may complete delegated outcome measurements & provide client discharge resources



# MODES OF SUPERVISION: DIRECT VERSUS INDIRECT

## DIRECT=FACE TO FACE

- In-person
- Observation
- Modeling
- Client care
- Discussions
- Teaching
- Instruction

## INDIRECT=VIRTUAL CONTACT

- Phone conversations
- Written correspondence
- Electronic exchanges: Skype or Facetime

## HOW TO DETERMINE FREQUENCY OF SUPERVISION?

- Depends on complexity of client needs
- Number & diversity of clients
- Knowledge & skill level
- Type of practice setting
- Requirements of practice setting & regulatory requirements



# WHAT WILL SUPERVISION LOOK LIKE WITH HEALTHCARE REFORM?

- Larger numbers of Americans will be insured and have access to healthcare services
- Focus shift from rehabilitative to prevention models
- Improved attention to care throughout the lifespan
- Team effort between OT and OTA to observe roles and responsibilities
- Remain aware of healthcare changes and how they shape and place demands on the profession
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# CONSIDERATIONS FOR FIELDWORK:

- Fieldwork education is a crucial part of professional preparation
- Fieldwork is integral part of education curricula
- Provides students the opportunity to apply theoretical & scientific principles
- Fosters the development of professional identity
- Academic fieldwork coordinator (AFWC) is a resource

## LEVEL I FIELDWORK PURPOSE:

- Introduce students to the fieldwork experience
- Promote development of “a basic comfort level with an understanding of the needs of clients” (para. 1).
- Intended to enrich didactic course work, not develop “independent performance” (para. 1).
- Includes “directed observation and participation in selected aspects of OT process” (para. 1).



## LEVEL II FIELDWORK PURPOSE:

- “Designed to develop competent, entry-level, generalist OT practitioners” (p. 34)
- In-depth experience
- Focus on the application of purposeful & meaningful occupation, research, administration, & management of occupational therapy services
- Exposes students to a variety of clients
- Exposes students to a variety of settings

# FIELDWORK STANDARDS:

- *“Accreditation is a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance, integrity, and quality which entitles them to the confidence of the educational community and the public they serve” (ACOTE, 2010).*

# DIFFERENCES IN OT VS. OTA EDUCATION

## OT education emphasizes:

- Assessment & Interventions
- Theory
- Administration & Management

## OTA education emphasizes:

- Intervention
- Collaboration



## MYTH VERSUS REALITY:

Level II OTA students must be supervised by an  
OTA who has a minimum of a year of clinical  
experience

## IN REALITY:

Both OT & OTA students:

- Require supervision to protection of consumers
- Initially: supervision should be direct and then decrease to less direct
- In traditional settings: OTA students may be supervised by either an OT or an OTA with a minimum of 1 year clinical experience or by a Level II OT student

# FWPE SECTION II BASIC TENANTS OF OT SAME FOR BOTH OT & OTA STUDENTS:

Occupational Therapist/Occupational Therapy Assistant Roles: Communicates the roles of the occupational therapist and occupational therapy assistant to clients, families , significant others, and service providers.

- Midterm      1   2   3   4
- Final        1   2   3   4

## IN SUMMARY:

The best partnerships will be built on the ability to see the OT & OTA as professionals with different roles and duties



# REVIEW THE MYTH VERSUS REALITY “POST-TEST”

# QUESTIONS & ANSWER





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