



Practice Profile for Occupational Therapist Assistants (2018)



Canadian Association of Occupational Therapists

All rights reserved
Ottawa 2018

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Canadian Association of Occupational Therapists.

Published by
Canadian Association of Occupational Therapists
Ottawa, Ontario



Canadian Association of Occupational Therapists
100-34 Colonnade Road
Ottawa, ON K2E 7J6
Tel: (613) 523-2268 or (800) 434-2268
E-mail: publications@caot.ca
www.caot.ca

© Canadian Association of Occupational Therapists, 2018

Introduction

This practice profile was first developed in 2007 based on the Profile of Occupational Therapy Practice in Canada (CAOT, 2007d) and previous work related to assistant roles and competence (CAOT, 2007 a, b, c). This updated version of the practice profile (2018) ensures the use of the term occupational therapist assistants (OTA), replacing the term “support personnel”. Advances in national recognition of OTAs and accreditation of OTA educational programs have promoted the acceptance of this term and role. The overall aim for the profile is that it may be used by:

- OTAs for career planning;
- Occupational therapists for appropriate assignment of occupational therapy service components;
- Managers and supervisors for performance appraisals;
- Employers and managers for workforce planning;
- Employers for assessing qualification requirements for particular practice settings;
- Education programs for providing a qualifications recognition process for OTAs;
- Education programs for providing quality education for OTA; and
- CAOT for accreditation of OTA education programs in Canada.

The *Practice Profile for OTA in Occupational Therapy* is herein referred to as the *OTA Profile*. Please see Appendix A for the Glossary of Key Terms.

Development of the Occupational Therapist Assistants Profile (2007)

This section describes the development of the original document, Profile for Support Personnel (2007). The key informants were selected by CAOT and the Canadian Occupational and Physical Therapist Assistant Educators’ Council (COPEC) and included educators at the community college programs for OTA in occupational therapy with extensive experience in the education of OTA and fieldwork supervisions in numerous practice areas. This key informant group referenced the previous work of CAOT in the development of this Profile, including:

- Support Personnel: Conceptual Design and Design Elements (CAOT, 2007a);
- Development of a Practice Profile for Support Personnel in Occupational Therapy in Canada; Environmental Scan (CAOT, 2007b);
- Profile of Occupational Therapy in Canada; Occupational Therapists (CAOT, 2007d);
- CAOT Position Statement on Support Personnel in Occupational Therapy (2007c); and
- CanMEDS 2005 Physician Competency Framework. Better standards. Better physicians. Better care. Ottawa, Ontario: The Royal College of Physicians and Surgeons of Canada (Frank , 2005).

Definition of Occupational Therapist Assistant

OTA are individuals who have the job-related competencies to support occupational therapists in delivering occupational therapy services. The work of the OTA is supervised by an occupational therapist (CAOT Position Statement Support Personnel in Occupational Therapy Services, 2007c).

Responsibility for Provision of Occupational Therapy Services

Occupational therapists are the primary service providers for occupational therapy. Occupational therapists are graduates of accredited university occupational therapy programs in Canada and have the required skills and knowledge to provide an evidence-based approach to help others identify, engage in and achieve their desired potential in their occupations (CAOT, 2007).

Occupational therapy services are provided by an occupational therapist. Some components of service may be assigned by the occupational therapist to other individuals such as OTAs. All occupational therapy services must be supervised by a qualified occupational therapist. Appropriate supervision is crucial to ensure the quality of client services and is an essential component in the effective management of occupational therapy service delivery. Please see Appendix B for more details regarding the guidelines for supervision of OTAs.

Occupational Therapist Assistants Profile Framework

The framework of the *OTA Profile* was designed to accommodate the broad range of practice contexts of OTA in Canada. The framework acknowledges that a continuum of knowledge, skills and abilities are needed by OTA in Canada to meet the varying requirements of workplace settings. Three exemplar classifications are described within this continuum including support with basic, focused and broad-based competencies.

The three exemplars are described as follows:

OTA with basic competencies demonstrate selected competencies to service specific populations, occupational performance issues, and practice contexts within occupational therapy practice. OTAs in this group have typically received training on the job and work in one or two service areas.

OTA with focused competencies demonstrate the competencies of an OTA with basic competencies and demonstrate highly developed and complex competencies in a focused area of practice. Such OTAs have specialized competencies outside of occupational therapy that are specific to a practice context and may include skills and knowledge related to such domains as augmentative communication, carpentry, and seating and mobility. Because these competencies fall outside of occupational therapy they were not developed for inclusion in the key and enabling competencies of the OTA profile. The competencies of the basic and the focused OTA, other than these specialized technical skills of the focused OTA, are identical.

OTA with broad-based competencies demonstrate comprehensive competencies that facilitate providing service with ease and efficiency to various populations (ages/conditions) with a wide range of occupational performance issues and in a variety of practice contexts. OTAs in this group have acquired competencies through formal education and training.

The exemplars describe OTAs who are working at the entry level. For more definitions see Table 1 and 2.

Features of the Occupational Therapist Assistants Profile

The *OTA Profile* follows the structure of the *Profile of Occupational Therapy Practice in Canada (2007)* which utilizes an adapted role-based CanMEDS model (Frank, 2005). Seven main “roles” in the continuum of OTA competencies are described, consistent with the *Profile of Occupational Therapy Practice in Canada (2007)*. OTA with focused competencies possess an additional new eighth role of the focused-skill specialist.

The eight roles include:

1. Expert in Enabling Occupation;
2. Communicator;
3. Collaborator;
4. Practice Manager;
5. Change Agent;
6. Scholarly Practitioner;
7. Professional; and
8. Focused-skill Specialist (competencies for this group are often highly specialized and practice context specific and therefore not part of the competency profile developed for OTA.

The *OTA Profile* underwent extensive validation amongst CAOT members and OTAs in 2007.

Celebration of Enabling Occupation as the Core Competency of Occupational Therapist Assistants

Consistent with the Canadian Model of Client-Centred Enablement (Townsend & Polatajko, 2007), “expert in enabling occupation” is considered the central role, expertise, and competence of OTAs. Work in this core function is interconnected with all other roles, drawing upon required competencies in order to effectively use occupation as both a medium for action and an outcome for occupational therapy intervention.

Occupational Therapy and OTA Practice Profile Continuum

The original model, which depicts the role-based profile of occupational therapy competencies (CAOT, 2007d), was adapted to include the full continuum of competencies found in both occupational therapist and OTA profiles. This adapted model is called the Occupational Therapy and OTA Practice Profile Continuum and represents the competencies that range from the basic exemplar of OTA to the proficient occupational therapist.

Recognition of the Impact of Practice Context

Involvement in the seven roles is not equal, as not all roles may be part of everyday practice. The roles

required in any situation are influenced by, and depend on, who the client is (e.g., individuals, groups, communities, or populations), where the work is being done, and what the client needs.

Description of Competency Development as a Continuum

The OTA Profile articulates a competency continuum that is fluid and dynamic. It describes the skills, knowledge, and abilities of OTA from the basic, focused, and broad-based exemplars. OTAs may enter their career at any point in the OTA continuum and will likely possess skills, knowledge and abilities along varying points of the continuum.

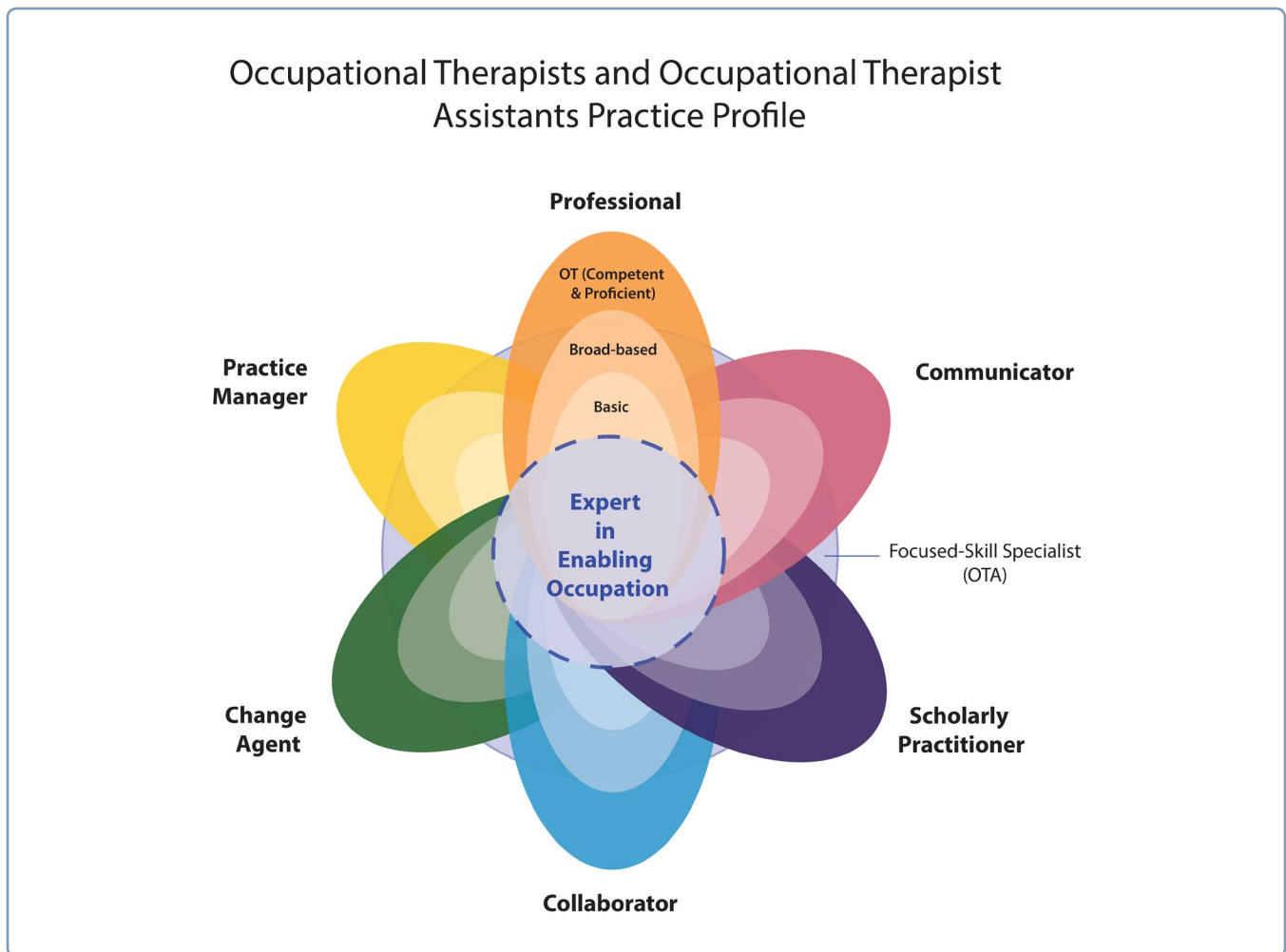


Table 1: Key and Enabling Competencies for Broad-based Occupational Therapist Assistant

The focused OTA competencies include all the basic competencies, as well as other specialized adjunct skills that may be required in a particular practice setting. Focused-skill specialist competencies group are often highly specialized and practice context specific and therefore not part of the competency profile developed for OTA. Such adjunct skills may include (and are not limited to) those related to seating and mobility, augmentative communication, carpentry etc.

Role A1. Expert in Enabling Occupation

KEY COMPETENCIES for broad-based OTA as “EXPERT IN ENABLING OCCUPATION”

- A1.1 Support with ease and efficiency the occupational therapist who is the expert in enabling occupation.
- A1.2 Work to enable occupation with specific populations and occupational performance issues in a range of practice contexts.
- A1.3 Demonstrate effective problem solving and judgment related to assigned service components.
- A1.4 Perform within the limits of personal competence within the broad practice contexts.

KEY COMPETENCIES for broad-based OTA as “EXPERT IN ENABLING OCCUPATION”

A1.1 Support with ease and efficiency the occupational therapist who is the expert in enabling occupation.

- 1.1.1 Demonstrate an understanding of role of occupational therapists and OTA.
- 1.1.2 Demonstrate an understanding of client-centered practice.
- 1.1.3 Demonstrate understanding of occupations, occupational performance, and occupational engagement in practice with clients.
- 1.1.4 Demonstrate understanding of the occupational therapy practice process.

A1.2 Work to enable occupation with specific populations and occupational performance issues in a range of practice contexts.

- 1.2.1 Demonstrate understanding of the client’s occupational therapy plan.
- 1.2.2 Implement assigned service components of the occupational therapy plan with ease and efficiency.
- 1.2.3 Establish positive therapeutic relationships with clients.
- 1.2.4 Observe, monitor and report the client’s performance.

1.2.5 Work effectively with individuals, families and groups.

1.2.6 Respond to change in status of the client.

1.2.7 Complete assigned data gathering elements using a range of tools to support the occupational therapy evaluation process.

A1.3 Demonstrate effective problem solving and judgment related to assigned service components.

1.3.1 Apply relevant and current occupational therapy knowledge to the practice area.

1.3.2 Ensure client and personal safety in the performance of assigned components of service delivery.

A1.4 Perform within the limits of personal competence within the broad practice contexts.

1.4.1 Recognize the limits of personal competence.

1.4.2 Seek appropriate consultation from the occupational therapist and other team members.

Role A2: Communicator

KEY COMPETENCIES for broad-based OTA as “COMMUNICATOR”

- A2.1 Engage in and facilitate effective verbal and nonverbal communication with the client, occupational therapist and inter-professional team members.
- A2.2 Utilize objective and effective written communication skills with the client, occupational therapist and inter-professional team.
- A2.3 Support diversity in communication.

KEY COMPETENCIES for broad-based OTA as “COMMUNICATOR”

A2.1 Engage in and facilitate effective verbal and nonverbal communication with the client, occupational therapist and inter-professional team members.

- 2.1.1 Communicate using various therapeutic communication strategies including active listening reflection, reinforcement, and empathy. Accurately utilize and respond to non-verbal communication.
- 2.1.2 Communicate using the language of occupational therapy.
- 2.1.3 Report relevant and accurate information to the occupational therapist, clients and other team members, related to straight-forward and complex situations.

A2.2 Utilize objective and effective written communication skills with the client, occupational therapist and inter-professional team.

- 2.2.1 Produce written documentation that is accurate and precise using appropriate terminology following all applicable provincial, regulatory and organizational standards.
- 2.2.2 Prepare written materials to support occupational therapy service.
- 2.2.3 Use electronic technology with ease and efficiency.

A2.3 Support diversity in communication.

- 2.3.1 Adapt communication strategies to reduce communication barriers with diverse populations in different practice contexts.

Role A3. Collaborator

KEY COMPETENCIES for broad-based OTA as “COLLABORATOR”

- A3.1 Support collaboration with the client, occupational therapist and inter-professional team.
- A3.2 Anticipate, identify, prevent, and resolve conflict.

KEY COMPETENCIES for broad-based OTA in occupational therapy as “COLLABORATOR”

A3.1 Support collaboration with the client, occupational therapist and inter-professional team.

- 3.1.1 Demonstrate an understanding of the roles and responsibilities of team members.
- 3.1.2 Use a range of strategies to demonstrate respect and a professional behaviour.
- 3.1.3 Communicate plan for assigned occupational therapy service, with ease and efficiency, to the client and inter-professional team.

- 3.1.4 Gather and report information for occupational therapist(s) with ease and efficiency.

A3.2 Anticipate, identify, prevent, and resolve conflict.

- 3.2.1 Demonstrate use of a wide range of strategies to effectively resolve conflict.
- 3.2.2 Seek appropriate consultation to assist with conflict resolution.

Role A4. Practice Manager

KEY COMPETENCIES for broad-based OTA as “PRACTICE MANAGER”

- A4.1 Manage activities that support effective service delivery.
- A4.2 Use human, financial, and physical resources effectively.
- A4.3 Support established organizational quality improvement activities.

KEY COMPETENCIES for broad-based OTA as “PRACTICE MANAGER”

A4.1 Manage activities that support effective service delivery.

- 4.1.1 Prioritize client services and other work requirements with ease and efficiency.

4.1.2 Use a systematic approach to identify and collect sources of information that inform assigned work activities.

- A4.2 Use human, financial, and physical resources effectively.
 - 4.2.1 Manage equipment, supplies, and inventory records.

- 4.2.2 Identify and order equipment and supplies.
- 4.2.3 Create and sustain positive relationships with internal and external suppliers of materials and equipment.

A4.3 Support established organizational quality improvement activities.

- 4.3.1 Participate in work load measurement activities with ease and efficiency.
- 4.3.2 Participate in committees and team meetings relevant to job functions.
- 4.3.3 Participate in annual performance reviews.

Role A5. Change Agent

KEY COMPETENCIES for broad-based OTA as “CHANGE AGENT”

- A5.1 Promote the benefits and value of occupational therapy.
- A5.2 Apply change process determined by the occupational therapist.

KEY COMPETENCIES for broad-based OTA as “CHANGE AGENT”

A5.1 Promote the benefits and value of occupational therapy.

- 5.1.1 Demonstrate an understanding of occupational therapy within the health system.
- 5.1.2 Advocate for the role of occupational therapy.

A5.2 Apply change process determined by the occupational therapist.

- 5.2.1 Consider the impact of the determinants of health on the well-being for clients served.
- 5.2.2 Demonstrate an understanding of the client’s cultural beliefs and values.

Role A6. Scholarly Practitioner

KEY COMPETENCIES for broad-based OTA as “SCHOLARLY PRACTITIONER”

- A6.1 Engage and enhance professional development through reflective practices and self-directed life-long learning.
- A6.2 Participate in the learning process for other learners within the occupational therapy service.
- A6.3 Support the evidence-based approach used in occupational therapy services.

KEY COMPETENCIES for broad-based OTA as “SCHOLARLY PRACTITIONER”

A6.1 Engage and enhance professional development through reflective practices and self-directed life-long learning.

- 6.1.1 Maintain knowledge, skills and attitudes.
- 6.1.2 Demonstrate an understanding of required job competencies through reflective practices and self-directed learning.
- 6.1.3 Seek input to establish a plan to address learning needs.
- 6.1.4 Determine resources for meeting learning needs.
- 6.1.5 Implement a learning plan.
- 6.1.6 Apply learning to practice.

A6.2 Participate in the learning process for other learners within the occupational therapy service.

- 6.2.1 Implement components of educational programs for learners.
- 6.2.2 Serve as a resource to other learners.
- 6.2.3 Contribute to the process of feedback and evaluation of learners’ participation.

A6.3 Support the evidence-based approach used in occupational therapy services.

- 6.3.1 Demonstrate an understanding of evidence-based practice.
- 6.3.2 Identify potential sources of information.
- 6.3.3 Apply information into practice.

Role A7. Professional

KEY COMPETENCIES for broad-based OTA as “PROFESSIONAL”

- A7.1 Demonstrate ethical behavior with clients, and team members in a variety of situations.
- A7.2 Respect diversity.
- A7.3 Maintain personal and professional boundaries.

KEY COMPETENCIES for broad-based OTA as “PROFESSIONAL”

A7.1 Demonstrate ethical behavior with clients, and team members in a variety of situations.

- 7.1.1 Demonstrate trust, integrity, accountability, commitment, respect, compassion.
- 7.1.2 Communicate accurate title, credentials, and role.
- 7.1.3 Comply with professional and employment standards.
- 7.1.4 Recognize personal limits.
- 7.1.5 Demonstrate understanding of broad

ethical issues within the health system and occupational therapy service delivery.

A7.2 Respect diversity.

- 7.2.1 Demonstrate an understanding of the impact of diversity on occupational performance.

A7.3 Maintain personal and professional boundaries.

- 7.3.1 Maintain an effective therapeutic relationship with clients and a working relationship with team members.
- 7.3.2 Understand and identify power issues involved in a professional relationship with clients and team.

Table 2: Key and Enabling Competencies for Basic Occupational Therapist Assistants

Role B1. Expert in Enabling Occupation

KEY COMPETENCIES for basic OTA as “EXPERT IN ENABLING OCCUPATION”

- B1.1 Support the occupational therapist who is the expert in enabling occupation.
- B1.2 Work to enable occupation with a selected population with occupational performance issues in a distinct practice environment.
- B1.3 Demonstrate effective problem-solving related to assigned service components.
- B1.4 Perform within the limits of personal competence within the basic practice context.

KEY COMPETENCIES for basic OTA as “EXPERT IN ENABLING OCCUPATION”

B1.1 Support the occupational therapist who is the expert in enabling occupation.

- 1.1.1 Demonstrate awareness of the role of occupational therapists and OTA.
- 1.1.2 Demonstrate an awareness of client needs.

B1.2 Work to enable occupation with a selected population with occupational performance issues in a distinct practice environment.

- 1.2.1 Demonstrate awareness of the occupational therapy plan for the client.
- 1.2.2 Implement assigned service components of the occupational therapy plan.
- 1.2.3 Use strategies to motivate clients.
- 1.2.4 Observe and report client performance.
- 1.2.5 Work effectively with individuals, families and/or groups.

- 1.2.6 Respond to changes in the status of a client.
- 1.2.7 Complete assigned data gathering elements.

B1.3 Demonstrate effective problem-solving related to assigned service components.

- 1.3.1 Apply relevant and current knowledge to the practice area.
- 1.3.2 Ensure client and personal safety in the performance of assigned components of service delivery.

B1.4 Perform within the limits of personal competence within the basic practice context.

- 1.4.1 Recognize the limits of personal competence.
- 1.4.2 Seek appropriate consultation from the occupational therapist.

Role B2: Communicator

KEY COMPETENCIES for basic OTA as “COMMUNICATOR”

- B2.1 Engage in effective verbal and nonverbal communication with the client, occupational therapist and intra-professional team members.
- B2.2 Utilize effective written communication skills with the client, occupational therapist and intra-professional team.
- B2.3 Support diversity in communication.

KEY COMPETENCIES for basic OTA as “COMMUNICATOR”

B2.1 Engage in effective verbal and nonverbal communication with the client, occupational therapist and intra-professional team members.

- 2.1.1 Communicate in a respectful manner.
- 2.1.2 Respond appropriately to non-verbal communication.
- 2.1.3 Communicate using relevant and current terminology to the practice area.
- 2.1.4 Report relevant and accurate information to the occupational therapist, clients and team members related to straightforward situations.

B2.2 Utilize effective written communication skills with the client, occupational therapist and intra-professional team.

- 2.2.1 Produce written communication within selected practice contexts.
- 2.2.2 Prepare written materials to support occupational therapy service.
- 2.2.3 Use electronic technology related to selected practice context.

B2.3 Support diversity in communication.

- 2.3.1 Adapt communication strategies to reduce communication barriers with a specific population and/or a selected practice context.

Role B3. Collaborator

KEY COMPETENCIES for basic OTA as “COLLABORATOR”

- B3.1 Support collaboration with the client, occupational therapist and inter-professional team.
- B3.2 Anticipate, identify, prevent, and resolve conflict.

KEY COMPETENCIES for basic OTA as “COLLABORATOR”

B3.1 Support collaboration with the client, occupational therapist and inter-professional team.

- 3.1.1 Demonstrate an awareness of the roles of the team members.
- 3.1.2 Respond in a respectful and professional manner.
- 3.1.3 Communication for assigned occupational

therapy service components to the client within the occupational therapy service.

- 3.1.4 Collect information and report to the occupational therapist(s).

B3.2 Identify and report conflict.

- 3.2.1 Demonstrate use of suitable strategies to address conflict.
- 3.2.2 Seek appropriate consultation to assist with conflict resolution.

Role B4. Practice Manager

KEY COMPETENCIES for basic OTA as “PRACTICE MANAGER”

- B4.1 Participate in activities that support effective service delivery.
- B4.2 Use human, financial, and physical resources effectively.
- B4.3 Support established organizational quality improvement activities.

KEY COMPETENCIES for basic OTA as “PRACTICE MANAGER”

B4.1 Participate in activities that support effective service delivery.

- 4.1.1 Use time management skills to balance client services and work requirements.
- 4.1.2 Identify and collect sources of information that inform assigned work activities.

B4.2 Use human, financial, and physical resources effectively.

- 4.2.1 Participate in the maintenance of equipment, supplies, and inventory records.

- 4.2.2 Participate in the identification and ordering of equipment and supplies.

- 4.2.3 Create and sustain positive relationships with internal and external suppliers of materials and equipment.

B4.3 Support established organizational quality improvement activities.

- 4.3.1 Participate in work load measurement activities.
- 4.3.2 Participate in committees and team meetings relevant to job functions.
- 4.3.3 Participate in annual performance reviews.

Role B5. Change Agent

KEY COMPETENCIES for basic OTA as “CHANGE AGENT”

- B5.1 Support the value of occupational therapy.
- B5.2 Support the change process determined by the occupational therapist.

KEY COMPETENCIES for basic OTA as “CHANGE AGENT”

B5.1 Support the value of occupational therapy.

- 5.1.1 Demonstrate an awareness of occupational therapy within the health system.

B5.2 Support the change process determined by the occupational therapist.

- 5.2.1 Demonstrate awareness of the impact of the determinants of health on the well-being of clients served.
- 5.2.2 Demonstrate awareness of the client’s cultural beliefs and values.

Role B6. Scholarly Practitioner

KEY COMPETENCIES for basic OTA as “SCHOLARLY PRACTITIONER”

- B6.1 Engage in knowledge and skill development through life-long learning.
- B6.2 Support other learners within the occupational therapy service.

KEY COMPETENCIES for basic OTA as “SCHOLARLY PRACTITIONER”

B6.1 Engage in knowledge and skill development through life-long learning.

- 6.1.1 Maintain knowledge, skills and attitudes.
- 6.1.2 Demonstrate awareness of required competence to meet job requirements.
- 6.1.3 Seek input to establish a plan to address learning needs.
- 6.1.4 Determine resources for meeting learning needs.

- 6.1.5 Implement a learning plan.
- 6.1.6 Apply learning to practice.

B6.2 Support other learners within the occupational therapy service.

- 6.2.1 Share knowledge and skills with other learners specific to area.
- 6.2.2 Serve as a resource to other learners.
- 6.2.3 Contribute to the process of feedback on other learners’ participation.

Role B7. Professional

KEY COMPETENCIES for basic OTA as “PROFESSIONAL”

- B7.1 Demonstrate ethical behavior with clients and team members.
- B7.2 Respect diversity.
- B7.3 Maintain personal and professional boundaries.

KEY COMPETENCIES for basic OTA as “PROFESSIONAL”

B7.1 Demonstrate ethical behavior with clients and team members.

- 7.1.1 Demonstrate trust, integrity, accountability, commitment, respect, compassion.
- 7.1.2 Communicate accurate title, credentials, and role.
- 7.1.3 Comply with employment standards.
- 7.1.4 Recognize personal limits.

B7.2 Respect diversity.

- 7.2.1 Demonstrate sensitivity to issues of diversity.

B7.3 Maintain personal and professional boundaries.

- 7.3.1 Maintain a suitable working relationship with clients and team members.
- 7.3.2 Demonstrate awareness of power issues involved in a working relationship with clients and team.

References

- Canadian Association of Occupational Therapists. (1997). *Enabling occupation: An occupational therapy perspective*. Ottawa, ON: CAOT Publications ACE.
- Canadian Association of Occupational Therapists. (2003). *Project Summary Report: Profile of Performance Expectations for Support Personnel in Occupational Therapy in Canada*. Retrieved November 1, 2008 from <http://www.caot.ca/pdfs/Project%20Summary%20Report.pdf>.
- Canadian Association of Occupational Therapists. (2007). *CAOT Guidelines for the Supervision of Assigned Occupational Therapy Service Components*. Retrieved November 1, 2008 from <http://www.caot.ca/2006Site/default.asp?ChangeID=1&pageID=579>.
- Canadian Association of Occupational Therapists. (2007a). *Support Personnel Practice Profile: Conceptual Design and Design Elements*. Retrieved November 1, 2008 from <http://www.caot.ca/pdfs/profilesp.pdf>.
- Canadian Association of Occupational Therapists. (2007b). *Development of a Practice Profile for Support Personnel in Occupational Therapy in Canada: Environmental Scan*. Retrieved November 1, 2008 from <http://www.caot.ca/pdfs/backgrounds pprofile.pdf>.
- Canadian Association of Occupational Therapists. (2007c). *Support Personnel in Occupational Therapy Services Position Statement*. Retrieved November 1, 2008 from <http://www.caot.ca/2006Site/default.asp?ChangeID=170&pageID=161>.
- Canadian Association of Occupational Therapists. (2007d). *Profile of Occupational Therapy Practice in Canada*. Ottawa, Ontario: CAOT Publications ACE.
- Caron Santha, J., & Doble, S. (2006). *Development and measurement properties of the Occupational Well-Being Questionnaire*. Canadian Association of Occupational Therapy Conference 2006, Montreal, Quebec, June 2006.
- Christiansen, C.H. (1999). Occupation as identity: Competence, coherence and the creation of meaning: 1999 Eleanor Clarke Slagle Lecture. *American Journal of Occupational Therapy*, 53(6), 547-558.
- Doble, S., Caron Santha, J., Theben, J., Knott, L., & Lall-Phillips, J. (2006). *The Occupational Well-Being Questionnaire: The development of a valid outcome measure*. World Federation of Occupational Therapy Congress 2006. Sydney, Australia, July 2006.
- Dubouloz, C., Egan, M., Vallerand, J., & von Zweck, C. (1999). Occupational therapists' perceptions of evidence-based practice. *American Journal of Occupational Therapy*, 53(5), 445-453.
- Frank, JR. (Ed.). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa, Ontario: The Royal College of Physicians and Surgeons of Canada.
- Houghton Mifflin Company. (2007). Dictionary. The American Heritage® Dictionary of the English Language, Fourth Edition Copyright © 2007, 2000. Houghton Mifflin Company. All rights reserved. Retrieved November 26, 2007 from <http://www.answers.com/topic/advocate>.
- Polatajko, H. J., & Mandich, A. (2004). *Enabling occupation in children: The cognitive orientation to daily occupational performance (CO-OP) approach*. Ottawa, Ontario: CAOT Publications ACE.
- Soanes, C. & Stevenson, A. (Eds) (1995). *The Concise Oxford Dictionary*. (9th Ed). Copyright: © Oxford University Press.
- Townsend, E. & Polatajko, H. (2007) Canadian Model of Client-Centred Enablement in Townsend, E., & Polatajko, H. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation*. Ottawa, ON: CAOT Publications ACE.
- World Health Organization. (2001). *International classification of functioning, disability, and health*. Geneva, Switzerland: World Health Organization.
- Zimmerman, D., Purdie, L., Davis, J., & Polatajko, H. (2006). *Examining the face validity of the taxonomic code of occupational performance*. Presented at the Thelma Cardwell research day, Faculty of Medicine, University of Toronto, Ontario. Retrieved March 28, 2007 from http://www.ot.utoronto.ca/research/research_day/documents/rd_06_proceedings.pdf.

Appendix A:

Practice Profile for Occupational Therapist Assistants Glossary

advocate

Persons who seek to influence others to promote change for their clients (Adapted from Houghton-Mifflin Company, 2007).

assignment

The process by which an occupational therapist designates another service provider, other than an occupational therapist, to deliver specific occupational therapy service components. The recipient of the service components is a client of the occupational therapist. The occupational therapist has the ongoing responsibility for the provision of the occupational therapy service (Guidelines for the Supervision of Assigned Occupational Therapy Service Components, CAOT, 2007).

consultation

The process of providing expert advice, education and/or training or facilitating problem-solving regarding a specific issue with another service provider, on a time limited basis. The consultant occupational therapist is not assigning occupational therapy service components and does not have continuing responsibility for supervising the quality of the ongoing service of the provider.

diversity

Refers to individuals, families and groups that represent a range of cultures, values, beliefs, language, physical characteristics, or socioeconomic status.

enabling occupation

the process of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people so that they may choose, organize, and perform those tasks and activities of everyday life which they find useful and meaningful in their environment (CAOT, 1997).

evidence

Occupational therapists collect and use evidence generated from clients, literature, peers and from reflecting on their own personal experiences (Dubouloz, Egan, Vallerand, & von Zweck, 1999).

evidence-based occupational therapy

Client-centred enablement of occupation based on client information and a critical review of relevant research, expert consensus and past experience (Joint Position Statement on Evidence-based Occupational Therapy, CAOT, 1999).

occupational performance

The result "of a dynamic , interwoven relationship between persons, environment and occupation over a person's lifespan; the ability to choose , organize and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life and contributing to the social and economic fabric of a community (CAOT 2002).

occupational participation

Refers to the involvement in a life situation through occupation (WHO, 2001).

occupational therapist assistant (OTA)

An individual who is not a qualified occupational therapist but has the job-related competencies to support an occupational therapist to deliver occupational therapy services. OTAs work within a supervisory relationship with an occupational therapist (CAOT Position Statement in Occupational Therapy Services, CAOT, 2007c).

occupational therapy service component

Any task related to the delivery of the occupational therapy service (Guidelines for the Supervision of Assigned Occupational Therapy Service Components, CAOT 2007).

participation

The involvement in life situations (WHO, 2001, p. 193).

power relationships

The capacity for exerting force or influence as a result of one's position in relation to other workers or clients (Adapted from Oxford Concise Dictionary, 1995).

qualified occupational therapist

An individual who is registered or certified by a provincial regulatory body as an occupational therapist or in the absence of a provincial/territorial regulatory body, meets the requirements for individual membership in CAOT (Guidelines for the Supervision of Assigned Occupational Therapy Service Components, CAOT 2007).

service team

Client-centred service teams include clients, professional and other members/stakeholders and in the broader community teams work together at one site or are extended groups working across multiple settings and in the broader community (Profile of Occupational Therapy Practice in Canada, CAOT, 2007d). Service teams can be “interprofessional” which involve other stakeholders or “intraprofessional” which are exclusive to one profession.

supervision

An interactive process of educating, managing and supporting that enables the development of requisite knowledge, skills and judgment and provides needed workplace resources for effective completion of assigned tasks. One person is identified as having ultimate responsibility for the quality of service

(Guidelines for the Supervision of Assigned Occupational Therapy Service Components, CAOT 2007).

task

A set of actions having an end point or a specific outcome; simple or compound actions involving tool use, such as printing a report (Adapted from Polatajko & Mandich, 2004; Zimmerman et al, 2006).

therapeutic communication strategies

Specific communication skills (i.e. active listening) that are used to achieve a particular goal with a client.

therapeutic relationship

Interactions between a OTA and a client that contribute to general sense of well-being by the client (Adapted from Oxford Concise Dictionary, 1995).

well-being

Is a human state that may occur when people are engaged in occupations that they perceive a) are consistent with their values and preferences; b) support their abilities to competently perform valued roles; c) support their occupational identities; and d) support their plans and goals (Caron, Santha & Doble, 2006; Christiansen, 1999; Doble et al., 2006).

Appendix B: Guidelines for the Supervision of Assigned Occupational Therapy Service Components (2007)

This document outlines important guidelines for occupational therapy services assigned to persons other than occupational therapists or occupational therapy students. It does not refer to services provided by the occupational therapist in a consultant role. (see glossary of terms). The document is intended to be reviewed in its entirety for a comprehensive overview of this issue. Therefore, parts of the guidelines should not be used without the context provided by the entire document.

Responsibility for Provision of Occupational Therapy Services

Occupational therapists are the primary service providers for occupational therapy. Occupational therapists are graduates of accredited university occupational therapy programs in Canada. They have the required skills and knowledge to provide an evidence-based approach to help others identify, engage in and achieve their desired potential in their occupations.

Occupational therapists are regulated in each Canadian province. They are accountable to a provincial regulatory body which is responsible for governing occupational therapy practice in that jurisdiction. Guidelines and regulations which outline supervisory responsibilities for assistants within the jurisdiction of practice should be adhered to at all times.

Occupational therapy services are provided by an occupational therapist. Some components of service may be assigned by the occupational therapist to other individuals such as assistants. The responsibility of an occupational therapist for the supervision of assigned occupational therapy services remains the same regardless of the individual to whom the service component is assigned. This may refer to family caregivers, teaching assistants, assistants in occupational therapy or technical support workers.

Appropriate supervision is crucial to ensure the quality of client services and is an essential component in the effective management of occupational therapy service delivery. All occupational therapy services must therefore be supervised by a qualified occupational therapist.

Supervisory Responsibilities of Occupational Therapists

The role of the occupational therapist in the supervision of persons providing assigned client services includes overseeing the quality and quantity of work carried out to ensure expected outcomes of service are attained. Supervision involves an interactive process of educating, managing and supporting that enables the development of requisite knowledge, skills and judgment and provides needed workplace resources for effective completion of assigned tasks.

The occupational therapists role is critical in establishing positive and open relationships that are the basis of effective supervision. Supervisors need to foster communication and collaborative problem solving by providing clear and specific direction, sharing information and experiences and placing the assigned work within a larger context. The supervisor also fairly negotiates roles and responsibilities, monitors performance, and assists in identifying and meeting learning needs to influence professional development.

An occupational therapy service should only be considered operational if all occupational therapy client service provision is supervised by a qualified occupational therapist. An employer providing occupational therapy services must ensure adequate time is available for supervision and the development of job descriptions, policies and procedures, which reflect the appropriate requirements for effective supervision and make certain that a standard for service quality and effectiveness is maintained.

Supervisory Functions

Educating

Competency assessment and development is inherent in the process of assigning work and is vital to ensure the capability of a service provider to safely and appropriately complete a task. Competency is a multi-faceted and dynamic concept relating to the ability of using knowledge, skills and judgment in the full range of situations that may fall within an individual's scope of responsibility when completing assigned work. Competency is influenced by many factors, including the development of new knowledge and technology and changes in the location of service delivery or the populations served. Competency development therefore must be an ongoing and lifelong process.

All persons providing occupational therapy services must receive site and service specific training to have an understanding of the intent and procedures for the occupational therapy intervention. The complexity of this training varies according to the nature of the assigned task, the skill level of the service provider and the service requirements. It is the responsibility of the occupational therapist to collaborate in the design and implementation of this training.

Managing

Occupational therapists are responsible to assist service providers to obtain the equipment and supplies, space, staffing and other resources needed to carry out assigned work tasks. Inherent in these functions is the promotion of a workplace culture that utilizes ethical and safe practices in the delivery of services. Additional important management activities include establishing roles and procedures with clear expectations and boundaries to avoid future confusion and conflict.

Occupational therapy tasks or service components, which may be assigned, are identified by the occupational therapist. The conditions for assignment of a service component include:

- The client understands and consents to the provision of the service component by an individual who is not an occupational therapist.
- The occupational therapist establishes the competency of the service provider to provide the service safely and effectively.

- The service provider acknowledges accountability to the supervising occupational therapist in completing the assigned task.
- Supervision of the service provider is available by an occupational therapist.
- The assignment of the task will not compromise the quality and outcome of the occupational therapy service.

There are service components which should not be included as responsibilities of assistants and are stated in the *Project Summary Report: Profile of Performance Expectations for Support Personnel in Occupational Therapy in Canada* (CAOT, 2003). CAOT recommends the following occupational therapy service components should not be assigned to persons who are not occupational therapists:

- interpretation of referrals
- initial interviews/assessments
- interpretation of assessment findings
- intervention planning (including goal identification)
- interventions which require continuous clinical judgment to closely monitor and guide the client's progress
- modification of intervention beyond limits established by the supervising occupational therapist
- discharge decisions

The assignment of the service components is documented in the client record by the occupational therapist. Where required and appropriate, the service provider records the completion of the assigned tasks.

Supporting

Different types of support are essential in providing supervision to ensure service providers feel they are esteemed and part of a valued team with mutual obligations. Emotional support provides empathy, caring and trust in the relationship with the service provider. Informational support assists workers to help themselves by creating an awareness of issues and events that affect their work. Appraisal support assists service providers in self-evaluation and in the development of role identity.

Supervision plans or agreements provide a framework for supporting functions and are key to building trust in the supervisory relationship. A supervision plan which outlines methods and frequency of service supervision is determined prior to the assignment of a task and re-evaluated at regular intervals for effectiveness. The type and amount of supervision is dependent upon the complexities of the service component(s) to be assigned, the needs of the client population to be served and the competencies of the service provider. Supervision must be ongoing, involve regular contact with the supervising therapist and involve a combination of methods such as observation of interventions and/or client-worker interactions, record reviews and informal or formal meetings. Input may be obtained from other health professionals. Face-to-face contact is always required at regular intervals. Mechanisms to access

the supervising occupational therapist must be identified, particularly for emergency situations.

Completion of assigned tasks is regularly monitored and evaluated by the occupational therapist as outlined in the supervision plan. Evaluation considerations include attainment of client and/or program outcomes, client and other stakeholder satisfaction with services and cost efficiency of service provision. Results of the evaluation are documented by the occupational therapist, including any variances in the completion of the assigned service from the instructions provided by the therapist. In follow-up to the results of the evaluation, any required action to ensure appropriate service is provided to the client to achieve desired service quality and outcomes is initiated by the occupational therapist, e.g. modification of the task, modification of the instructions, or withdrawal of the assignment of the task.

Appendix C:

Illustrations of Occupational Therapist Assistants in Occupational Therapy with Varied Competencies

In this appendix, three illustrations of the various kinds of OTAs are provided to assist the reader in understanding and differentiating between those with:

(a) & (b) basic competencies

(c) broad based competencies.

Readers may quickly scan the three illustrations below or peruse the detailed descriptions in the pages that follow.

(a) Catherine – BASIC Competencies in Occupational Therapy Service Delivery

Those supporting occupational therapy service delivery having “**basic**” competencies have often acquired their knowledge and skills with **on the job training**. This prepares them to assist in the provision of occupational therapist services in a specific work setting.

To illustrate, **Catherine** is employed as an occupational therapist aid and works in a long term care setting. She has skills in sewing, arts and crafts, and assisting with self care (ADL) activities with the elderly population. She implements basic established care plans that are assigned to her by the occupational therapist in this specific setting. Catherine has developed a good understanding of the older adult population and has gained skills in morning ADL activities. She also provides one-on-one support during the group activities. She is appreciated for her positive approach and her respectful manners. Catherine has a health care background and was trained on the job when she applied for her position.

(b) Pierre –BASIC Competencies in Occupational Therapy Service Delivery with technical skills

Those supporting Occupational Therapy (OT) service delivery having “**basic**” competencies may often have specialized **technical skills** of some kind. The skills could be in carpentry, equipment, sewing, computers, communication devices, wheelchairs, and so on.

To illustrate, **Pierre** is employed as a wheelchair/seating technician who works with a seating-clinic team based in a children’s treatment centre. In his job, he makes adjustments to seating systems as prescribed by the occupational therapist (modifies cushions, uses carpentry and machining skills for adaptations to chair), and fills wheelchair requests to the specifications of the occupational therapist. Pierre’s qualifications for this job include certificates in carpentry skills, machining, wheelchairs, and seating systems. He was also trained on the job.

(c) Jeanne – BROADBASED Competencies in Occupational Therapy Service Delivery

Those supporting occupational therapy service delivery who have “**broad based**” competencies usually have education or training which prepares them to work with a range of client populations, occupational performance issues and practice contexts.

To illustrate, **Jeanne** is employed as an OTA. For the last year, she has worked on a Rehabilitation unit in a larger urban centre. She works primarily in neurology/stroke rehabilitation. She implements complex established adult client intervention plans that are assigned to her by the occupational therapist. She demonstrates an understanding of the clients’ occupational performance issues and why the intervention is related to helping the clients return to their home environments. Her training also gives her mobility to cover for vacation in other departments. In fact, her employment has recently changed; she now has a job in a day program for seniors with cognitive performance issues. With the client and the inter-professional team, she is appreciated for her therapeutic and communication skills. She has received formal therapist assistant educational training from a recognized college near her home. Her intentions are to pursue further education for her current position by taking evening courses in counseling and geriatrics.

Detailed Descriptions

(a) Catherine – BASIC Competencies in Occupational Therapy Service Delivery

Catherine's competencies in the following roles are explained below.

Expert in enabling occupation

- Catherine is aware of the occupational therapist role and her role as aid with this type of population.
- In this employment setting, she is aware of the client's occupational therapy plan for self care and group activities and implements intervention as assigned by the occupational therapist.
- She is able to apply her on-the-job knowledge to this type of population.
- Catherine is expected to observe and report client performance to the occupational therapist and motivate the clients in their performance
- She is able to apply basic safety principles to both herself and her clients.
- She is able to recognize the limits of her competence and seeks consultation from the occupational therapist

Communicator

- Catherine demonstrates basic communication skills required to work in the occupational therapy setting with clients, the occupational therapist, and the team, including respectful communication, awareness of non-verbal communication, and the ability to report information to the occupational therapist in straight-forward situations.
- Catherine has a good grasp of relevant and current terminology used in this practice area.
- She is able to prepare basic written documentation as required by the occupational therapy service and clinical facility.

Collaborator

- Catherine is aware of the roles of team members and communicates with them in a respectful manner.
- When conflict is present in her job, she seeks consultation and input from the occupational

therapist for resolving more complex situations
Practice manager

- Catherine manages her time effectively and uses an organized approach to collect information that is applicable to her assigned work duties.
- She participates in the maintenance of equipment and supplies, and assists in the identifying and ordering equipment/supplies.
- She has positive relationships with suppliers/vendors
- She participates in workload measurement and committee activities.
- She participates in performance reviews.

Change Agent

- Catherine is aware of the role of occupational therapist in the healthcare system and supports the change process determined by the occupational therapist.
- She has an awareness of the determinants of health on the well-being of clients.

Scholarly practitioner

- Catherine is aware of her own competence and abilities in her work area, and seeks input to identify her learning needs.
- She maintains her skills through ongoing learning mainly with workshop provided at her work setting. She develops contextual a learning plan within her job description and adheres to it.

Professional

- Catherine knows what she has learned on-the-job and in other types of her past education.
- She is aware of ethical behaviour in relating to clients and team members and complies with professional employment standards that apply to this area of practice.
- She does not misrepresent her role or credentials to others and recognizes her personal limits.
- She respects client diversity and maintains personal and professional boundaries

(b) Pierre – BASIC Competencies in Occupational Therapy Service Delivery with Technical Skills

Information about Pierre's competencies in the seven roles discussed in the OTA Profile is provided below.

Expert in enabling occupation

- Pierre is aware of the role of the occupational therapist in the seating clinic and, via the occupational therapist, has an awareness of the occupational therapist therapy plan for each client. As directed by the occupational therapist, he completes technical aspects of the plan. Pierre is expected to observe and report client performance to the occupational therapist.
- Pierre applies his technical knowledge to his area of practice, is expected to demonstrate safe practice, recognizes the limits of his personal competence, and seeks consultation from the occupational therapist as needed.

Communicator

- Pierre demonstrates basic communication skills required to work with clients and the team, including respectful communication, awareness of non-verbal communication, and the ability to report information to the occupational therapist in straight-forward, non-complex situations.
- Pierre has a good grasp of relevant and current technical language in his area of expertise.
- He is able to prepare basic reports in his area of technical practice.

Collaborator

- He has a basic understanding of the roles of the team members and communicates with them respectfully.
- He seeks the input of the occupational therapist for resolving more complex situations such as conflict resolution.

Practice manager

- Pierre manages his time effectively and uses an organized approach to collect information that is applicable to his assigned work duties.
- He participates in the maintenance of equipment and supplies and identifies when those specific to his role need to be ordered.
- He has positive relationships with suppliers.

- As required, Pierre participates in workload measurement activities and performance reviews.

Change Agent

- Pierre is aware of the role of occupational therapy in the healthcare system and supports the change process determined by the occupational therapist.
- He is also aware of the determinants of health on the well-being of clients.

Scholarly practitioner

- Pierre is aware of his own competence and abilities in his technical area of expertise, and seeks input to identify his learning needs as well as develop and implement a plan for maintaining his skills and enhancing his learning.
- Pierre also shares his technical skills and knowledge with learners that in the occupational therapy service.

Professional

- Pierre is aware of ethical behaviour in relating to clients and team members; he complies with all standards of employment that apply to his area of expertise.
- He recognizes his personal limits. He does not misrepresent his role or credentials to others.
- He respects client diversity and maintains personal and professional boundaries.

(c) Jeanne – BROAD BASED Competencies in Occupational Therapy Service Delivery

Jeanne's competencies in the following roles are explained below.

Expert in enabling occupation

- Jeanne has a wide range of knowledge of the role of occupational therapist and that of OTA; she has used this knowledge in both of her jobs. She understands the terms occupation, occupational performance, and occupational engagement.
- In both employment settings, she understood the occupational therapy plan and was/is able, as directed by the occupational therapist, to complete assigned activities, e.g., assisting clients to learn basic cooking skills, helping clients use software programs to enhance attention and memory.

- Jeanne is expected to provide detailed observations and report client performance to the occupational therapist; in her role she is also expected to make minor changes to the tasks in response to client's performance. She provides data from these interventions to assist with the occupational therapy evaluation of her clients.
- She understands her clients from a medical, psychosocial, and occupational perspective.
- She is able to apply complex safety principles to both herself and a variety of clients
- In both settings, she recognized the limits of her competence and sought further learning to enhance her knowledge and skills.

Communicator

- Jeanne's understanding of therapeutic communication has helped her to communicate with both of the client groups described above as well as with her supervising occupational therapist, and other members of the team.
- She has been able to adapt her communication according to the cognitive capacity of her clients as well as their diversity in age and culture.
- In accordance with her level of involvement with clients, she documents on the medical record and also provides written notes on client performance to her supervising occupational therapist.

Collaborator

- Jeanne understands the roles and responsibilities of team members and communicates with them in a professional manner using communication skills.
- When conflict is present in her job, she uses basic strategies to resolve the issues and will seek assistance in doing so as needed.

Practice manager

- As required, Jeanne prioritizes the work she must do.
- She has an organized way of collecting information that helps her to complete the work she has been assigned.
- In both of her jobs, she was required to maintain equipment and supplies and conduct an inventory. As such, she created positive relationships with suppliers and equipment vendors.
- Jeanne keeps a record of her workload, helps out with quality improvement activities at her work sites, and has been a member of inter-disciplinary committees at her work site.

- Jeanne is responsible for annual performance reviews.

Change Agent

- Jeanne knows what role occupational therapy plays in the healthcare system and has advocated for that role with her clients. She also did some promotion within her facility during the occupational therapy month.
- She understands how various determinants of health impact on the well-being of her clients.

Scholarly practitioner

- Jeanne knows what she has learned in her college program, what she has learned in her practice, and what she might expect to understand throughout her career.
- With her supervisor, she has identified some areas where she would like to learn more, i.e., information on geriatrics and advanced communication skills, and has sought out some course work to help her learn and apply this information to her work.
- Jeanne has participated in developing and implementing orientation and student programs for new OTAs and other students in the occupational therapy service area. Her supervising occupational therapist has asked her to provide feedback on their performance.
- Jeanne understands that intervention must be based on evidence that it is effective. When this is discussed in the occupational therapy department or within literature she reads, she consults with her supervising occupational therapist and alters intervention as needed.

Professional

- Jeanne is aware of ethical behaviour in relation to clients and team members.
- She complies with employment standards that apply to her work and recognizes her personal limits. She does not misrepresent her role or credentials to others.
- She respects client diversity and maintains therapeutic relationships with both clients and the intra and inter-professional teams.
- She adjusts her approach in relation to the client's culture, beliefs and values.