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Continuing Competence Trends of Occupational Therapy Practitioners

Ketti Johnson Coffelt
Rockhurst University - USA, ketti.coffelt@rockhurst.edu

Linda S. Gabriel
Creighton University - USA, lindagabriel@creighton.edu

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Continuing Competence Trends of Occupational Therapy Practitioners

Abstract

The purpose of this pilot study was to examine the perceptions and practices of occupational therapists regarding the types of professional development activities they seek to ensure competency. A self-report survey was used to investigate the therapists' selection of and engagement in professional learning activities. The results from 43 occupational therapists were analyzed. Descriptive results identified the value of a professional development plan and collaboration with colleagues. Self-assessment and searching for and analyzing journal articles emerged as frequently used continuing competence learning practices. The results showed that therapists actively plan and select formal and informal professional activities to promote meaningful learning for continuing competence practices. Productivity standards were considered the main challenge that impeded the participants' professional development plans and continued competence.

Keywords

continuing education, occupational therapists, professional competence, professional development

Credentials Display and Country

Ketti Johnson Coffelt, OTD, MS, OTR/L

Linda Gabriel, PhD. OTR/L

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The demands of society challenge occupational therapists to update their knowledge and skills in their practice areas to ensure continued learning and competence. Continuing competence is a responsibility that requires professionals to remain proficient in their knowledge, skills, behaviors, and professional reasoning in order to demonstrate practice skills and efficiency concurrent with the dynamics related to health care systems and emerging practice areas (AOTA, 2015b; Kane, 1992). Occupational therapists have a professional obligation not only to themselves but also to their clients, regulatory boards, places of employment, and society to ensure practice competence (Lysaght, Altschuld, Grant, & Henderson, 2001; Morreale, 2014). The American Occupational Therapy Association (AOTA) promotes the ethical responsibility of occupational therapy practitioners to maintain and continue practice competence (AOTA, 2015a). Occupational therapists are expected to engage in continuing professional development activities to maintain knowledge for effective daily practice in response to the needs of their clients and to meet specific state license and regulatory requirements. There are few published studies that have examined how occupational therapists self-assess their professional development needs and seek learning activities for maintaining and updating practice competence.

Continuing competence practices for occupational therapists require a lifelong commitment to learning and involve engagement in professional development activities, the process of self-assessment, and the employment of critical and

ethical reasoning skills (AOTA, 2015b). Therapists have to understand the meaning of continuing competence as not only possessing knowledge and performance skills but also the ability to analyze and solve problems (Hinojosa & Blount, 1998).

AOTA Standards for Continuing Competence

According to AOTA, continuing competence is an ongoing process in which practitioners develop and maintain their knowledge, performance skills, interpersonal abilities, and critical and ethical reasoning skills in order to effectively assist clients to engage in everyday activities or occupations supporting health and participation (AOTA, 2014; AOTA, 2015b; Hinojosa et al., 2000). In 2002, AOTA established the Commission on Continuing Competence and Professional Development (CCCPD) to support the continuing competence behaviors of occupational therapy professionals (Moyers & Hinojosa, 2002). The commission was integral in the advancement of AOTA's Standards for Continuing Competence, which guides occupational therapy practitioners in the process of lifelong learning and professional development (AOTA, 2015b). In addition, the CCCPD recognizes the importance of self-assessment practices, such as AOTA's Professional Development Tool (PDT), to meet the specific competence needs of occupational therapy professionals. AOTA's Standards for Continuing Competence and the use of continuing competence learning plans direct occupational therapists as they develop and maintain excellence in practice.

Practice Environments

Practice environments for occupational therapists are complex and rapidly changing. Due to the variety and scope of work settings in terms of a health care facility's mission, a specific area of practice, a supervision structure, and a peer support network, the work organization can affect individual professional competence and a practitioner's performance (Lysaght et al., 2001).

Therapists use self-directed and workplace-organized professional development opportunities to develop and maintain competence in practice areas of occupational therapy (King, 2009; Rivard Magnan, 2010). Work environments that offer support, competence monitoring, a learning culture, and the promotion of new learning appear to influence occupational therapy practitioners' performance for continuing competence behaviors (Lysaght et al., 2001). Often, practitioners are dependent on the institution and facility (e.g., hospital, school, or outpatient clinic) to provide data-based resources to conduct evidence-based decision making for client care.

The workplace can provide a learning climate by addressing the specific learning needs of practitioners as they apply new skills and knowledge to improve quality of care. This type of continuing competence strategy is supported through informal learning practices in the workplace, such as mentoring; colleague collaboration; on-the-job training; supervision; study groups; and feedback from multiple sources, such as clients and colleagues (Anderson, 2001).

Another essential approach to continuing

competence is the use of reflective practices in the work setting for analyzing situations, fostering learning interactions with colleagues, and developing self-awareness and meaning through case analysis (King, 2009). Occupational therapy practitioners note that having interactions with clients and colleagues as a part of the client care decision-making process promotes competence in practice (Anderson, 2001; Craik & Rappolt, 2003).

Competence Through Evidence-Based Practice

Continuing competence requires that practitioners integrate relevant evidence for client care and expanding practice contexts (Holmes & Scaffa, 2009; Thomas, Saroyan, & Snider, 2012). Occupational therapists are expected to provide services based on critical review of the relevant research, expert opinion, and past experiences. Professional and academic leaders acknowledge that competence is required of novice and expert practitioners to stay up-to-date with research-based practices for critical thinking and decision making in health and human services (Crail & Rappolt, 2003; McKinstry, Allen, Courtney, & Oke, 2009). The application and integration of evidence into practice is a process of learning and might pose unique challenges to practitioners at various career stages (Crabtree, Justiss, & Swinehart, 2012). Studies indicate that continuing competence practices of health care professionals are dependent on the practitioner's personal skill characteristics, self-motivation, and reflective practices for critical reasoning regarding the knowledge to integrate and apply evidence for clinical case situations (Craik &

Rappolt, 2003; Lieff & Albert, 2012; Strickland, 2003; Zimmerman, 2008).

Client-centered health care practices demonstrating comprehension and application of evidence-based practices in the context of a client's values and beliefs are also necessary (Strzelecki, 2006). Continuing competence in practice demands that practitioners develop the ability to review critically the research evidence and consider its clinical use for the practice context and the client's context. This type of critical reasoning requires experiential and observational learning through caseload experiences and mentoring opportunities (King, 2009).

Continuing Professional Development Practices

A generally accepted form of maintaining professional competence is to engage in formal learning practices, including attending conferences and workshops or enrolling in academic course work (Dubin, 1990). Traditional formal learning is highly valued by practitioners; however, they also indicate that hands-on courses provide time to develop new knowledge through practice (Rappolt & Tassone, 2002). Many workplace environments check for competency through annual demonstration and documentation of formal, active education and hands-on skill competency checks or tests (Lysaght & Altschuld, 2000). It is important to note that formal learning is useful, informational, and frequently selected as a continuing competence practice. However, participation in formal learning activities alone does not guarantee professional competence in practice. Therapists must reflect and expand on formal learning to avoid a false sense of

security, as competence is not ensured by attendance (Kerr, 1998). Even though practitioners show a trend toward selecting formal educational learning opportunities, professional development experiences for practice competence reaches beyond formal continuing education and instructional learning (Anderson, 2001).

Informal active educational activities of mentorship, on-the-job training, and observation of skilled practitioners have been shown to be effective for practitioners as a process for continued competence (Anderson, 2001). Other examples of informal education include attending structured meetings, reading and discussing professional journal articles and books, mentoring, and socializing with other professional peers (Rappolt & Tassone, 2002). Continued competence can be promoted through work organizations that promote peer support networks and develop meaningful and organized methods of feedback for occupational therapy practitioners (Lysaght et al., 2001).

Informal learning opportunities that occur during professional and informal interactions with colleagues provide the practitioner with feedback and also support the concept of the teachable moment, in which active learning is occurring in a time and place relevant to the practitioner's needs (Anderson, 2001). Experiential learning is more effective when practitioners ask clinical questions as a result of case reflection and through observations in the context of the patient-professional encounter (Ebell & Cervero, 2010). The process of experiential learning, conducive to expertise development, consists of engaging in

direct experiences with clients, obtaining feedback from multiple sources, reflecting on understanding, and thinking about how individual's practice (King, 2009).

In summary, if occupational therapists do not understand the process of continuing competence, they cannot effectively select professional development activities to develop their competence and learning. The individual selection of professional growth activities to foster development of expertise is self-directed depending on the practitioners' personal skill characteristics, self-motivation, use of self-reflective practices, and the ability to integrate and apply evidence to workplace issues or situations. To promote ongoing professional development competence in health and practice areas, practitioners need to demonstrate a foundation of content and technical skills and develop their procedural knowledge of active listening and self-awareness by learning through observation, receiving feedback about how they interact with peers, and recognizing the role of contextual factors in the workplace (mentoring, case experiences, feedback, and support networks) (King, 2009; Lysaght et al., 2001).

While the literature supports the importance of continuing competence, it is limited in describing the types of professional development activities and the process of self-assessment that occupational therapy practitioners currently select for continuing competence. Therefore, more research is needed to study the continuing competence practices of occupational therapists.

The following questions were used to investigate the perceptions and practices of occupational therapists regarding their professional competence practices for optimal client outcomes.

1. Which continuing competence strategies do occupational therapists use most frequently?
2. Which continuing competence strategies do occupational therapists consider the most valuable?
3. How do occupational therapists rate their strengths in relation to the AOTA Standards for Continuing Competence?
4. What are the barriers and opportunities for continuing competence among occupational therapy practitioners?

Method

Study Design

A non-experimental design using survey methodology with quantitative items was used to address the research questions.

Participants

The participants were occupational therapists residing in the U.S.. Occupational therapy assistants were excluded from the convenience survey sample. The participants were drawn from occupational therapy state association databases in four Midwestern states and from the states of Wisconsin and Florida.

Survey Instrument

The survey questions were developed from a review of literature related to continuing competence learning activities and AOTA's Standards of Continuing Competence (2010). The survey consisted of 56 items, including a

demographic section asking for information about education and professional practice areas. The survey included items concerning professional development participation and rating the frequency of continuing competency practices selected in the past year using a 6-point Likert scale: *not at all* (0), *one to two times a year* (1), *quarterly* (2), *monthly* (3), *weekly* (4), and *two or more times a week* (5). The survey questionnaire included four questions about the frequency of day-to-day continuing competence practices of occupational therapists over the past 10 working days and also used a 6-point Likert scale: *not at all* (0), *one to two times* (1), *three to five times* (2), *six to nine times* (3), *10 to 19 times* (4), and *20 times or more* (5).

The survey questionnaire included 16 questions about the value of specific professional learning activities using a 5-point Likert scale: *no value* (1), *limited value* (2), *no opinion* (3), *valuable* (4), and *extremely valuable* (5). The participants were asked to respond to self-assessment statements about the importance of a professional development plan and self-reflection practices using a 5-point Likert rating scale: *strongly disagree* (1), *disagree* (2), *no opinion* (3), *agree* (4), and *strongly agree* (5).

The participants rated their level of competence based on AOTA's five Standards for Continuing Competence. The response choices were structured using a semantic differential 5-point Likert scale. The lower end of continuum (1) stated *I need considerable growth in this area*, and the high end of the continuum (5) stated *I feel this is one of my strongest areas*. The survey included

items regarding the participants' concerns and the promotion of professional development occurring at their place of employment.

The survey instrument was reviewed and completed by two occupational therapy education experts and revised based on their responses for clarity and the amount of time required for completion of the survey questionnaire.

Procedures

This study was approved through the Creighton University Institutional Review Board (IRB). Initial recruitment focused on four Midwestern states: Missouri, Kansas, Colorado, and Nebraska. Addresses were obtained from the occupational therapy state association mailing lists. A randomized selection method was used to select 75 members per state for a total of 300. The number of licensed occupational therapists from these four states was estimated at 6,198 (National Board for Certification in Occupational Therapy, 2012). Postcards with the link to the questionnaire were mailed to the potential participants. Of the 300 postcards sent to occupational therapy state association members, 12 surveys were completed, resulting in a response rate of 4%.

Due to the low response rate, the investigators requested and obtained approval with the Creighton University IRB to recruit additional participants by posting the link to the online survey questionnaire on the websites for the state associations of Wisconsin and Florida. These occupational therapy state associations were selected because they have large memberships and permit postings on their websites. Each of the

participating states has continuing education competency requirements for licensed members. An additional 31 surveys were received in a 3-week period for a total of 43 completed surveys. A response rate was not calculated, as it is unknown how many potential participants viewed the invitation on the Wisconsin and Florida state association websites.

Data Analysis

Descriptive statistical methods were used to analyze the data and summarize the characteristics of the participants and the type of strategies used to develop and maintain continuing competence practices. The data from the completed online survey were entered into a SPSS (version 21) statistical software package. The frequency and percentage for each answer selections were analyzed. The participants' qualitative comments were reviewed, with no formal analysis performed. The main results are presented below.

Results

Characteristics of the Participants

Data analysis was computed on the total number of online surveys completed by the participants (N = 43). Almost half of the participants (46.5%) had a bachelor's degree, while 41.9% had a master's degree, 9.3% had a doctorate degree, and one of the participants did not identify educational background. The participants had a range of practice experience from 1 year to 44 years, with an average of more than 15 years of experience (mean = 18.94 years, mode = 13, median = 19, $SD = 11.51$). Most of the participants had 6 or more years of practice experience (83.3%), with

16.3% reporting 5 years or less of practice experience. Forty-two of the participants were women, and one participant was male. The age range of the participants was 25 to 66 years, yielding a mean age of 44.83 years ($SD = 11.36$). The participants indicated practicing in the urban settings of 50,000 or more people (59.5%, $n = 25$), urban cluster settings of 2,500 to 50,000 people (22.6%, $n = 5$), and rural settings of less than 2,500 people (11.6%, $n = 5$), with one participant not replying.

The participants represented all practice areas for occupational therapy: children and youth; health and wellness; mental health; productive aging; work, industry, and rehabilitation; disability; and participation. Eighty-six percent of the participants were employed full time, indicating a range of occupational therapy positions, including clinician, manager, academic/faculty, and consultant.

Frequency of Use of Continuing Competence Practices

The participants were asked to rate how frequently they used general continuing competence practices in the past year using a 6-point Likert scale ranging from *twice a week or more* to *not at all*. The rating scale varied depending on the question. The results for the frequency of use of continuing competence practices by the participants in the past year are presented in Table 1. The three categories used most frequently (two or more times a week, weekly, and monthly) were then combined, and the continuing competence practice that was reported used most frequently was reading and

evaluating journal articles related to client care (51.2%). The next most frequently used practice was searching for and critically evaluating information from websites about effective practices (44.2%), and the third most frequently used practice was searching for journal articles about effective practices in general (32.6%). None of the

participants chose reflective journal writing as a practice used weekly or monthly, and 76.7% reported not engaging in reflective journal writing at all in the past year. Likewise, a majority of the participants (62.8%) reported no involvement in a professional study group in the past year.

Table 1

Frequency of Use of Continuing Competence Practices in Past Year (N = 43)

Type of practice	2x > Week n (%)	Weekly n (%)	Monthly n (%)	Quarterly n (%)	1-2x Year n (%)	Not At All n (%)
Professional study group ^a	1 (2.3)	—	1 (2.3)	5 (11.6)	7 (16.3)	27 (62.8)
Reflective writing ^b	—	—	—	1 (2.3)	8 (18.6)	33 (76.7)
Read and evaluate articles ^b	1 (2.3)	7 (16.3)	14 (32.6)	8 (18.6)	9 (20.9)	3 (7.0)
Search journal articles ^b	1 (2.3)	2 (4.7)	11 (25.6)	8 (18.6)	10 (23.3)	10 (23.3)
Search and evaluate websites ^b	1 (2.3)	10 (23.3)	8 (18.6)	7 (16.3)	13 (30.2)	3 (7.0)

Note. ^aThis group had sample size of 41; two participants did not complete the survey question.

^bThis group had sample size of 42; one participant did not complete the survey question.

The participants were asked to rate how frequently they used continuing competence practices specific to client cases over the past 10 working days using a 6-point Likert scale ranging from *20 times or more* (average of twice a day) to *not at all* (see Table 2). After the two most frequently used categories were combined (practices occurring on average of once a day), the practices that were used most frequently were

discussing a client with a colleague (37.2%); writing down thoughts, goals, questions, client condition, and/or intervention approach (25.6%); and seeking informal feedback (23.3%). Few of the participants (4.7%) sought formal feedback at least 10 times over the past 10 working days, while 34.9% reported not seeking formal feedback at all over the past 10 working days.

Table 2

Frequency of Use of Continuing Competence Practices Over the Past 10 Working Days for Client Cases (N = 43)

Type of practice	20 plus n (%)	10-19x n (%)	6-9x n (%)	3-5x n (%)	1-2x n (%)	Not at All n (%)
Written thoughts	8 (18.6)	3 (7.0)	9 (20.9)	9 (20.9)	11 (25.6)	3 (7.0)
1-1 client discussion ^a	7 (16.3)	9 (20.9)	7 (16.3)	8 (18.6)	11 (25.6)	—
Seek informal feedback	2 (4.7)	8 (18.6)	9 (20.9)	10 (23.3)	11 (25.6)	3 (7.0)
Seek formal feedback ^a	—	2 (4.7)	6 (14.0)	6 (14.0)	13 (30.2)	15 (34.9)

Note. ^aThis group had sample size of 42; one participant did not complete the survey question.

Value Placed on Continuing Competence Practices

The therapists were asked to rate the value of 10 types of continuing competence practices using a 5-point Likert scale ranging from *extremely valuable* to *no value* (see Table 3). When combining the responses of valuable and extremely valuable, the two most valued practices were continuing education programs (90.7%) and searching for and critically evaluating information from websites about effective practices (90.7%). The next most valued practices were reading and evaluating journal articles related to patient care (86.1%), searching journal articles to identify effective practice (83.7%), providing mentorship to others (81.4%), supervising OT fieldwork students (79.1%), and being mentored (74.5%). A clear majority (60.5%) rated graduate education as

extremely valuable or valuable. Over half of the participants (51.2%) valued professional study group experiences.

The continuing competence practice least valued was reflective journal writing, with 34.9% of the participants rating it as having limited or no value and none rating it as extremely valuable. The therapists were somewhat divided in their value of using graduate education as a continuing competence practice, with 30.2% reporting it held limited or no value, which was the second highest proportion of negative ratings (following reflective writing). However, 60.5% rated graduate education as valuable or extremely valuable. There were fewer participants who reported no opinion (7%) on graduate education compared to reflective writing, where nearly half (46.5%) indicated having no opinion about reflective writing.

Table 3

Value of Continuing Competence Practices (N = 42)

Type of practice	Extremely valuable n (%)	Valuable n (%)	No opinion n (%)	Limited value n (%)	No value n (%)
Graduate education	15 (34.9)	11 (25.6)	3 (7.0)	8 (18.6)	5 (11.6)
Continuing education	21 (48.8)	18 (41.9)	—	3 (7.0)	—
Being mentored	14 (32.6)	18 (41.9)	6 (14.0)	4 (9.3)	—
Providing mentorship	11 (25.6)	24 (55.8)	4 (9.3)	3 (7.0)	—
Supervising students	8 (18.6)	26 (60.5)	5 (11.6)	1 (2.3)	2 (4.7)
Professional study group	2 (4.7)	20 (46.5)	14 (32.6)	4 (9.3)	2 (4.7)
Reflective journal writing	—	7 (16.3)	20 (46.5)	10 (23.3)	5 (11.6)
Read and evaluate journals	11 (25.6)	26 (60.5)	1 (2.3)	3 (7.0)	1 (2.3)
Search journals	12 (27.9)	24 (55.8)	2 (4.7)	3 (7.0)	1 (2.3)
Search, evaluate websites	11 (25.6)	28 (65.1)	—	2 (4.7)	1 (2.3)

Note. Missing data from one participant for survey questions.

The participants were asked six questions regarding the importance of types of learning and documenting continuing competence practices (see Table 4). Almost all (95.4%) of the participants agreed that having a method or plan for professional development for continuing competence is important. In addition, 93% agreed or strongly agreed that it is important to reflect on and learn

from one's mistakes. Eighty-six percent of the participants agreed or strongly agreed on the importance of identifying professional learning needs through career self-reflection. A large majority of the participants (79.1%) reported that receiving feedback from others for professional development planning was important. Similarly, a large majority of the participants (76.7%) agreed or

strongly agreed that self-assessment is an important part of their continuing competence plan.

The participants were evenly split regarding the importance of documenting continuing education practices using a journal or portfolio. Just over a third of the participants (37.3%) agreed or strongly agreed that documenting through the use of a journal or portfolio was an important

continuing competence practice, 37.2% of the participants (n = 16) disagreed or strongly disagreed that using a journal or portfolio to facilitate and record professional development is not beneficial, and 23.3% of the participants (n = 10) reported no opinion of this method of documenting continuing competence.

Table 4

Importance of Learning and Documenting Continuing Competence Practices (N = 43)

Items	Strongly Agree n (%)	Agree n (%)	No Opinion n (%)	Disagree n (%)	Strongly Disagree n (%)
Professional development plan ^a	18 (41.9)	23 (53.5)	1 (2.3)	—	—
Self-assessment ^b	13 (30.2)	20 (46.5)	5 (11.6)	2 (4.7)	—
Career self-reflection	10 (23.3)	27 (62.8)	2 (4.7)	2 (4.7)	1 (2.3)
Use portfolio or journal	6 (14.0)	10 (23.3)	10 (23.3)	12 (27.9)	4 (9.3)
Feedback from others	8 (18.6)	26 (60.5)	6 (14.0)	1 (2.3)	—
Reflection of mistakes ^a	16 (37.2)	24 (55.8)	2 (4.7)	—	—

Note. ^aThis group had sample size of 42; one participant did not complete the survey question. ^bThis group had sample size of 40; three participants did not complete the survey question.

Perceptions of Competence Based on AOTA Standards for Continuing Competence

The participants were asked to rate their strengths in relation to the five AOTA Standards for Continuing Competence using a 5-point Likert semantic differential scale (see Table 5). The anchor at one end was *I need considerable growth in this area* (1), and the anchor at the other end was *I feel this area is one of my strongest areas* (5). The vast majority of the participants perceived themselves as competent across all five standards. The responses for 1 (*I feel this area is one of my strongest areas*) were similar across the standards for clinical reasoning (39.5%), professional relationships

(39.5%), expertise and skills (34.9%), and ethical reasoning (34.9%). However, only 16.3% of the participants considered the knowledge standard (demonstrated understanding and comprehension of information required for multiple roles and responsibilities) as one of their strongest areas. When the top two ratings (4 and 5) were combined into a single category, a majority of the participants (62.8%) perceived strength for the knowledge standard, compared to 82.7% of the participants indicating strength for the performance skills standard. Few of the participants (n = 4) used the rating for 1 (*I need considerable growth in this area*) or 2 for any of the standards.

Table 5

Self-Perceptions of Continuing Competence Skills and Practices using AOTA (2010) Standards for Continuing Competence (N = 42)

AOTA Standards	1 need growth n (%)	2 n (%)	3 n (%)	4 n (%)	5 my strongest area n (%)
Knowledge ^a	1 (2.3)	2 (4.7)	12 (27.9)	20 (46.5)	7 (16.3)
Clinical reasoning ^a	—	—	8 (18.6)	17 (39.5)	17 (39.5)

Interpersonal skills ^b	—	1 (2.3)	5 (11.6)	18 (41.9)	17 (39.5)
Performance skills ^a	—	—	6 (14.0)	21 (48.8)	15 (34.9)
Ethical practice ^b	—	—	8 (18.6)	18 (41.9)	15 (34.9)

Note. ^aThis group had sample size of 41; one participant did not complete the survey question. ^bThis group had sample size of 40; two participants did not complete the survey question.

Perceived Workplace Opportunities and Challenges

For 44.2% of the participants (n = 19), productivity standards were considered the main challenge that impeded their professional development plans and continued competence. However, 28% of the participants (n = 12) reported productivity standards were no impediment to professional activity plans. Excessive or unpredictable change in job requirements and change in client expectations were not reported to influence professional development plans for the majority of the participants.

The participants rated five workplace opportunities occurring *frequently, occasionally, rarely, or never*. Interprofessional collaboration was reported by 67.4% of the participants to be a frequently occurring opportunity in the workplace setting (see Table 6). The next most frequent

opportunities were specialization in an area of practice (53.5%), feedback from multiple sources and disciplines (51.2%), and development of competence and professional development through mentorship (46.5%). The opportunity rated frequently by the least number of participants was structured reflection and dialogue with peers and discipline groups (25.6%), although 39.5% of the participants reported this opportunity as occurring occasionally.

Two additional workplace opportunities were rated as occurring between twice a year or more, once a year, about every 2 to 3 years, rarely, and never. Forty-four percent of the participants (n = 19) reported release time to attend professional development workshops twice a year or more. In addition, 30.2% of the participants (n = 13) reported that workshop opportunities were provided at the participants' workplace twice a year or more.

Table 6

Workplace Opportunities for Development of Continuing Competence (N = 43)

Type of opportunity	Frequently n (%)	Occasionally n (%)	Rarely n (%)	Never n (%)
Practice specialization ^a	23 (53.5)	10 (23.3)	7 (16.3)	2 (4.7)
Interprofessional collaboration ^a	29 (67.4)	9 (20.9)	3 (7.0)	1 (2.3)
Mentoring experiences others ^a	20 (46.5)	13 (30.2)	5 (11.6)	4 (9.3)
Feedback from multiple sources ^b	22 (51.2)	12 (27.9)	5 (11.6)	2 (4.6)
Structured opportunities for dialogue ^a	11 (25.6)	17 (39.5)	9 (20.9)	5 (11.6)

Note. ^aThis group had sample size of 42; one participant did not complete the survey question. ^bThis group had sample size of 41; two participants did not complete the survey question.

Discussion

The data from the survey provided a preliminary profile of occupational therapists' perceptions of continuing competence practices, the frequency with which they engage in these

practices, the values they place on professional development activities, and the impact of their workplace environment. The characteristics of the participants represented a range of educational degree levels, years of practice experience, and

types of occupational therapy practice settings. The overall results of this study indicate that the participants understand the relevance and importance of continuing professional competence. There is an overwhelming consensus that it is important to have a professional development method or plan for maintaining and updating competency that contributes to their unique practice needs. Likewise, nearly all of the participants agree on the importance of learning from mistakes (93%), and most of the participants agree on the importance of self-assessment (86.1%) and self-reflection (86.1%). There was less agreement about the importance of the use of portfolios or journals to document a professional development plan (37.3%). When asked about the value of reflective journal writing, only 16.3% of the participants considered this to be a valuable type of practice, and when asked how often they engaged in reflective writing over the past year, 76.7% of the participants answered not at all. Career self-reflection and self-assessment are essential self-directed strategies used to recognize competency needs contributing to their reasoning for the selection and participation in types of formal and informal learning activities.

Reading and evaluating journal articles that relate to client care were reported as a continuing competence practice most often (90.7%) used in the past year. In addition, evidence-based practices of searching for and analyzing information from websites (90.7%) and from professional literature (74.5%) to evaluate the evidence and respond knowledgably were used as a frequent continuing education practice. Likewise, the participants

placed value on the continuing competence practices of searching for and evaluating websites (90.7%), reading and evaluating journal articles (86.1%), and searching for evidence from professional journals (83.7%). Occupational therapists have been supported in the use of evidence-based practices as a manner to stay current as they provide client-centered care (DeAngelis, DiMarco, & Toth-Cohen, 2013; Strzelecki, 2006). These results show that therapists recognize the need to integrate and apply evidence using critical reasoning and decision making as they address quality care for their clients.

While continuing education courses and workshops were the continuing competence practice that was most highly valued (90.7%), the participants also valued mentoring. According to Anderson (2001), mentoring is an effective informal method of continuing competence in the workplace. About 75% of the participants considered being mentored as either valuable or extremely valuable, and about 80% of the participants reported that providing mentorship was valuable or extremely valuable as a continuing competence practice. It is of interest that slightly more value was given to providing mentorship compared to receiving it as a means of professional development. Teaching others may help therapists translate their implicit clinical reasoning into explicit language, thus helping both the teacher and the student. Informal educational learning activities, such as being mentored, mentoring others, student supervision, and collaboration from multiple sources (client, colleague, and supervision) provide professional

competence and support. Voluntary consultation with a colleague regarding an individual case occurred with the greatest overall frequency (97.7%). If employment settings are committed to achieving optimal client outcomes, time must be made for occupational therapists to consult with one another.

Rappolt and Tassone (2002) describe the importance of reading and discussing journal articles in social groups. Fifty percent of the participants perceived value in the competency practice of a professional study group; however, only 32.2% participated in this practice in the past year. Over half of the participants (62.8%) indicated no involvement in a professional study group. It would be interesting to probe this further to determine reasons for this disparity. If professional study groups are an effective means of professional development, they would be a cost effective method of continuing competence. Participation in case discussion groups, supervision, and networking reveal the complexity and uniqueness of the ongoing process of continuing competence and is consistent with previous findings in the literature (Bradley, Drapeau, & DeStefano, 2012).

The participants in this study provided information about workplace barriers and opportunities that have enhanced or impeded their professional development plans in past year. Support for collaboration and specialized learning in the workplace were found to be positive competency opportunities for occupational therapists. This is consistent with a study by

Anderson (2001), which found that on-the-job training and mentorship appear to be effective and contribute to knowledge, skills, and judgment associated with competency. Challenges reported by the participants include the pressures of meeting productivity demands that do not necessarily impact individual professional development plans, and in particular, regarding having release time to attend formal educational activities. Narrative responses indicate that practitioner's pursuit of professional development is influenced by the financial affordability of formal competence practices that typically involves registration fees, travel to the location of a workshop, and time away from work. Comparably, productivity and time are noted obstacles that impede informal competence practices with practitioners having less time at work for case reviews, collaborative thinking, and mentoring.

Limitations

This study has several limitations. The survey instrument was self-developed and has not undergone an examination of its psychometric properties. In addition, qualitative comments from the survey were not formally analyzed for coding and themes. There was a low response rate, which limits generalizability to larger populations. The sample from which the participants were recruited lacked diversity, which may have created a sampling bias, further limiting generalizability. Specifically, the study only sought to survey occupational therapists and not occupational therapy assistants who abide by the same AOTA

Standards for Continuing Competence and ongoing professional development (AOTA, 2015b).

Conclusion

Continuing competence is a professional responsibility of occupational therapists so that they develop and maintain expertise and experience in their respective practice areas. Based on the study results, emerging practice trends include the usefulness of a professional development plan for self-assessment and evaluation as therapists select and engage in professional learning activities. Formal learning practices provide evidence of participation in continuing education programs through completion of academic coursework, self-study courses, and conferences or workshops; however, attendance does not automatically translate into improvements in practice. Informal learning practices often occur in the workplace and foster experiences of mentoring, supervision, and collaboration as methods of developing expertise. Furthermore, therapists rely on evidence-based practices to become informed and ensure professional credibility for quality client outcomes. Therapists need to understand the importance of reflecting on their practice needs to assist in the selection of formal and informal continuing competence practices. Careful reasoning should be employed in developing a professional plan that fits the needs of the therapist and the practice area and population being served.

Further inquiry with a larger sample is warranted to explore factors that influence the choices that occupational therapists and occupational therapy assistants make in selecting

and applying professional learning activities to foster expertise and continued learning. This could include factors such as level of formal education, years of experience, and reasons for less frequent use of study groups and formal reflection on practices.

Ketti Johnson Coffelt, OTD, MS, OTR/L is an Assistant Professor in the occupational therapy department at Rockhurst University in Kansas City, MO. This research study was completed in partial fulfillment of the requirements for her OTD degree from Creighton University. Dr. Coffelt has 11 years of experience in academic education and 20+ years as a pediatric OT practitioner in a multitude of practice settings.

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