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The Residency Program Experience: Impact on Resident and Mentor

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Section 1: Nature of Project and Problem Identification

The American Occupational Therapy Association (AOTA) recently developed a Residency Program in order to "advance the knowledge and skills of an occupational therapy practitioner in a focused area of practice" (AOTA, 2016). The AOTA Centennial Vision supports the need for development of residency programs as occupational therapists are expected to be able to engage in evidence-based practice, understand how care is delivered in the current health care system, and be able to meet the future needs of society (Brown, Crabtree, Mu, & Wells, 2015). AOTA also asserts that occupational therapy graduates need to exhibit professional autonomy in order to assume leadership roles in the healthcare community. Occupational Therapy (OT) Residency programs through both didactic learning and clinical practice support the goals of the Centennial Vision. These goals include providing OT services that are scientific and evidence-based with a focus on occupation, which are supported and developed in a resident who actively participates in a residency program. Many professions provide opportunities for engagement in residency programs in order to facilitate the development of advanced practitioners (APTA, 2014). The American Board of Physical Therapy (APTA) describes a clinical residency program as advancing the physical therapist's knowledge, skills, and attributes in a particular area of physical therapy clinical practice. The residency allows for clinical mentoring utilizing both didactic and clinical experiences. The physical therapy residency program also prepares the physical therapist for the board certification exam in that specialty area ("About clinical residency", 2016). Graduates with a pharmacy degree can train through a residency program if they have a clinical focus or a fellowship program if they have a research

focus. Residency training in pharmacy is completed over two years with the emphasis the first year on general clinical scenarios and the second year on more specialized areas of interest. Residency programs in pharmacy allow for skill development and competency attainment in working with many different types of patients and scenarios ("What is a residency", 2016). Nursing programs have established benefits of a nursing residency in areas of clinical skills, critical thinking, and clinical reasoning. Studies have shown that nursing residents have reported lower stress and anxiety levels and increased job satisfaction due to a structured support system (Stokowski, 2015), which they report to have experienced through a mentor in a residency program.

The AOTA Residency Program also includes didactic and clinical experiences, as well as participation in research activities. The requirements of a resident include being a licensed practitioner who is seeking to advance their clinical skills, knowledge, and expertise in a specific practice area (AOTA, 2016). Occupational therapy residents are eligible to apply for Board Certification after 3 years of practice instead of 5 years if they complete a residency in that area of practice. There are currently nine approved AOTA residency sites with an additional seven under review, and 21 beginning the review process for acceptance by AOTA. There are no set requirements by AOTA for specialty areas of practice. Currently sites cover many specialties including acute care, pediatrics, burns, mental health, hand therapy, and physical rehabilitation. A previous occupational therapy resident from the University of Chicago (acute care) reported increased confidence in their skills as a professional and a desire to teach future residents (AOTA, 2016). Limited research is available regarding OT residency programs as residency programs are new to AOTA. Further research on the potential benefits of a residency program will be valuable as we move forward as a profession.

Upon graduation from an accredited occupational therapy masters or entry level doctorate program and successfully passing the National Board for Certification in Occupational Therapy (NBCOT) exam, an entry level occupational therapist is expected to demonstrate entry level competence as a generalist. The Accreditation Council for Occupational Therapy (ACOTE) describes the traits of a generalist as having a "broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging". Due to the complexity of patient care and the complexity of navigating the health care system (financial challenges, healthcare reform, governmental mandates, patient safety and quality), an acute care hospital (Level I trauma center) is not an entry level setting. The AOTA residency program in the acute care setting has the potential to better prepare an entry level clinician for this setting, as well as further develop the skills of the mentor of the resident. The mentor may also develop improved communication and mentoring skills as there is an expectation that the mentor will tailor his communication and teaching to the residents preferred style in order to facilitate learning (APTA, 2014)

Problem Statement:

The problem that this capstone project will address is to identify changes if any that will occur in an occupational therapy resident in regard to performance of clinical reasoning and professional development (utilizing evidence-based practice) during a one-year residency and what change if any will occur in the mentor including skills in mentoring and communication. The residency program carries a substantial cost (monetary and time) to an institution and it is not clear due to limited research what the benefits of a residency program are to a facility as well as to a resident.

Purpose of the Project:

Therefore, the purpose of this Capstone project is to identify the influence of a clinical residency on both the residents and the mentors.

Objectives:

1. Determine the perceived trajectory of skill development for the resident at four months, eight months and one year on professional development and clinical reasoning utilizing evidence-based OT practice (asking clinical questions, formulating questions, integrating knowledge into interventions).
2. Determine perceived changes in mentors of an OT resident in regard to mentoring and communication skill development at four months, eight months, and one year.

Theoretical Framework:

The theory guiding this Capstone project is the Model of Human Occupation (MOHO), which describes human occupation as a part of the human condition. Kielhofner (2002, p.1) refers to human occupations as the "doing of work, play, or activities of daily living within a temporal, physical, and sociocultural context". MOHO is an open system in which a person actively attends to information that is of interest or relevance. The theory explains how occupation is motivated (volition), patterned (habituation), and performed (performance). Motivation is influenced by values, interests, and personal causation. Occupational behavior is organized through habits and routines. As the human interacts in the world, he receives feedback from his interactions, and develops thoughts and feelings. He takes those thoughts and change is created over time (Lee, Taylor, Kielhofner, & Fisher, 2008). In relating MOHO to this Capstone project, the resident's skill development in the areas of professional development and clinical reasoning will be assessed, as well as mentoring skills and communication skills of the mentor.

The theory supports change over time as the resident and mentor interact, reflect, and incorporate pertinent feedback in order to further develop professional skills.

Significance of the Study:

This capstone project has the potential to provide significant support for the development of residency programs in other complex settings. The limited studies regarding residency programs have focused on the resident versus the mentor. This capstone project will not only attempt to primarily capture the changes in the residents, but also the mentors.

AOTA describes the Level II fieldwork as an opportunity for students to be exposed to research, administration, and management of OT services (ACOTE, 2012, pS62). The intent of the residency program is to go beyond the fieldwork experience by providing the occupational therapy resident with advanced knowledge and skill training in order to become a resource, educator, mentor, and leader to others in the community they serve, as well as being a highly skilled patient care provider. Fieldwork educators benefit from supervising students as they increase their own professional development by introducing the student to current trends in practice, evidence-based practice, and research which impacts the educator's continuing competence (AOTA, 2016, p. S1). It follows that mentors would also increase their professional development and continued competence as they mentor a resident.

Summary:

This capstone project will attempt to identify the experiences of a residency program in a complex acute care teaching hospital. The impact of a residency program on both the resident and the mentor will be assessed and evaluated. As seen in the nursing literature, residency programs have the potential of decreasing stress, increasing clinical skills, critical thinking, clinical reasoning, and incorporation of evidence based practice. Clinical reasoning includes

collecting information, processing information, understanding a problem or situation, planning and implement interventions, evaluating outcomes, and reflecting on the process. Since the resident is a practicing therapist and perceived as more of a peer than a student, it might be expected that the mentor will further develop their own skills in research (evidence based practice) and teaching/mentoring. The AOTA residency program is anticipated to help meet the needs of the occupational therapy profession in further developing clinicians who are prepared to meet the changing healthcare environment as the profession moves towards AOTA Vision 2025. Vision 2025 states that "occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (AOTA, 2016). The further development of advanced clinical reasoning and research skills will be essential to the provision of occupational therapy as occupational therapists continue to influence the quality of life for those we seek to assist. Clinical reasoning skills are also critical in order to incorporate appropriate evidence based assessments into practice as required by reimbursement agencies.

Section 2: Detailed Review of the Literature

As the Department of Rehabilitation assessed the possibility of incorporating the AOTA Residency Program into the acute care practice at Cedars-Sinai Medical Center, a review of current literature was conducted. No articles were found on outcomes of residency programs in occupational therapy, however the literature supports the benefit of a facility providing fieldwork education. In a study conducted by Evenson, Roberts, Kaldenberg, Barnes, & Ozelie (2015), fieldwork educators reported that the benefits of participating in fieldwork education include an opportunity to keep current in practice, personal satisfaction, developing clinical reasoning, giving back to the profession, and developing supervisory skills. Since the residency program

requires staff mentors and has some similarities to a fieldwork education program, similar perceptions of benefit may be experienced by the Cedars-Sinai occupational therapy staff.

Leaders in the profession of physical therapy began the discussion of developing a residency program as early as 1996. In accrediting residency programs for physical therapy, mentoring is considered a critical area to address in relation to its impact on developing the skills of patient/client management (APTA, 2014). The APTA (2014, P.4) describes the mentor as "a practitioner who has the advanced knowledge, skills, and clinical judgments of a clinical specialist, and who provides instruction to a resident in patient/client management, advanced professional behaviors, proficiency in communications, and consultation skills". The mentoring requirement for physical therapy is 150 hours of 1:1 mentoring within the year of the residency with a goal of developing advanced practitioners in a specialty practice.

Medical educators in the United States and Canada in 2011 developed a competency framework for residency teaching as they found that medical faculty received a minimal amount of training in how to be effective teachers. These core competencies that the group cited include content knowledge with the mentor demonstrating the ability to instruct and evaluate a resident's skills in a certain specialty area. Additional areas include learner centeredness (a commitment to the learner's success), interpersonal and communication skills (mentor being able to tailor his teaching style to that of the resident), professional integrity (the mentor being able role model best practice behaviors), practice based self-reflection (mentor must demonstrate lifelong learning), and systems-based learning (mentor using all resources to enhance the learning environment) (Srinivasan, 2011).

Nursing is another profession that its leaders have identified a needs to further develop the skills of new graduate nurses in order to meet the demands of a complex healthcare arena. A

program called SNAP (Specialty Nurse Accelerated Program) was developed in 2004 at St. David's Healthcare in Austin, Texas. The program is a 6-month fellowship following a 10-13-week orientation for nurses who have a bachelor of science in nursing (BSN). The goals of the program include accelerating a nurse's transition from student to professional, provide mentoring, and support advancement in leadership roles (Jeffries & Acuna, (2016). SNAP has been shown to increase a nurse's confidence and critical thinking, promote professionalism, support lifelong learning, and empower nurses to lead. The program supports a 98% employment retention rate after one year.

SNAP is based on Benner's model of Novice to Expert (Jeffries & Acuna, 2016). This model describes a novice as one who has no experience with the tasks they are to perform, the advanced beginner as someone who is beginning to gain experience with real situations, the next phase being a competent nurse who is able to manage events that occur and sees how her actions affect the overall plan for the patient (Jeffries & Acuna, 2016). The proficient nurse is able to hone in on problems and is able to integrate past experiences to solve problems. The expert nurse is intuitive and manages clinical problems effectively (Benner, 2000). The role of the preceptor/mentor is described for each level and begins with teaching rules to the novice nurse, moving to guidelines with the advanced beginner, and improving decision making skills for the competent nurse. The role of the mentor with the proficient nurse is to use complex case studies to facilitate problem solving, and facilitate excellence in practice with the expert nurse.

A 2010 Institute of Medicine report provided recommendations for the advancement of nursing as a profession. The report detailed several recommendations including implementing nursing residency programs, expanding leadership opportunities, encouraging nurses to embrace life-long learning, as well as increase the number of BSN nurses to 80% by 2020 (Jeffries &

Acuna, 2016). In a survey conducted in 2012, only 10% of nurse executives felt that new nurse graduates were prepared to practice safely and effectively in a hospital setting. The new nurse graduates reported that they lacked the confidence and skills to practice for about a year after graduating (Twibel, St. Pierre, Johnson, 2012). The turnover rates for new graduate nurses in non-residency programs is high with 30% the first year and 57% the second year, which impacts a hospital's budget and the provision of quality patient care. Retention rates in clinical residency programs range from 88% to 96%. The nursing residency includes clinical coaching, hands on learning in a clinical setting or simulation, and evidence based classroom curriculum with case studies (Twibel, St. Pierre, Johnson, 2012).

AOTA developed a position statement regarding endorsement of moving to an entry-level OTD program. The move to an entry-level doctorate was not approved, however there is an increased awareness of the need to continue to advance the profession. Moyer in her 2007 presidential address to AOTA discusses achieving the Centennial Vision of occupational meeting society's occupational needs. She discusses changes in the future of healthcare with the need for occupational therapists to seek advanced training, certification, and higher education, as well as sharing knowledge through mentoring. The development of well-versed occupational therapists who are able to utilize evidence based practice and lead others is an expectation of the AOTA Residency Program.

The AOTA Residency Program includes site criteria that must be met as part of the application for a site to be approved for residency (AOTA, 2016).

These components include:

1. Curriculum of study: The residency program will include didactic education (e.g., formal learning courses, study groups, case presentations, research, and community service) in an identified area.
2. Mentored service delivery with clients: The Residency Site will ensure that a minimum of 40% of the residents' time is spent delivering occupational therapy services with mentoring in the identified practice area.
3. Involvement in scholarly and/or professional activities: The residency program includes activities in scholarship (e.g., evidence-based studies; advocacy initiatives).
4. Program Evaluation: The Residency Site has a program evaluation plan that includes competency based evaluation of skills and content knowledge of the resident, as well as effectiveness of the site in meeting objectives. The resident and primary mentor complete the evaluation form at the conclusion of the residency.
5. Resources: The human, physical, and fiscal resources needed to achieve the program's goals are available.

AOTA will review the residency application from the facility and if accepted an application fee of $1,850 (less a $150 application fee) is paid. If the above criteria are met, the facility is granted Candidate Status. At that time, the site is able to advertise and accept residents. The first resident must begin within 9 months of being granted Candidate Status. An on-site visit (charge of $2,680 to the site) by AOTA is performed with a final report from the reviewer sent to the Residency Program Review Committee. The approval for a residency program is granted for a 10-year period. There is an annual fee of approximately $1,000 for the residency site.

The individual applying for a residency at Cedars-Sinai will have a current and valid California OT license, a minimum of one-year experience in physical medicine rehabilitation, however, exceptional candidates with less than one year of experience will be considered.

The program includes:

- At least 8 hours of mentored time scheduled weekly with a staff senior clinician
- components necessary to complete requirements to achieve Board Certification in Physical Rehabilitation, which includes:
- instruction in relevant evidence, diagnostic considerations, and regulations that inform and guide best practice in the practice of physical rehabilitation in Occupational Therapy
- implementation and reinforcement of the process of therapeutic intervention to facilitate occupational performance and participation based on available evidence and theoretical perspectives, models of practice, and frames of reference
- participation in scholarly activities that evaluate clinical practice, service delivery, and/or professional issues

The residents' commitments include:

- perform at a satisfactory level during assessment of the resident's performance during established assessment periods (e.g. at 90 days and yearend review- to be completed by therapy supervisor in conjunction with mentor, as resident is an employee of Cedars-Sinai 90 day probationary review is required as well as yearend review)
- participate in the preparation and submission of a case report to a peer-reviewed journal – or in the design, literature review, proposal submission, data collection, data analysis, or publication of a controlled, clinical trial in an area of occupational therapy, as reviewed by Cedars-Sinai

- demonstration of a positive involvement in work that addresses a need in the community
- meet or exceed all job skills as noted in their CSMC job description

As the complexity of healthcare continues to increase, healthcare professionals are expected to be able to effectively meet the needs of the patient/client. The nursing and physical therapy literature support the benefits of clinical residency programs. These programs have been found to improve clinical reasoning skills, communication, and a commitment to continued learning from the resident. As the accreditation of new occupational therapy residency programs grow, the profession will anticipate seeing a resident who has developed the skills to be a competent therapist in a specialty area within a year.

Section 3: Methods

Setting:

Cedars-Sinai Medical Center is a non-profit, tertiary 950 plus bed teaching and research hospital in Los Angeles, California. Cedars-Sinai employs a staff of over 2,000 physicians and 10,000 employees, as well as 2,000 volunteers. Cedars has over 40 community groups, 350 residents, and 60 graduate medical education programs. Cedars is a Level 1 trauma center (highest level of complexity) which includes a research center for cardiovascular, genetics, gene therapy, gastroenterology, neuroscience, immunology, surgery, organ transplantation, stem cells, biomedical imaging, and cancer. The Department of Rehabilitation includes Acute Therapy and Outpatient Therapy Services. Within Acute Therapy there are 19 occupational therapists (OT) and one certified occupational therapy assistant (COTA) with approximately 160-200 patients on the acute care occupational therapy daily caseload. Among the current occupational therapy staff, there are two clinicians with a PhD in Occupational Science, one OTD, 12 Masters, and three therapists with a Bachelor's in Occupational Therapy. Patient populations seen by the OT

resident will include stroke, brain injury, spinal cord injury, cardiac, limb loss, oncology, and medically complex (e.g. transplants, multi trauma, medically fragile). Occupational therapists who treat medically complex patients must demonstrate the ability to review precautions and contraindications and utilize advanced clinical reasoning to ensure safety of intervention. The resident will receive didactic and hands-on instruction in standardized testing, documentation, evidence-based treatment intervention, research levels of evidence/research methodology, performance improvement and outcomes management. Instruction in systems (laws, regulations, and payer sources/reimbursement), clinical reasoning, continuum of care, and advocacy, leadership, and intra-professional collaborative practice will also be addressed.

Goals of the Acute Care Occupational Therapy Residency Program include:

1. To provide an environment which fosters the facilitation of the occupational therapy resident to attain advanced clinical skills in order to provide care that is occupation based, evidence based, and results oriented.

2. The resident will obtain the skills necessary to fulfill other professional roles including educator, mentor, and resource for others in relation to acute occupational therapy service provision while demonstrating the skills of a competent acute care occupational therapist.

3. Improve the skills of a mentor in communication, clinical reasoning, incorporation of research evidence into practice, and professionalism.

The expectations of the fieldwork II student and the resident differ as the student is primarily proficient in treating one or two patient populations in acute care and has been introduced to performance improvement activities usually through completion of a pilot research study. The pilot research study may include utilizing an evidence based assessment with a

specific patient population to assess the appropriateness of the tool. When there is an open new graduate or Therapist I position, the practice at Cedars-Sinai has been to hire new graduates if they completed a Level II fieldwork at Cedars and demonstrate excellence as a student. The resident will experience a rotation through multiple patient populations with development of advanced clinical reasoning and problem solving in order to provide occupational therapy services effectively and efficiently throughout the acute care setting.

As well as further developing well trained clinicians for the profession of occupational therapy, the AOTA Residency Program allows Cedars-Sinai to address the hospital mission of leadership and excellence in delivering quality healthcare services and educating and training physicians and other allied health professionals. The inclusion of an occupational therapy residency program enhances an institution's reputation, as well as allowing the institution to evaluate its own clinical practices and management (AOTA, 2016).

Inclusion Criteria:

Resident:

Graduate of an accredited Occupational Therapy Program

Licensed as an occupational therapist in the State of California

Individual hired into occupational therapy resident position at Cedars-Sinai

Mentor:

Occupational therapists in acute care at Cedars-Sinai Medical Center who demonstrate advanced clinical skills/possess significant clinical experience (minimum 3 years in acute care with satisfactory)

Exclusion Criteria:

Mentor: per diem staff, occupational therapists employed at Cedars-Sinai with less than 3 years of experience

Project Methods:

This study will be mixed methodology of quantitative components being self-assessment questionnaires from the National Board for Certification of Occupational Therapists and the University of Wisconsin. These tools will provide information on the trajectory of the resident in relation to their professional development and clinical reasoning over a year's time and the trajectory of the mentor's communication and mentoring skills. The qualitative component will be a semi-structured interview with open-ended questions for both the resident and the mentor and will provide additional insight into perceived changes in their identified skills.

NBCOT's professional self-assessment development tool (NBCOT, 2016) will be used to determine the perceived skill development of the resident in professional development and clinical reasoning. The tool will be administered to the resident who will complete it at four months, eight months, and one year. The mentor will also assess the resident's skills using this tool at the same time periods. The tool analyzes the responses entered and provides a rating of 0 to 3 with 0 being no competency (unfamiliar with concept or practice of the skill) and 3 being skill mastery (recognized specialist expertise).

The Mentoring Competency Assessment (MCA) developed by the University of Wisconsin, Madison will be utilized as a self-assessment tool for the mentor to rate their perceived changes in their own mentoring skills and communication skills. The tool will be administered at four months, eight months, and one year to both the mentor and the resident. The resident will assess the mentor's skills as well. The Mentoring Assessment Tool was developed as a 26-item skills inventory that enables research mentors and mentees to evaluate six

competencies of mentors: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, and fostering independence promoting professional development (Fleming et al., 2013). Responses range from 1 to 7 with 1 being not at all skilled and 7 being extremely skilled. The MCA showed reliability using coefficient alpha scores. The correlations among the six competencies were 0.49-0.87 for mentors and 0.58-0.92 for mentees. The findings from the MCA showed both reliability and validity (Fleming et al., 2013).

A qualitative assessment will also be a part of these self-assessments. The questions for the resident will include: how valuable is this residency to your professional development and how is this residency affecting your clinical reasoning and critical thinking skills (utilizing evidence-based OT practice, asking clinical questions, formulating questions, and perform a comprehensive literature review). The mentor's questions will include: what affect is the residency program having on your mentoring skills and what affect is the residency program having on your communication skills as a mentor (ability to tailor teaching style to resident's learning style, provide specific feedback in a supportive manner)? These questions will be administered through semi-structured interviews at four months, eight months, and one year.

The self-assessments will be administered by the education coordinator with case numbers assigned to each participant (resident and mentors). Case numbers will remain with each participant for four month, eight month, and annual self-assessments. Completed studies will be kept in a locked drawer in a locked office in the acute therapy department. Institutional Review Board approval will be sought from both Cedars-Sinai Medical Center (CSMC) and Eastern Kentucky University (EKU). The resident and mentors will complete a participant consent form with participation being voluntary and having no effect on employment status. Data will be run through the IBM SPSS statistical software program utilized at Cedars-Sinai

(nonparametric statistics, bivariate and chi-square) to assess significance of data for outcomes. Field Notes will be made during the qualitative portion of the study, with transcription into notes and a member check performed. The information will be coded and categorized for recurrent themes with quotes selected that illustrate the participants experience or perceptions. During the qualitative interaction, the interviewer will reflect back what the resident and mentor have said to ensure the accuracy of the information.

This study will meet IRB criteria for research that involves human subjects. Written consent forms will be obtained per IRB guidelines for participants. The study implementation will follow IRB approval. The researcher for this study is the supervisor for the occupational therapists taking part in the study, therefore the principal investigator for the IRB will be a researcher who does not provide direct supervision to the acute occupational therapy staff.

Timeline

Date	Task
December 2016	IRB proposals submitted to Cedars-Sinai and EKU
January 2017	IRB approval (Cedars-Sinai and EKU)
March 2017	Four-month self-assessment and semi-structured interview (resident and mentors NBCOT self-assessment tool administered MCA self-assessment tool administered Semi-structured interviews

July 2017	Eight-month self-assessment and semi-structured interview (resident and mentors NBCOT self-assessment tool administered MCA self-assessment tool administered Semi-structured interviews
November 2017	One year self-assessment and semi-structured interviews (resident and mentors NBCOT self-assessment tool administered MCA self-assessment tool administered Semi-structured interviews Quantitative data run through SPSS (nonparametric statistics, bivariate, chi-square) Qualitative data will be labeled, coded, and categorized with themes identified Analysis of results and report writing

Figure 1.

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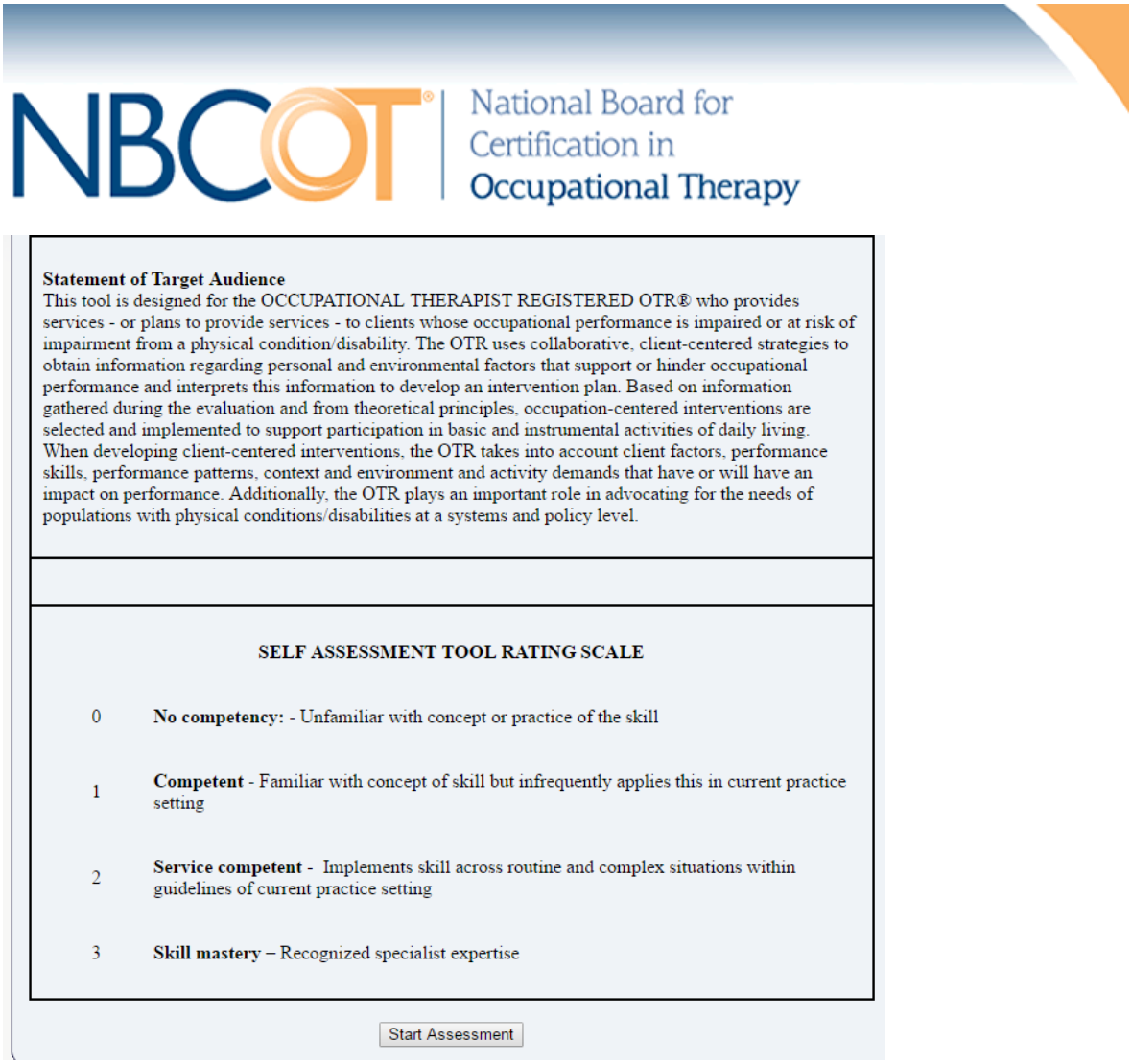
Appendix A

National Board for Certification in Occupational Therapy

Professional Development and Clinical Reasoning Self-Assessment Tool (to be used by resident for self-assessment and mentor for assessment of resident)

Each Self-Assessment is divided into sections based on the domain areas of occupational therapy as outlined in the NBCOT Practice Analysis Study.

See more at: http://www.nbcot.org/assess#sthash.yaWV64Y6.dpuf



GATHER INFORMATION REGARDING FACTORS THAT INFLUENCE OCCUPATIONAL PERFORMANCE

Task: 1

Evaluate the client on an ongoing basis using tools, procedures, and protocols appropriate to the general medical, neurological, and/or musculoskeletal condition in order to determine factors that impact participation in occupation.

Next

What is your current level of competence for the following skills?	**Ratings** 0	1	2	3
Establishing and maintaining therapeutic rapport in order to gather essential data	○	○	○	○
Demonstrating appropriate therapeutic use of self to interact with client and relevant others	○	○	○	○
Understanding and recognizing typical patterns and progressions associated with general medical, neurological, and musculoskeletal conditions	○	○	○	○
Understanding and recognizing the impact of general medical, neurological, and musculoskeletal conditions on occupational performance throughout the lifespan	○	○	○	○
Recognizing the impact of co-existing cognitive and psychosocial conditions on occupational performance	○	○	○	○
Understanding and recognizing the impact of mental health or psychosocial conditions that frequently accompany acute onset and chronic degenerative physical conditions/disabilities	○	○	○	○
Prioritizing the use of standardized and/or non-standardized screening and/or assessment instruments to efficiently complete the evaluation process	○	○	○	○
Determining client needs, problems, concerns, and priorities using structured and non-structured occupation-based information gathering tools (e.g., Canadian Occupational Performance Measure (COPM), Occupational Self-Assessment, Activity Configuration)	○	○	○	○
Identifying activity demands that support or hinder occupational performance	○	○	○	○
Determining the impact of the client's personal, cultural, social and physical contexts as they relate to the client's perceptions and attitudes regarding a physical disability	○	○	○	○
Using standardized and/or non-standardized screening and/or assessment instruments to assess client factors (e.g., Functional Independence Measure, Manual Muscle Test, goniometry, Assessment of Motor and Process Skills)	○	○	○	○
Adapting assessments based on client needs, precautions, level of care (e.g., acute hospitalization to independent living environments and health promotion programs)	○	○	○	○
Recognizing and responding to unexpected client responses and physiological conditions (e.g., hypertension, angina, dyspnea, syncope, hypoglycemia, hyperglycemia, fatigue, hypotension, pain) during the evaluation process	○	○	○	○

Domain: 1

GATHER INFORMATION REGARDING FACTORS THAT INFLUENCE OCCUPATIONAL PERFORMANCE

Task: 2

Use theoretical approaches or models of practice appropriate for the client's general medical, neurological and/or musculoskeletal condition to determine facilitators and/or barriers that impact the client's participation in occupation within environments and contexts.

Previous Next

What is your current level of competence for the following skills?	Ratings 0 1 2 3
Using appropriate theoretical approaches (e.g., Rehabilitation, Neurodevelopmental, Motor Learning, Biomechanical) to identify environmental and contextual factors that support or hinder occupational performance	○ ○ ○ ○
Using appropriate models of practice (e.g., Ecology of Human Performance (EHP), Person, Environment, Occupation model (PEO), Model of Human Occupation (MOHO), rehabilitation approach) to identify environmental and contextual factors that support or hinder occupational performance	○ ○ ○ ○
Completing assessments in the client's current context and environment in order to identify factors that impact the client's participation in occupation (e.g., rehabilitation facility, work-site, home, community, school, transitional environment)	○ ○ ○ ○
Determining the impact of environments (e.g., institutional, clinic-based, community-based, home and work) on development and occupational performance	○ ○ ○ ○
Obtaining information in accordance with regulatory requirements (e.g., Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (formerly JCAHO), Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA))	○ ○ ○ ○
Obtaining information in accordance with funding requirements (e.g., Medicare, Medicaid, Workers Compensation, managed care organizations (MCO), private insurance plans)	○ ○ ○ ○
Obtaining information in accordance with levels of service provision (e.g., acute care, sub-acute care, skilled nursing, home health, long-term care, work site, community)	○ ○ ○ ○
Recognizing the impact of social isolation on health/wellness	○ ○ ○ ○
Understanding the incidence, signs, symptoms, and moral and ethical issues related to abuse and neglect within context	○ ○ ○ ○
Assessing the impact of caregivers and relevant others on a client's occupational performance in context	○ ○ ○ ○

Domain: 2

FORMULATE CONCLUSIONS REGARDING THE CLIENT'S NEEDS AND PRIORITIES TO DEVELOP A CLIENT-CENTERED INTERVENTION PLAN

Task: 1

Interpret the evaluation results and available evidence regarding the impact of an acute and/or chronic general medical, neurological, and/or musculoskeletal condition and context(s) on the client's occupational performance in order to determine the need for occupational therapy services and support intervention planning (includes interpreting and measuring client outcomes based on reevaluation results).

Previous Next

What is your current level of competence for the following skills?	Ratings 0	1	2	3
Selecting best practice evidence from physical disabilities-related textbooks, peer-reviewed journals, research, special interest sections, and Internet-based listservs and forums to support critical reasoning and clinical decision-making	○	○	○	○
Applying theoretical frames of reference and models of practice to formulate conclusions regarding client needs and priorities (e.g., Ecology of Human Performance (EHP), Person, Environment, Occupation (PEO), Model of Human Occupation (MOHO), rehabilitation approach) used in occupational therapy practice for clients with physical disabilities	○	○	○	○
Interpreting quantitative and qualitative data from individual assessment tools to formulate the intervention plan for a client	○	○	○	○
Identifying the impact of client factors (e.g., values, beliefs and spirituality, body functions, body structures) and activity demands on performance skills and patterns in order to support client participation in areas of occupation	○	○	○	○
Understanding the influence of internal and external factors (e.g., environment, medication, habits, roles, and family and social expectations) that impact the occupational performance of clients who have a physical disability	○	○	○	○
Understanding the impact of co-existing diseases, mental health conditions, psychosocial conditions and/or aging on the occupational performance of clients who have a physical disability/condition	○	○	○	○
Understanding the impact of social, cultural, personal, spiritual, temporal and virtual contexts on the occupational performance of clients who have a physical disability/condition	○	○	○	○
Using evaluation outcomes to formulate conclusions concerning factors that impact the occupational performance of clients who have a physical disability/condition	○	○	○	○
Prioritizing needs based on client-centered evaluation outcomes	○	○	○	○
Identifying activities to enhance the client's occupational performance in the area of BADL and IADL	○	○	○	○

Domain: 2

FORMULATE CONCLUSIONS REGARDING THE CLIENT'S NEEDS AND PRIORITIES TO DEVELOP A CLIENT-CENTERED INTERVENTION PLAN

Task: 2

Collaborate with a client and relevant others using a team approach in order to prioritize client-centered goals throughout the continuum of care, guided by evidence and the principles of best practice relative to a general medical, neurological and/or musculoskeletal condition.

Previous Next

What is your current level of competence for the following skills?	**Ratings** 0 1 2 3
Understanding levels of care (e.g., inpatient settings, sub-acute facilities, skilled nursing, inpatient rehabilitation, outpatient clinic, home health, transitional living facilities)	○ ○ ○ ○
Understanding multidisciplinary roles and responsibilities in context (e.g., physician, physiatrist, orthopedist, internist, nurse, physical therapist, speech and language pathologist, psychiatrist/psychologist, social worker, vocational counselor, recreation therapist, orthotist/prosthetist, nutritionist/dietician, respiratory therapist, case manager, medical equipment specialist, chaplain/spiritual advisor, ombudsman)	○ ○ ○ ○
Applying the therapeutic use of self with the client and relevant others (e.g., spouse, family members, caregivers) to prioritize needs and identify goals throughout the continuum of care	○ ○ ○ ○
Articulating the value of occupational therapy to clients and relevant others (e.g., the client's family members, caregivers, multi-disciplinary team members, third party payers)	○ ○ ○ ○
Developing measurable, culturally relevant, and age-appropriate goals based on expected outcomes	○ ○ ○ ○
Engaging the client and relevant others in planning the frequency of occupational therapy services throughout the continuum of care	○ ○ ○ ○
Communicating effectively with client, team members, and relevant others about client goals and outcomes while adhering to the Health Insurance Portability and Accountability Act (HIPAA), ethical and confidentiality guidelines	○ ○ ○ ○
Formulating a discharge plan in collaboration with the client based on prioritized needs and best practice	○ ○ ○ ○
Identifying appropriate transitional services to support the client after discharge through referrals to and recommendations for the appropriate continuum of services (e.g., home health services, outpatient therapy, independent living centers, transitional living centers, vocational rehabilitation, supportive employment, peer support groups, specific disability-related organizations, transportation resources, disability resource centers at colleges and universities)	○ ○ ○ ○

Domain: 2

FORMULATE CONCLUSIONS REGARDING THE CLIENT'S NEEDS AND PRIORITIES TO DEVELOP A CLIENT-CENTERED INTERVENTION PLAN

Task: 3

Develop a client-centered and occupation-based intervention plan by selecting intervention strategies and approaches consistent with general medical, neurological and/or musculoskeletal condition(s), prioritized needs and best practice in order to facilitate client outcomes.

Previous Next

What is your current level of competence for the following skills?	Ratings 0	1	2	3
Determining the need for group or individual occupation-based interventions relative to the goals, skills and abilities of clients who have physical disabilities	○	○	○	○
Determining the appropriate intervention strategy and/or approach to best support client goals and priorities (e.g., biomechanical, rehabilitation, sensorimotor, developmental, psychosocial)	○	○	○	○
Analyzing activities to determine their inherent properties and the skills required for participation in goal-focused interventions consistent with client roles, habits, routines, and current abilities	○	○	○	○
Identifying activities to enhance the client's performance in areas of occupation	○	○	○	○
Identifying the group or individual intervention environment and context to best support participation in occupation (e.g., time of day, natural environment, clinic, bedside, duration of session, participant mix)	○	○	○	○
Integrating assessment findings to develop an intervention plan in accordance with guidelines of the practice setting (e.g., assessment findings, prioritized problem list, measurable long and short-term functional goals with timeframes for completion, occupation-based intervention activities for achieving stated goals)	○	○	○	○
Identifying the need for additional assistance to support participation in occupations within context (e.g., home health aide, respite care, service animal)	○	○	○	○
Incorporating the use of community resources, environmental adaptations, assistive devices and caregiver services into the intervention plan as needed	○	○	○	○
Implementing methods and techniques to promote carry-over of interventions within the transitional environment (e.g., rehabilitation center, skilled nursing facility, assisted living facility, supportive employment) and/or home, work, school and community	○	○	○	○
Determining frequency and duration of the intervention based on expected outcomes	○	○	○	○
Updating an intervention plan based on client outcomes and client-centered priorities throughout the continuum of care	○	○	○	○
Understanding the impact of reimbursement systems (e.g., prospective payment system (PPS), preferred provider organizations (PPO), managed care organizations (MCO), Medicaid, Medicare, private insurance) on determining frequency and duration of intervention	○	○	○	○

Domain: 2

FORMULATE CONCLUSIONS REGARDING THE CLIENT'S NEEDS AND PRIORITIES TO DEVELOP A CLIENT-CENTERED INTERVENTION PLAN

Task: 4

Determine the need for referral to other professionals or services using evaluation results and based on the client's general medical, neurological and/or musculoskeletal condition in order to facilitate comprehensive, quality care.

Previous Next

What is your current level of competence for the following skills?	Ratings 0 1 2 3
Identifying service delivery models and parameters (e.g., hospital-based, skilled nursing facilities, long-term care facilities, home health services, outpatient rehabilitation, independent living centers, transitional living centers, supportive housing options, supportive employment, adult day care, hospice)	○ ○ ○ ○
Understanding roles and contributions of other service providers appropriate to the service delivery model (e.g., physician, physiatrist, orthopedist, internist, urologist, nurse/nurse practitioner, physical therapist, speech and language pathologist, psychiatrist/psychologist, social worker, vocational counselor, recreation therapist, orthotist, prosthetist, nutritionist/dietician, respiratory therapist, case manager, durable medical equipment specialist, assistive technology team, seating and mobility specialist, chaplain/spiritual advisor, ombudsman)	○ ○ ○ ○
Collaborating with the client, family and/or caregivers to determine the need for additional services or professional support	○ ○ ○ ○
Completing referrals as indicated to facilitate quality care	○ ○ ○ ○
Identifying community resources that support engagement in occupation (e.g., supportive housing options, vocational rehabilitation job clubs, peer support groups, specific disability/diagnoses related organizations and websites, public transportation outreach resources, disability resource centers at colleges and universities, meal and/or food delivery services, adaptive sports and leisure programs and services)	○ ○ ○ ○
Understanding third party payer requirements for hospital and clinic-based services (e.g., Medicare, Medicaid, managed care organizations (MCO), preferred provider organizations (PPO), private insurance, vocational rehabilitation, Workers Compensation)	○ ○ ○ ○
Understanding philanthropic funding sources to support intervention (e.g., Rotary, AMBUCS, or diagnosis specific organizations)	○ ○ ○ ○
Understanding federal and state funding sources and service requirements for persons with disabilities (e.g., Americans with Disabilities Act (ADA), tax credits, and exemptions)	○ ○ ○ ○
Understanding services supported through grant-based initiatives	○ ○ ○ ○

Domain: 3

SELECT AND IMPLEMENT EVIDENCE-BASED INTERVENTIONS TO SUPPORT PARTICIPATION IN AREAS OF OCCUPATION (e.g., ADL, IADL, REST AND SLEEP, EDUCATION, WORK, PLAY, LEISURE, AND SOCIAL PARTICIPATION) THROUGHOUT THE CONTINUUM OF CARE

Task: 1

Use critical reasoning to select and implement interventions and approaches for an intervention session consistent with an acute and/or chronic general medical, neurological, and/or musculoskeletal condition and client needs in order to achieve functional outcomes within areas of occupation.

Previous Next

What is your current level of competence for the following skills?	Ratings 0	1	2	3
Understanding the interaction among client factors, performance skills, performance patterns, contexts and environments, and activity demands that have an impact on the selection of activities	○	○	○	○
Applying the principles of normal development across the lifespan in relation to engagement in meaningful occupations taking into account physical, sensory, psychosocial, and cognitive functioning	○	○	○	○
Selecting appropriate purposeful activities to develop skills for enhancing performance within areas of occupation	○	○	○	○
Determining intervention strategies and approaches (e.g., compensatory, preventive, remedial, adaptive, biomechanical, sensorimotor) that are age-appropriate, meaningful, and support the selected frame of reference or model of practice	○	○	○	○
Integrating the learning needs of the client into the intervention process	○	○	○	○
Selecting preparatory methods and techniques (e.g., stretching, physical agent modalities, relaxation exercises, facilitation and inhibitory techniques) as an adjunct to occupation-based activities	○	○	○	○
Applying the therapeutic use of self to facilitate change based on the client's current condition	○	○	○	○
Facilitating individual and group occupation-based activities consistent with a client's current abilities	○	○	○	○
Using facilitation and handling principles (e.g., proprioceptive neuromuscular facilitation, neurodevelopmental treatment, motor control) and techniques (e.g., contract-relax, brushing, joint approximation, movement patterns, stroking, neutral warmth, postural cueing)	○	○	○	○
Incorporating superficial and deep thermal, mechanical, and electrotherapeutic physical agent modalities in the intervention as an adjunct to participation in occupation-based activities	○	○	○	○
Selecting, designing, fabricating and/or modifying splints and orthotic devices	○	○	○	○
Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices	○	○	○	○
Using evidence based interventions to promote feeding skills and abilities (e.g., positioning, chewing, swallowing, oral-motor control)	○	○	○	○
Integrating the use of adaptive equipment, assistive technology, and/or augmentative communication devices into an intervention session	○	○	○	○
Teaching positioning and physical transfer techniques relative to activity demands and the client's current abilities	○	○	○	○
Using neurobehavioral approaches and techniques (e.g., visual scanning, hand-over-hand techniques, visual cueing, verbal prompting) consistent with activity demands, and the client's current abilities	○	○	○	○
Using prevocational and vocational exploration processes and procedures	○	○	○	○

Domain: 3

SELECT AND IMPLEMENT EVIDENCE-BASED INTERVENTIONS TO SUPPORT PARTICIPATION IN AREAS OF OCCUPATION (e.g., ADL, IADL, REST AND SLEEP, EDUCATION, WORK, PLAY, LEISURE, AND SOCIAL PARTICIPATION) THROUGHOUT THE CONTINUUM OF CARE

Task: 2

Recommend environmental modifications within context to optimize accessibility and mobility for maximizing occupational performance and/or enhancing quality of life.

Previous Next

What is your current level of competence for the following skills?	Ratings 0 1 2 3
Using tools and checklists to analyze the environment for accessibility and risk based on cognitive and neurobehavioral skills and abilities (e.g., Americans with Disabilities Guidelines and Accessibility Audit tools and checklists, Safety Assessment for Function and the Environment for Rehabilitation (SAFER), Safety Assessment Scale (SAS), Fall Efficacy Scale (FES), and universal design principles, specifications and checklists)	○ ○ ○ ○
Assessing mobility, seating, assistive technology, and durable medical equipment needs taking into account environmental factors (e.g., client's living situation, available space), the client's cognitive and physical ability to use equipment, and family and social support systems	○ ○ ○ ○
Selecting seating and mobility systems, durable medical equipment, environmental modifications, and/or assistive technology considering the client's support systems and financial abilities for acquiring, using and maintaining these	○ ○ ○ ○
Modifying the living and/or transitional environment to meet the specific accessibility needs of the client to support participation in occupation (e.g., ramps, elevators, railings, removal of clutter, area rugs or cords, rearrangement of furniture, modifications of door widths, high color contrast between furniture and floor coverings)	○ ○ ○ ○
Understanding reimbursement guidelines for durable medical equipment, seating and mobility systems, and assistive technology (e.g., Medicare, health maintenance organizations, preferred provider organizations, private insurance and disease specific organizations)	○ ○ ○ ○
Providing justification identifying the necessity and functional application of assistive devices or adaptive equipment	○ ○ ○ ○
Identifying needs and options for community mobility (e.g., driving evaluation, assessment of accessibility for use of public transportation and criteria for qualifying for community transportation services)	○ ○ ○ ○
Collaborating with the client and/or relevant others regarding need and options for environmental modifications (e.g., home modifications, ramps, grab bars, universal design concepts, safety modifications), community mobility (e.g., transportation services, public	○ ○ ○ ○
Communicating with policy makers regarding the needs of clients with physical disabilities (e.g., reimbursement systems for care and services, resources, social policy, supports and services, occupational justice)	○ ○ ○ ○
Communicating with the client and relevant others (e.g., family, team members, vendors, payers) about acquiring appropriate assistive devices	○ ○ ○ ○
Evaluating the effectiveness of modifications and/or devices within areas of occupation (e.g., ADL assessment, home evaluations and training) within the home setting and/or transitional setting	○ ○ ○ ○
Educating and training the client and relevant others about the safe and effective use of environmental modifications, seating and mobility devices, durable medical equipment, and/or assistive technology	○ ○ ○ ○
Identifying and managing adverse reactions to environmental modifications including cost, space issues, client resistance to change	○ ○ ○ ○
Applying ergonomic principles and universal design to environmental modifications in a variety of contexts (e.g., work, volunteer occupations, home environments, community areas, and various living situations)	○ ○ ○ ○

Domain: 3

SELECT AND IMPLEMENT EVIDENCE-BASED INTERVENTIONS TO SUPPORT PARTICIPATION IN AREAS OF OCCUPATION (e.g., ADL, IADL, REST AND SLEEP, EDUCATION, WORK, PLAY, LEISURE, AND SOCIAL PARTICIPATION) THROUGHOUT THE CONTINUUM OF CARE

Task: 3

Modify intervention sessions based on the client's needs and responses and relative to the client's general medical, neurological and/or musculoskeletal condition in order to promote occupational performance.

Previous Next

What is your current level of competence for the following skills?	Ratings 0 1 2 3
Identifying the need to adjust intervention techniques, adapt the intervention environment, and/or grade the intervention activity during a session	
Adjusting and/or grading the intervention method, technique or task demands during a session in response to variances from anticipated client responses	
Adapting the environment (both physical and social) to support participation during an intervention session	
Responding appropriately to unexpected occurrences during an intervention session	
Recognizing the need to use emergency precautions and procedures for a variety of physical disabilities	
Recognizing and responding in a therapeutic manner to emotional and physical distress, inappropriate behavioral responses, and typical symptoms of grief and loss	

Domain: 3

SELECT AND IMPLEMENT EVIDENCE-BASED INTERVENTIONS TO SUPPORT PARTICIPATION IN AREAS OF OCCUPATION (e.g., ADL, IADL, REST AND SLEEP, EDUCATION, WORK, PLAY, LEISURE, AND SOCIAL PARTICIPATION) THROUGHOUT THE CONTINUUM OF CARE

Task: 4

Apply the principles of health promotion, wellness, prevention and/or educational programming based on client and community needs in order to provide information or serve as a resource consultant for occupation based program activities for clients who have a general medical, neurological and/or musculoskeletal condition.

Previous Next

What is your current level of competence for the following skills?	Ratings 0 1 2 3
Consulting and/or collaborating with individuals and community organizations to identify service needs (e.g., work or home site evaluation, modification of environment, equipment, purchase of assistive devices or equipment)	
Collaborating with the client and/or relevant others to improve community accessibility and safety for individuals who have physical disabilities	
Advocating for services (e.g., community accessibility, community outreach, information and referral services, residential living, disability rights, occupational justice) and resources (e.g., insurance reimbursement, grant-based funding) based on individual and/or community needs	
Developing and implementing educational programming (e.g., health maintenance, prevention, self-help, independent living, caregiver training) to support health, wellness, and engagement in meaningful occupations within the community	
Designing programs and environments to support health, wellness, and engagement in occupations	

Domain: 4

UPHOLD PROFESSIONAL STANDARDS AND RESPONSIBILITIES TO PROMOTE QUALITY IN PRACTICE

Maintain ongoing competence by participating in professional development activities and appraising evidence-based literature using critical reasoning skills in order to provide effective services and promote quality care in the physical disabilities practice area.

Previous Next

What is your current level of competence for the following skills?	Ratings 0	1	2	3
Critically appraising professional competence and abilities	○	○	○	○
Creating a professional development plan	○	○	○	○
Engaging in activities to advance professional skills and abilities to serve clients in a variety of practice settings (e.g., physical disabilities, home and community health, work and industry, technology, and/or gerontology special interest groups)	○	○	○	○
Responding to changes in practice based on accepted professional trends and as reported in evidence-based literature and research (e.g., textbooks, peer-reviewed rehabilitation journals and magazines, Internet-based websites, and/or conferences, workshops)	○	○	○	○
Accessing information about evidence of the benefits of occupational therapy services for clients whose occupational performance is impaired or at risk of impairment due to an acute or chronic physical condition	○	○	○	○
Selecting and systematically reviewing research addressing issues related to occupational therapy and general medical, neurological, musculoskeletal conditions and the psychosocial impact of physical conditions/disabilities on quality of life	○	○	○	○
Interpreting results and conclusions within a professional body of knowledge in order to promote quality care within a variety of physical disability practice settings	○	○	○	○
Applying evidence-based knowledge to practice in order to provide effective services and promote quality care within a variety of physical disability practice settings	○	○	○	○
Conducting research in order to improve service delivery within physical disability practice settings	○	○	○	○
Disseminating outcomes of investigations in order to contribute to the occupational therapy body of knowledge (e.g., sharing information with colleagues and other professionals, clients and the public at facility-based trainings, professional conferences, presenting information at community organizations involved with individuals who have disabilities, publishing study outcomes)	○	○	○	○
Using effective methods and strategies for promoting the value of the OTR or COTA credential	○	○	○	○
Providing fieldwork education or clinical instruction to occupational therapy students	○	○	○	○

Domain: 4

UPHOLD PROFESSIONAL STANDARDS AND RESPONSIBILITIES TO PROMOTE QUALITY IN PRACTICE

Task: 2

Uphold professional standards by participating in continuous quality improvement activities and complying with safety regulations, laws, ethical codes, facility policies and procedures, and guidelines governing OT supervision and physical disabilities practice in order to protect the public interest.

Previous Next

What is your current level of competence for the following skills?	Ratings 0	1	2	3
Complying with federal and state regulations and guidelines governing OT service provision (e.g., Americans with Disabilities Act (ADA), The Joint Commission (formerly JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), Healthcare Facilities Accreditation Program (HFAP), state OT regulatory entities)	○	○	○	○
Practicing safety and risk management techniques in the work environment (e.g., adhering to Health Insurance Portability and Accountability Act (HIPAA), Occupational Safety and Health Administration (OSHA) guidelines)	○	○	○	○
Identifying roles and responsibilities of the OTR and COTA to provide best quality care within a specified practice setting	○	○	○	○
Delegating tasks and responsibilities to OT personnel according to professional standards and applicable reimbursement guidelines for service provision by assistants, aides and volunteers	○	○	○	○
Applying effective supervision practices relative to supervisee's professional competence, performance indicators and practice act regulations	○	○	○	○
Assessing competency needs of supervisees related to service provision within a specified practice setting	○	○	○	○
Designing competency-based activities linked to specified practice-based learning objectives	○	○	○	○
Documenting effective remedial plans based on performance indicators	○	○	○	○
Complying with the NBCOT Code of Conduct and ethical codes of state OT regulatory bodies	○	○	○	○
Complying with facility policies, procedures, and guidelines specific to service delivery models and funding sources	○	○	○	○
Implementing ongoing quality improvement processes and procedures	○	○	○	○
Understanding the value and purpose of accrediting bodies in relation to service delivery models (e.g., Americans with Disabilities Act (ADA), The Joint Commission (formerly JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF), Healthcare Facilities Accreditation Program (HFAP))	○	○	○	○

Domain: 4

UPHOLD PROFESSIONAL STANDARDS AND RESPONSIBILITIES TO PROMOTE QUALITY IN PRACTICE

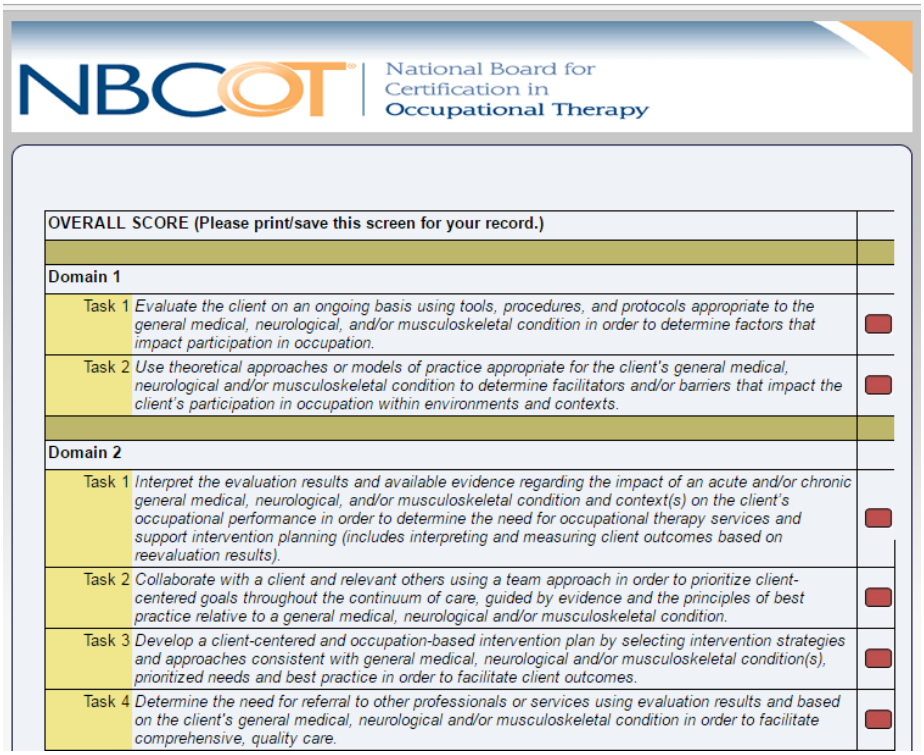
Task: 3

Document occupational therapy services and outcomes using established guidelines in order to verify accountability and to meet the requirements of the physical disabilities practice settings, accrediting bodies, regulatory agencies and/or funding sources.

Previous End Assessment

What is your current level of competence for the following skills?	**Ratings** 0 1 2 3
Differentiating documentation requirements in accordance with practice setting, regulatory agencies or funding sources (e.g., Medicare, Medicaid, managed care organizations (MCO), preferred provider organizations (PPO), private insurance, workers compensation)	○ ○ ○ ○
Completing documentation in a timely manner in accordance with practice setting, regulatory agencies or funding sources and/or guidelines (e.g., Medicare 700 and 701 forms, Medicaid Treatment Authorization Request (TAR))	○ ○ ○ ○
Using appropriate terminology and documentation methods (including electronic documentation) to communicate services and outcomes (e.g., using the language of the Occupational Therapy Practice Framework (OTPF) as indicated in a practice setting)	○ ○ ○ ○
Using appropriate descriptive terms and codes for documenting/reporting procedures applicable to occupational therapy for clients who have a physical condition/disability (e.g., Diagnostic Related Groups (DRG), Resource Utilization Groups (RUG), Current Procedural Terminology (CPT Codes), International Statistical Classification of Diseases and Related Health Problems (ICD-9), Diagnostic and Statistical Manual of Mental Disorders (DSM-IV))	○ ○ ○ ○
Adhering to guidelines for confidentiality in documentation, and dissemination of a client's health-related information (e.g., Health Insurance Portability and Accountability Act (HIPAA))	○ ○ ○ ○

Previous End Assessment



OVERALL SCORE (Please print/save this screen for your record.)	
Domain 1	
Task 1 *Evaluate the client on an ongoing basis using tools, procedures, and protocols appropriate to the general medical, neurological, and/or musculoskeletal condition in order to determine factors that impact participation in occupation.*	
Task 2 *Use theoretical approaches or models of practice appropriate for the client's general medical, neurological and/or musculoskeletal condition to determine facilitators and/or barriers that impact the client's participation in occupation within environments and contexts.*	
Domain 2	
Task 1 *Interpret the evaluation results and available evidence regarding the impact of an acute and/or chronic general medical, neurological, and/or musculoskeletal condition and context(s) on the client's occupational performance in order to determine the need for occupational therapy services and support intervention planning (includes interpreting and measuring client outcomes based on reevaluation results).*	
Task 2 *Collaborate with a client and relevant others using a team approach in order to prioritize client-centered goals throughout the continuum of care, guided by evidence and the principles of best practice relative to a general medical, neurological and/or musculoskeletal condition.*	
Task 3 *Develop a client-centered and occupation-based intervention plan by selecting intervention strategies and approaches consistent with general medical, neurological and/or musculoskeletal condition(s), prioritized needs and best practice in order to facilitate client outcomes.*	
Task 4 *Determine the need for referral to other professionals or services using evaluation results and based on the client's general medical, neurological and/or musculoskeletal condition in order to facilitate comprehensive, quality care.*	
Domain 3	
Task 1 *Use critical reasoning to select and implement interventions and approaches for an intervention session consistent with an acute and/or chronic general medical, neurological, and/or musculoskeletal condition and client needs in order to achieve functional outcomes within areas of occupation.*	
Task 2 *Recommend environmental modifications within context to optimize accessibility and mobility for maximizing occupational performance and/or enhancing quality of life.*	
Task 3 *Modify intervention sessions based on the client's needs and responses and relative to the client's general medical, neurological and/or musculoskeletal condition in order to promote occupational performance.*	
Task 4 *Apply the principles of health promotion, wellness, prevention and/or educational programming based on client and community needs in order to provide information or serve as a resource consultant for occupation based program activities for clients who have a general medical, neurological and/or musculoskeletal condition.*	
Domain 4	
Task 1 *Maintain ongoing competence by participating in professional development activities and appraising evidence-based literature using critical reasoning skills in order to provide effective services and promote quality care in the physical disabilities practice area.*	
Task 2 *Uphold professional standards by participating in continuous quality improvement activities and complying with safety regulations, laws, ethical codes, facility policies and procedures, and guidelines governing OT supervision and physical disabilities practice in order to protect the public interest.*	
Task 3 *Document occupational therapy services and outcomes using established guidelines in order to verify accountability and to meet the requirements of the physical disabilities practice settings, accrediting bodies, regulatory agencies and/or funding sources.*	

Key: Your responses on this tool indicate:

- No level of skill competency with this task.
- Minimum level of skill competency in this task.
- Service competency with this task.
- Skill mastery in this task.

Appendix B

The Mentoring Competency Assessment (University of Wisconsin, Madison 2013)

6. Please rate YOURSELF on a 1 to 7 scale. 1: 'Not at all Skilled' ; 4: 'Moderately Skilled' ; 7: 'Extremely Skilled'; 8: 'Not observed'

Please rate how skilled you feel you are in each of the following areas with your mentee(s):

	Not at all			Moderately			Extremely	Not Observed
1. Active listening	○	○	○	○	○	○	○	○
2. Providing constructive feedback	○	○	○	○	○	○	○	○
3. Establishing a relationship based on trust	○	○	○	○	○	○	○	○
4. Identifying and accommodating different communication styles	○	○	○	○	○	○	○	○
5. Employing strategies to improve communication	○	○	○	○	○	○	○	○
6. Coordinating effectively with other mentors with whom the mentee works	○	○	○	○	○	○	○	○
7. Setting clear expectations of the mentoring relationship	○	○	○	○	○	○	○	○
8. Aligning your mentee's expectations with your own	○	○	○	○	○	○	○	○
9. Considering how personal and professional differences may impact expectations	○	○	○	○	○	○	○	○
10. Working to set clinical, educational or leadership goals	○	○	○	○	○	○	○	○
11. Helping to develop strategies to meet clinical, education or leadership goals	○	○	○	○	○	○	○	○
12. Accurately estimating your mentee's level of scientific knowledge	○	○	○	○	○	○	○	○
13. Accurately estimating your mentee's ability to conduct clinical, education or leadership goals	○	○	○	○	○	○	○	○

14. Employing strategies to enhance your mentee's understanding of the clinical, education or leadership goals	○	○	○	○	○	○	○	○
15. Motivating your mentee	○	○	○	○	○	○	○	○
16. Building your mentee's confidence	○	○	○	○	○	○	○	○
17. Stimulating your mentee's creativity	○	○	○	○	○	○	○	○
18. Acknowledging your mentee's professional contributions	○	○	○	○	○	○	○	○
19. Negotiating a path to professional independence for your mentee	○	○	○	○	○	○	○	○
20. Taking into account the biases and prejudices you may bring to your mentor/mentee relationship	○	○	○	○	○	○	○	○
21. Working effectively with mentees' whose personal background is different from your own (age, race, gender, class, region, culture, religion, family composition, etc.)	○	○	○	○	○	○	○	○
22. Helping your mentee network effectively	○	○	○	○	○	○	○	○
23. Helping your mentee set career goals	○	○	○	○	○	○	○	○
24. Helping your mentee balance work with their personal life	○	○	○	○	○	○	○	○
25. Understanding your impact as a role model	○	○	○	○	○	○	○	○
26. Helping your mentee acquire resources	○	○	○	○	○	○	○	○

Source: University of Wisconsin, Madison

http://mentoringresources.ictr.wisc.edu/