

To: All OT Assistants licensed and working in Oregon

From: Oregon OT Licensing Board



Supervision of OT Assistants

This information is for all Oregon OT Assistants and their supervising OT. An OT Supervisor must be filed with the OT Licensing Board before an OTA can start working. This is done by logging into the license portal and adding the name of the OT Supervisor, the Site of Supervision and Start Date. **The OT Supervisor will then need to log into their License Portal record and change the approval status to APPROVED and save.** If you are no longer being supervised by the OT supervisor in the system, the end date must be added in the portal.

Oregon law under ORS 675.210 states: (4) “Occupational therapy assistant” means a person licensed to assist in the practice of occupational therapy under the supervision of an occupational therapist”. All OT Assistants and their Supervisors should review the AOTA Supervision Guidelines which are found on the OTLB website at <https://www.oregon.gov/otlb/Documents/OTA%20Supervision%20Guidelines%202014.pdf>

Oregon Administrative Rules:

339-010-0035 Supervision of an Occupational Therapy Assistant

- (1) Any person who is licensed as an occupational therapy assistant may assist in the practice of occupational therapy only under the supervision of a licensed occupational therapist.
- (2) Before an occupational therapy assistant assists in the practice of occupational therapy:
 - (a) The occupational therapy assistant must log into their online license portal with the board and record the name of the licensed occupational therapist who will supervise them, the site where supervision will take place and the supervision start date.
 - (b) The licensed occupational therapist whose name is recorded in the online license portal with the board must log into their online license portal and confirm their supervision of the occupational therapy assistant by updating the approval status to “approved”.
- (3) An occupational therapy assistant always requires at least general supervision.
- (4) The supervising occupational therapist shall provide closer supervision where professionally appropriate.
- (5) The supervisor, in collaboration with the supervisee, is responsible for setting and evaluating the standard of work performed.

Definitions 339-010-0005

- (1) "Supervision," is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives. Levels of supervision:
 - (a) "Close supervision" requires daily, direct contact in person at the work site;
 - (b) "Routine supervision" requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth as defined in OAR 339 – 010 – 0006 (9) with interim supervision occurring by other methods, such as telephone or written communication;

(c) "General supervision" requires the supervisor to have at least monthly direct contact in person with the supervisee at the work site or via telehealth as defined in OAR 339 – 010 – 0006 (9) with supervision available as needed by other methods.

***Remember to keep your supervision current with the Board at all times.**

Sample SUPERVISION PLAN AND CONTACTS FOR COTA

COTA: _____ **OT Supervisor:** _____

DATE	Method/Type of supervision	Areas discussed	Supervising OTR	COTA Signature

Example of Method/Types: **O** observation **M** modeling **C** co-treatment **D** discussion **T** teaching
I instruction **P** phone conversation **W** written correspondence **E** e-mail exchanges (secure only)

Or another example

Date: _____

Who Present: _____

Type of Supervision: _____

Topic Discussed: _____

Future Topics: _____

These are questions and answers found on the web site at www.oregon.gov/otlb

1. Can an OT Assistant perform home assessments, gather data and complete a home visit check list?

An OT may delegate home assessment data collection to an OTA. However, it is the OT's responsibility to analyze the data, make recommendations and document or co-sign findings. Gathering objective data An An OT may delegate home assessment data collection to an OTA. However, it is the OT's responsibility to analyze the data, make recommendations and document or co-sign findings. Gathering objective data falls within the OT Assistant's scope of practice. The supervising OT interprets the data and works collaboratively with the OT Assistant to make recommendations.

2. Can an OT Assistant begin an evaluation?

Evaluations of patients are done by Occupational Therapists. The OTA, if trained, may perform the chart review and collect information from the team. The OT Assistant must then discuss the case with the supervising OT. An OT Assistant can proceed with starting the evaluation in the manner directed by the supervising OT. All evaluation interpretation must be done by the OT.

3. Can an OT Assistant administer the PCE (Physical Capacity Evaluation) or other standardized tests?

The OT Assistant must have the training and experience to administer the PCE or any other standardized test. The OT Assistant can collect information; however, the OT must be involved with the interpretation of the data results. For example the OT Assistant can get numbers for a pinch or grip, but the OT must interpret the numbers. The patient can work on the treadmill and the OT Assistant can collect the data, but those numbers must be interpreted by the OT. An OT Assistant with appropriate skills can test a worker's lift tolerance, but the OT is responsible for the projections made.

An OT Assistant with the skills could not grade fine motor dexterity tests such as the Perdue and Minnesota Manual Dexterity Test and grip strength for validity purposes, because this interpretation is the responsibility of the OT. The OT is responsible for writing the assessment and determining evaluation validity and work categories. With training the OT Assistant can perform muscle testing and goniometry measurement tests. The measurements and test results must be interpreted by the OT.

Generally for all tests, the OT Assistant works in collaboration with the OT. For example, for the Claudia Allen standardized test, it is the supervising OT, in collaboration with the OT Assistant that is responsible for setting and evaluating the standard of work performed. When the test requires interpretation, which is in the purview of the OT's role, it is a collaborative decision between the OT and the Assistant how much the Assistant is involved. As always, the OT Assistant must always have the training and experience. When appropriate the supervising OT is responsible for providing closer supervision.

4. Can an OT assistant perform an ADL assessment before the supervising OT has performed an evaluation or become otherwise involved?

No, the ADL can only be performed under the direction of the supervising OT.

5. Can an OT Assistant teach medication management?

There are several areas where an OTA, at the direction of the supervising OT may teach medication management. In a psychological situation, the OT may teach the importance of complying with prescribed dosage and timing of medication and assessing the patient's ability to follow through. In physical disabilities setting, the OT may adapt environment or methods of application to allow patient independence with medications.

6. Can an OT Assistant recommend OT treatment prior to seeing a patient?

The OT Assistant does **not** write the treatment plan, but might, for example provide a piece of equipment such as a lapboard for UE support or a specialized eating utensil temporarily. This should be re-assessed by the supervising OT.

7. Must an OT co-sign daily/weekly notes?

There are no specific rules as to signing of notes. It may not be mandatory but is always a good idea. If there is no change in treatment plan or goals it is not as important as when there are changes to the plan or goals, which then makes it the responsibility of the OT and should have the OT initials.

Note: This is typically driven by reimbursement. Check to see if this is a Medicare reimbursement requirement check with your employer.

8. Can an OT Assistant discharge patients?

An OT Assistant cannot discharge a patient on their own. The decision requires discussion between the OT and Assistant. The OT has final responsibility for making discharge decisions.

9. Can an OT Assistant prepare a Discharge Summary or sign one?

It is the responsibility of the OT to make decisions about whether a patient can be discharged. If there is no change in the plan or goals, the OT Assistant can finalize the discharge, but the summary should be co-signed by the OT who has the final responsibility for the discharge decision. It is clear that an OT Assistant must work under the supervision of an OT and that means a "process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance". The OT is responsible for program outcomes and documentation to accomplish them.

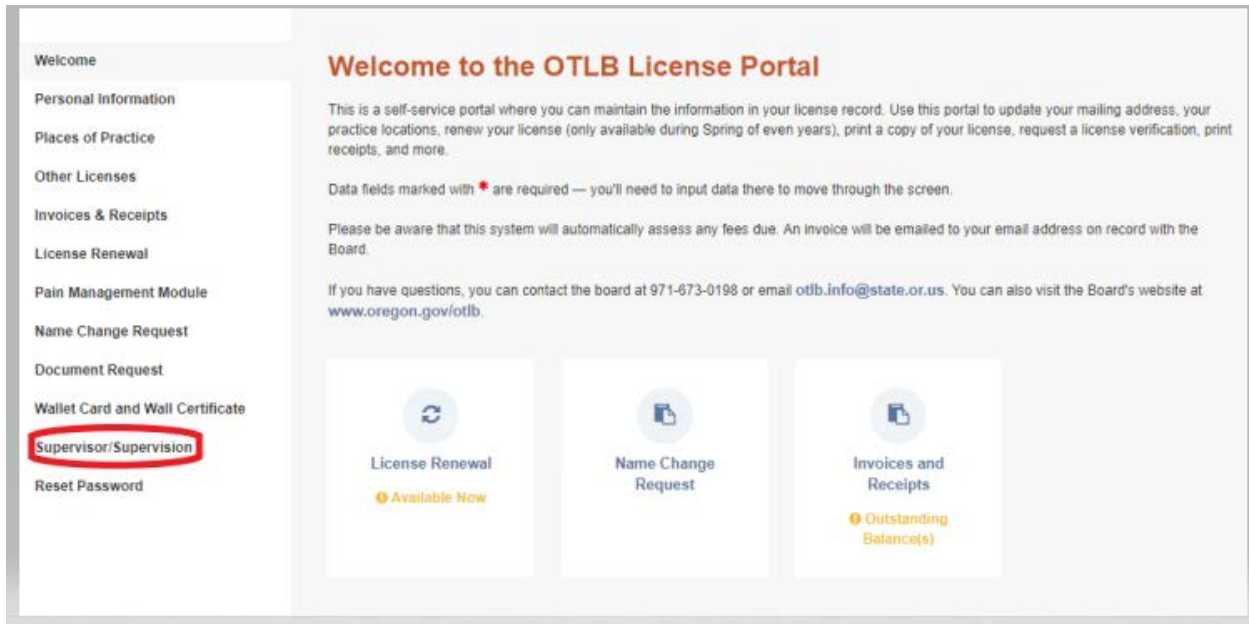
In general it is recommended that an OT co-sign discharge summaries and this is common practice. However, the Board acknowledged that in some cases when an OT Assistant is not adding to or amending the goals and is simply summing up the progress, not changing charting or planning in any way, the OT Assistant can sign the summary. The board noted that in some facilities the discharge summaries are not signed at all. The conclusion of the Board in discussion of this issue at the January, 2004 meeting was that the OT does not have to co-sign the discharge summary in all cases.

Occupational Therapy Licensing Board Tutorial

OTA's: Step-by-step Instructions - Filing Your OT Supervisor with the OT Licensing Board:

Step 1: Login to the License Portal: <https://otlb.us.thentiacloud.net/webs/otlb/service/#/login>

Step 2: Click on “Supervisor/Supervision”.



Welcome to the OTLB License Portal

This is a self-service portal where you can maintain the information in your license record. Use this portal to update your mailing address, your practice locations, renew your license (only available during Spring of even years), print a copy of your license, request a license verification, print receipts, and more.

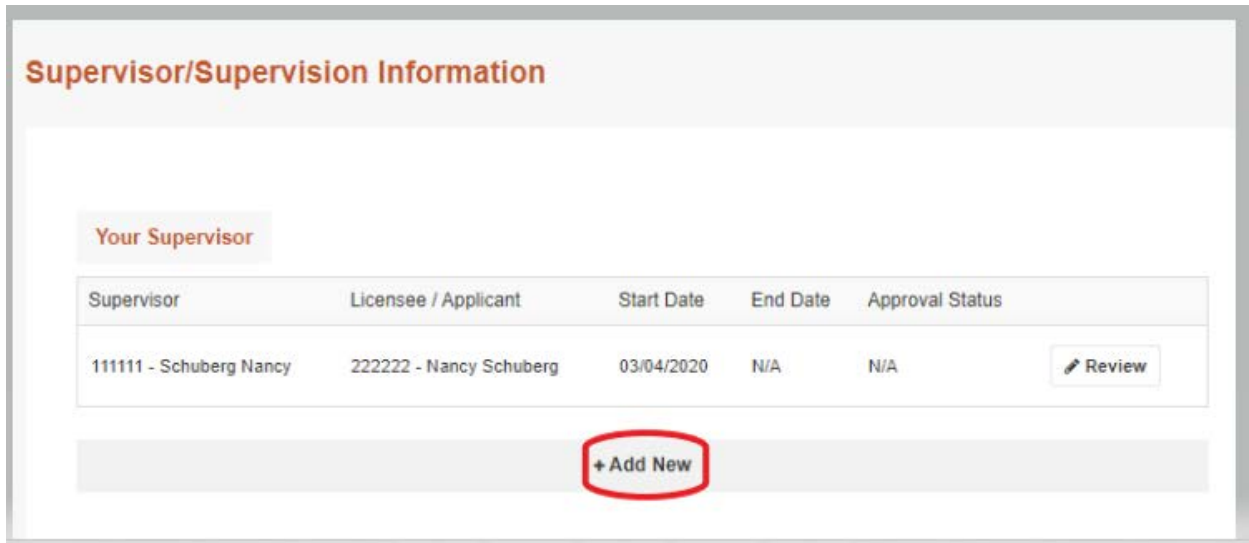
Data fields marked with * are required — you'll need to input data there to move through the screen.

Please be aware that this system will automatically assess any fees due. An invoice will be emailed to your email address on record with the Board.

If you have questions, you can contact the board at 971-673-0198 or email otlb.info@state.or.us. You can also visit the Board's website at www.oregon.gov/otlb.

- License Renewal (Available Now)
- Name Change Request
- Invoices and Receipts (Outstanding Balance(s))

Step 3: Click on “+Add New”



Supervisor/Supervision Information

Your Supervisor

Supervisor	Licensee / Applicant	Start Date	End Date	Approval Status	
111111 - Schuberg Nancy	222222 - Nancy Schuberg	03/04/2020	N/A	N/A	Review

[+ Add New](#)

Step 4: Enter your Supervisor's name, Site of Supervision and Start Date. Click on Save & Back.

Supervisor Information - Edit

Note: All information with a * is required information.

Licensee / Applicant	<input type="text" value="222222 - Nancy Schuberg"/>
Name of Supervisor: *	<input type="text" value="Start typing to search..."/>
Site of Supervision *	<input type="text"/>
Start Date *	<input type="text"/>
End Date	<input type="text"/>

< Cancel & Back Save & Back >

After this is done, the OT Supervisor will be sent a reminder email to login to their license portal and confirm that they are your OT Supervisor. Instructions for OT's are listed below.

OTA's should follow up with the OT Supervisor and log back into the License Portal to verify that the Approval Status is "Approved". Until this status is entered, the supervision will not be considered filed with the board.

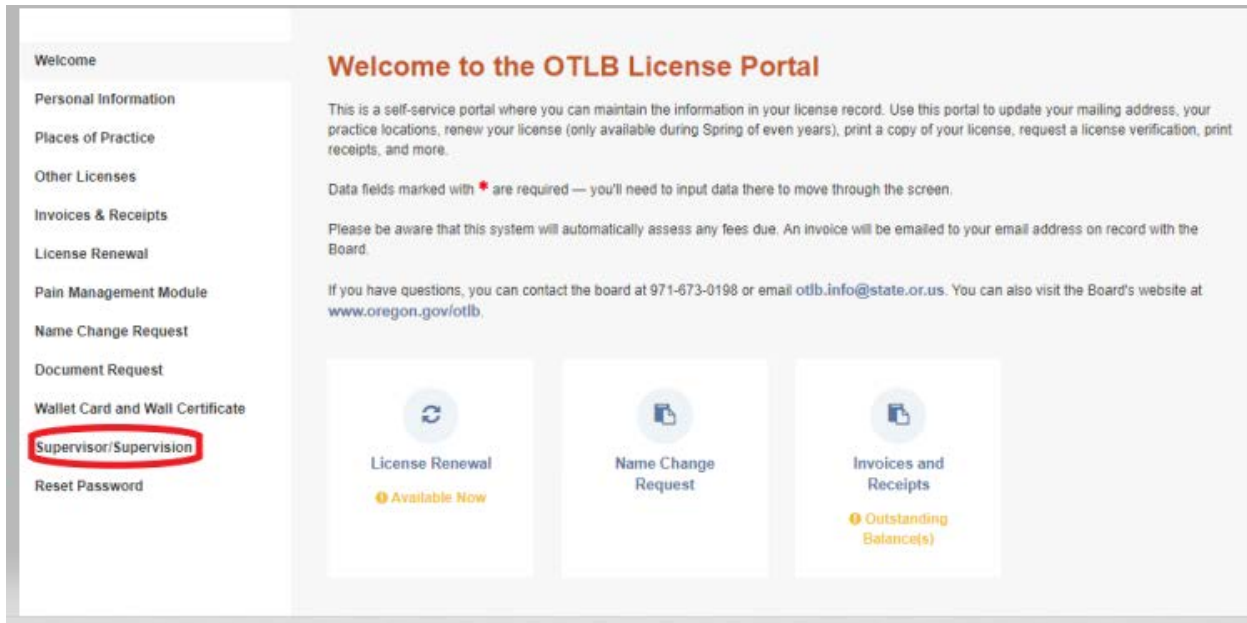
If you are not currently working in Oregon, under Site of Supervision, please add not **"Not currently working in Oregon."**

If the supervisor is no longer supervising you, add the End Date.

OT's: Step-by-step Instructions - "Approving" your OTA Supervisee with the OT Licensing Board

Step 1: Login to the License Portal: <https://otlb.us.thentiacloud.net/webs/otlb/service/#/login>

Step 2: Click on Supervisor/Supervision:



Welcome to the OTLB License Portal

This is a self-service portal where you can maintain the information in your license record. Use this portal to update your mailing address, your practice locations, renew your license (only available during Spring of even years), print a copy of your license, request a license verification, print receipts, and more.

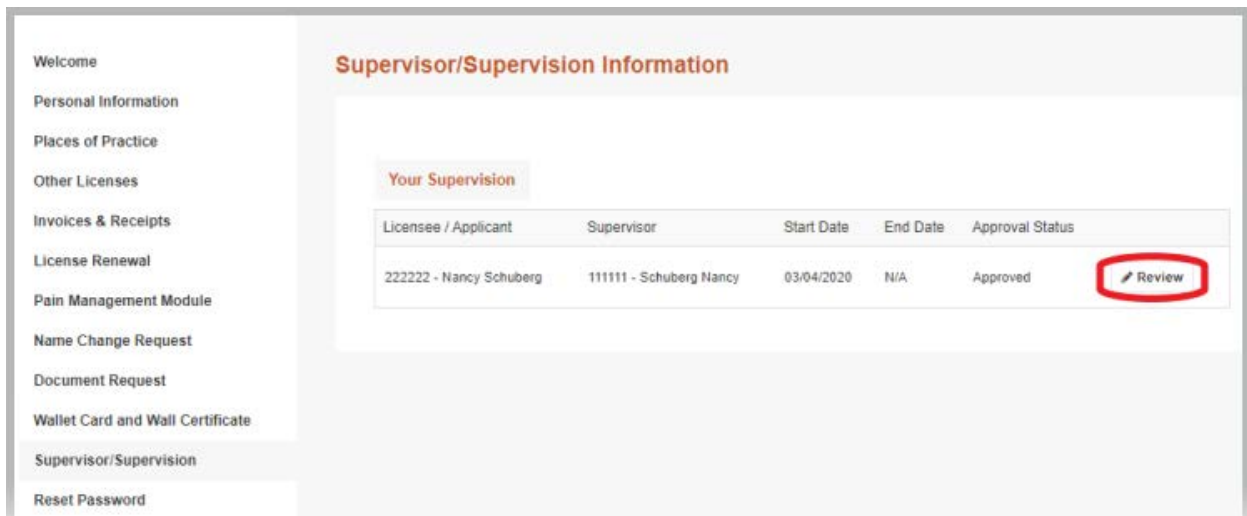
Data fields marked with * are required — you'll need to input data there to move through the screen.

Please be aware that this system will automatically assess any fees due. An invoice will be emailed to your email address on record with the Board.

If you have questions, you can contact the board at 971-673-0198 or email otlb.info@state.or.us. You can also visit the Board's website at www.oregon.gov/otlb.

- License Renewal
 Available Now
- Name Change Request
- Invoices and Receipts
 Outstanding Balance(s)

Step 3: Click on "Review"



Supervisor/Supervision Information




Your Supervision

Licensee / Applicant	Supervisor	Start Date	End Date	Approval Status
222222 - Nancy Schuberg	111111 - Schuberg Nancy	03/04/2020	N/A	Approved Review

Step 4: Verify the start date and Click on the down arrow and enter “Approved”. Click on “Save & Back”.

Supervision Information - Edit

Note: All information with a * is required information.

Licensee / Applicant	222222 - Nancy Schuberg
Start Date *	03/04/2020 
End Date	
Approval Status *	Select... 

[< Cancel & Back](#) [Save & Back >](#)

Once the OT supervisor has entered and saved “Approved” in Approval Status, the OT Supervisor is successfully filed with the Board.

If you are no longer supervising an OTA, add the date the supervision ended.

Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services

This document is a set of guidelines describing the supervision, roles, and responsibilities of occupational therapy practitioners. Intended for both internal and external audiences, it also provides an outline of the roles and responsibilities of occupational therapists, occupational therapy assistants, and occupational therapy aides during the delivery of occupational therapy services.

General Supervision

These guidelines provide a definition of supervision and outline parameters regarding effective supervision as it relates to the delivery of occupational therapy services. The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality. Occupational therapists, occupational therapy assistants, and occupational therapy aides are expected to meet applicable state or jurisdictional and federal regulations, adhere to relevant workplace and payer policies and to the *Occupational Therapy Code of Ethics (2015)* ([American Occupational Therapy Association \[AOTA\], 2015](#)), and participate in ongoing professional development activities to maintain continuing competence.

Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and professional development. In addition, in these guidelines, *supervision* is viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain,

and/or elevate competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other's education, experience, credentials, and competence. The supervisory relationship and supervisory process provide education and support, foster growth and development, promote effective utilization of resources, and encourage creativity and innovation.

Supervision of Occupational Therapists and Occupational Therapy Assistants

Occupational Therapists

Based on their education and training, occupational therapists, after initial certification and relevant state licensure or other governmental requirements, are autonomous practitioners who are able to deliver occupational therapy services independently. Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of occupational therapy services and the service delivery process. Occupational therapists are encouraged to seek peer supervision,

interprofessional collaboration, and mentoring to promote their ongoing professional development and to ensure they are using best practice approaches in the delivery of occupational therapy services.

Occupational Therapy Assistants

Based on their education and training, occupational therapy assistants, after completing initial certification and meeting state or jurisdictional regulatory requirements, receive supervision from an occupational therapist when delivering occupational therapy services. Occupational therapy assistants deliver occupational therapy services within a supervisory relationship and in partnership with occupational therapists.

General Principles

1. Occupational therapists and occupational therapy assistants are equally responsible for developing a collaborative plan for supervision. The occupational therapist is ultimately responsible for the implementation of appropriate supervision, but the occupational therapy assistant also has a responsibility to seek and obtain appropriate supervision.
2. To ensure safe and effective occupational therapy services, it is the responsibility of occupational therapy practitioners to recognize when they require peer supervision or mentoring that supports current and advancing levels of competence and professional development.
3. The specific frequency, methods, and content of supervision may vary depending on the client (person, group, or population) and on the
 - a. Complexity of client needs,
 - b. Number and diverse needs of the client,
 - c. Knowledge and skill levels of the occupational therapist and the occupational therapy assistant,
 - d. Type of practice setting,
 - e. Service delivery approach,
 - f. Requirements of the practice setting,
 - g. Payer requirements, and
 - h. Other regulatory requirements.
4. More frequent supervision of the occupational therapy assistant may be necessary when
 - a. The needs of the client and the occupational therapy process are complex, diverse, and changing or
 - b. The occupational therapist and occupational therapy assistant collaborate and determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
5. A variety of types and methods of supervision apply to occupational therapy practice settings. Methods can include, but are not limited to, direct face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, demonstration with a client, discussion, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone and virtual interactions, telehealth, written correspondence, and other forms of secure electronic exchanges.
6. Occupational therapists and occupational therapy assistants must abide by facility, state or jurisdictional, and payer requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the following information:
 - a. Frequency of supervisory contact
 - b. Methods or types of supervision
 - c. Content areas addressed
 - d. Evidence to support areas of practice and levels of competence applicable to the setting
 - e. Names and credentials of the persons participating in the supervisory process.

Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants

Overview of the Occupational Therapy Process

The focus of occupational therapy is to assist the client in “achieving health, well-being, and participation in life through engagement in occupation” (AOTA, 2020). Occupational therapy addresses the needs and goals of the client related

to engagement in areas of occupation, and the profession's domain consists of occupations, contexts, performance patterns, performance skills, and client factors that may influence participation in various areas of occupation.

The occupational therapist must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention planning, implementation, and review and outcome evaluation.

1. The occupational therapy assistant delivers safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist.
2. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to an occupational therapy assistant. It is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate service competence and to not accept delegated responsibilities that go beyond the legal and professional scope or beyond the demonstrated skill and competence of the occupational therapy assistant.
3. The occupational therapist and the occupational therapy assistant demonstrate and document service competence for clinical and professional reasoning and judgment during the service delivery process and for the performance of specific assessments, techniques, and interventions used.
4. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
 - a. Complexity of the client's condition and needs
 - b. Knowledge, skill, and competence of the occupational therapy assistant
 - c. Nature and complexity of the intervention
 - d. Needs and requirements of the practice setting
 - e. Appropriate scope of practice of the occupational therapy assistant within the boundaries of jurisdictional regulations, payment source requirements, and other requirements.

Roles and Responsibilities

Regardless of the setting in which occupational therapy services are delivered, occupational therapists and

occupational therapy assistants assume the following general responsibilities during the evaluation process, the intervention process, and the process of targeting and evaluating outcomes.

Evaluation

1. The occupational therapist directs the evaluation process.
2. The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including
 - a. Determining the need for service,
 - b. Defining the problems within the domain of occupational therapy to be addressed,
 - c. Determining the client's goals and priorities,
 - d. Establishing intervention priorities,
 - e. Determining specific further assessment needs, and
 - f. Determining specific assessment tasks that can be delegated to the occupational therapy assistant.
3. The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
4. The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of assessments, analysis of performance, and client capacities to the occupational therapist.
5. The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

Intervention Planning

1. The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
2. The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
3. The occupational therapy assistant is responsible for understanding evaluation results and providing input

into the intervention plan on the basis of client needs and priorities.

Intervention Implementation

1. The occupational therapist has overall responsibility for intervention implementation.
2. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
3. The occupational therapy assistant is responsible for understanding and supporting the client's occupational therapy goals.
4. The occupational therapy assistant, in collaboration with the occupational therapist, selects, implements, and makes modifications to occupational therapy interventions consistent with demonstrated competence levels, client goals, and the requirements of the practice setting, including payment source requirements.

Intervention Review

1. The occupational therapist is responsible for determination of the need to continue, modify, or discontinue occupational therapy services.
2. The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Outcomes

1. The occupational therapist is responsible for the selection, measurement, and interpretation of outcomes related to the client's ability to engage in occupations.
2. The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
3. The occupational therapy assistant may implement outcome measurements and provide needed resources for transition or discharge.

Service Delivery Outside of Occupational Therapy Practice Settings

The education and expertise of occupational therapists and occupational therapy assistants prepare them for employment in arenas other than those typically related to the delivery of occupational therapy. In these other arenas, supervision of the occupational therapy assistant may be provided by non-occupational therapy professionals, or supervisory relationships may not be applicable when the occupational therapy assistant is a sole proprietor.

1. The guidelines of the setting, regulatory agencies, and funding sources may direct the supervision requirements.
2. The occupational therapist and occupational therapy assistant should obtain and use credentials or job titles commensurate with their roles in these other employment arenas.
3. The following sources can be used to determine whether the services provided are related to the delivery of occupational therapy:
 - a. State or jurisdictional practice acts
 - b. Regulatory agency standards and rules
 - c. Payment and reimbursement sources
 - d. *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020) and other AOTA official documents
 - e. Written or verbal concurrence among the occupational therapist, the occupational therapy assistant, the client, and the agency or payer about the services provided.

Supervision of Occupational Therapy Aides

An *aide*, as the term is used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational

therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competence before performing assigned, delegated client-related and non-client-related tasks.

1. The occupational therapist oversees the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out client-related and non-client-related tasks. The occupational therapy assistant may contribute to the development, documentation, and implementation of this plan.
2. The occupational therapy assistant can serve as the direct supervisor of the aide.
3. *Non-client-related tasks* include clerical activities and preparation of the work area or equipment.
4. *Client-related tasks* are routine tasks during which the aide may interact with the client. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:
 - a. The outcome anticipated for the delegated task is predictable.
 - b. The client's condition and the environment are stable and will not require that judgment, interpretations, or adaptations be made by the aide.
 - c. The client has demonstrated previous performance ability in executing the task.
 - d. The task routine and process have been clearly established.
5. When delegating client-related tasks, the supervisor must ensure that the aide
 - a. Is trained and able to demonstrate competence in carrying out the selected task and using related equipment, if appropriate;
 - b. Has been instructed on how specifically to carry out the delegated task with the specific client;
 - c. Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant; and
 - d. Is not used to perform billable functions that are prohibited by the payment source of the client being served.

6. The supervision of the aide needs to be documented (e.g., orientation checklist, performance review, skills checklist, in-service participation). Documentation includes information about the frequency and methods of supervision used, the content of supervision, and the names and credentials of all persons participating in the supervisory process.

Summary

These guidelines are designed to define and delineate the professional roles of occupational therapy practitioners. The guidelines also address supervision when occupational therapy practitioners provide services in arenas outside typical occupational therapy practice settings. It is expected that occupational therapy services are delivered in accordance with applicable state or jurisdictional and federal regulations, relevant workplace policies, the *Occupational Therapy Code of Ethics (2015)* (AOTA, 2015), and continuing competence and professional development guidelines. For information regarding the supervision of occupational therapy students, refer to *Fieldwork Level 2 and Occupational Therapy Students* (AOTA, 2018).

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- American Occupational Therapy Association. (2015). Occupational therapy code of ethics (2015). *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410030. <https://doi.org/10.5014/ajot.2015.696S03>
- American Occupational Therapy Association. (2018). Fieldwork level II and occupational therapy students. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410020. <https://doi.org/10.5014/ajot.2018.72S205>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>

Additional Reading

- American Occupational Therapy Association. (2015). Standards for continuing competence. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410055. <https://doi.org/10.5014/ajot.2015.696S16>
- American Occupational Therapy Association. (2015). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 69(Suppl. 3), 6913410057. <https://doi.org/10.5014/ajot.2015.696S06>
- American Occupational Therapy Association. (2018). Guidelines for documentation of occupational therapy. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410010. <https://doi.org/10.5014/ajot.2018.72S203>

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Revised by the Commission on Practice, 2020

Adopted by the Representative Assembly Coordinating Committee (RACC) on behalf of the Representative Assembly (RA), June 2020

Note. This document replaces the 2014 document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*, previously published and copyrighted by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 68(Suppl. 3), S16–S22. <https://doi.org/10.5014/ajot.2014.686S03>

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The Occupational Therapy Assistant's Role in the Evaluation Process

Mashelle K. Painter

Q I am an occupational therapy assistant (OTA) who recently accepted a position with a new employer. At my previous workplace, I routinely participated in evaluations and re-evaluations by administering standardized assessments, such as the Motor-Free Visual Perception Test. However, my new supervisor said that participating in the evaluation process is not within an OTA's scope of practice. Does AOTA have a resource that I can share to support my role in this area?

A This is a question that often arises in practice and is addressed in the AOTA official document *Standards of Practice for Occupational Therapy*.¹ Despite these standards, there is still confusion regarding the involvement of an OTA in the evaluation process.

Standards of Practice for Occupational Therapy describes the role of the occupational therapist (OT) as initiating and directing the evaluation process as well as analyzing and interpreting the data in a manner consistent with state and federal law, regulatory requirements, and AOTA official documents. The role of the OTA is described as contributing to the process through implementing assessments delegated by the OT and providing reports of the client's abilities and the OTA's observations in a manner consistent with state and federal law, regulatory requirements, and AOTA official documents. Practice acts may differ from state to state, and they supersede AOTA official documents, so occupational therapy practitioners should check their state practice act for what role the OTA may take in the evaluation process in their state. In addition, OTA involvement in the evaluation process is limited when using assessments such as the Sensory

Integration Praxis Test or the Assessment of Motor and Process Skills, which require training to administer that is available only to OTs. So it is true that evaluating the client is the primary responsibility of the OT, and that analyzing and interpreting all evaluation data must be carried out by the OT. However, if permitted by the relevant state practice act, the OTA may provide additional information on the client's performance or administer some standardized assessments once service competency has been demonstrated.

Service competency of the OTA for elements of the evaluation process is established within the supervision process. Service competency is defined as "the ability of the OTA to obtain the same or equivalent results as the supervising OT in evaluation and treatment" (p. 292).² OTA students are given general exposure to a variety of standardized and nonstandardized assessments in their academic preparation. However, it should not be assumed that an entry-level OTA is competent in administering standardized assessments until he or she can successfully demonstrate the ability to follow protocols correctly and obtain consistently accurate information for the OT. Even when an experienced OTA is assigned to work with an unfamiliar OT, the process of establishing service competency in assessments must be completed again. This can be accomplished in several ways, including jointly reviewing the assessments that are used at the facility, having the OTA observe the OT during administration of the assessment, having the OTA practice administering the assessment to the OT, and videotaping a practice assessment for the OT/OTA team to review.

In the AOTA official document *Guidelines for Supervision, Roles,*

and Responsibilities During the Delivery of Occupational Therapy Services, additional guidance is given regarding the level of supervision required by an OTA while participating in the evaluation process.³ The type and amount of supervision depends on several factors: the type of setting, the severity of the client's condition, and the level of experience the OTA has in that setting, to name a few. Sometimes even the OT supervisor's level of experience working with OTAs in the evaluation process can have a bearing on the frequency of supervision. For example, situations in which the OT has had little to no experience working with OTAs may require more frequent communication to ensure positive outcomes for clients.

Once the time has been taken to establish service competency in assessments and determine the appropriate level of supervision, the OTA can become a valuable team member in the evaluation process. ■

References

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