

## **AOTA 2021 Standards for Continuing Competence in Occupational Therapy**

The American Occupational Therapy Association (AOTA) asserts that continuing competence is essential to occupational therapists and occupational therapy assistants for fulfilling their roles and abilities across experience, context, and time (AOTA, 2019). Continuing competence; that is, the building of one's capacity to perform a task, function, or role, requires an ongoing process to keep up with new developments related to the profession and specialty area throughout one's career (i.e., early, mid, late, change, or re-entry). To build capacity, occupational therapists and occupational therapy assistants must commit to a process of self-assessment reflecting on, in, and toward action to advance their knowledge, professional reasoning, interpersonal skills, performance skills, and ethical practice necessary to perform current and future roles and responsibilities within the profession.

Although continuing competence is the responsibility of the occupational therapist and occupational therapy assistant, "regulators, certification agencies, professional associations, employers, and other entities" (Citizen Advocacy Center, 2000, p. 7) also share in this responsibility. With this in mind, continuing competence becomes enforceable (i.e., protect the public) and aspirational (i.e., benefit the public). AOTA fulfills their responsibility with the provision of, but not limited to, (a) official documents upon which continuing competence can be based, (b) continuing education and professional development to support occupational therapists and occupational therapy assistants in their career paths, (c) enforceable standards of conduct, (d) core values to guide the profession, (e) advanced and specialty certifications, (f) fellowships, and (g) monitoring systems that affect the profession (AOTA, 2019).

AOTA's Standards for Continuing Competence serve as a foundation for analyzing the occupation of continuing competence (i.e., knowing, thinking, interacting, performing, and acting in context to one's roles; Luebben, 2003). These standards can be viewed separately and collectively, and can be combined with other standards documents (e.g., Standards of Practice for Occupational Therapy, 2021) to optimally gain an overarching perspective. Through this process of analysis, the occupational therapist or occupational therapy assistant will become conscious of their needs to address, strengths to build upon, and continuing professional development to seek (see AOTA's Continuing Professional Development in Occupational Therapy, 2017). Repeating this process throughout one's career promotes lifelong learning and the commitment to continuing competence that benefits all stakeholders.

In this document, Appendix A describes the revision process for the 2021 Standards. Appendix B summarizes the history of the Standards.

### **Glossary of Terms**

*Competence*: An individual's capacity "to perform a task, function, or role at a level that meets or exceeds prescribed standards" (Institute for Credentialing Excellence [ICE], 2020, p. 4).

*Competency*: An individual's actual performance; that is, observed performance of applied knowledge, skill, or action measured against set criteria (e.g., competency-based measure).

*Continuing Competence:* An individual's ongoing process of building their capacity to perform a task, function, or role.

*Cornerstones:* The "discrete and critical qualities" (AOTA, 2020c, p. 8) that an occupational therapy practitioner brings to the occupational therapy process (i.e., "core values and beliefs rooted in occupation, knowledge of and expertise in the therapeutic use of occupation; professional behaviors and dispositions; therapeutic use of self." [p. 6]).

*Evidence-Informed Practice:* Integrating best available research evidence, outcome data, practitioner expertise, and client needs and preferences.

*Initial Competence:* An individual's demonstration of having the requisite qualifications of knowledge, skill, and ability to enter into the occupational therapy profession.

*Professional Development:* Activities that result in significant, meaningful, and sustained improvement in the individual's practice or service.

*Self-Assessment:* An individual's process of reflecting on, in, and toward action to understand current and future professional development needs (AOTA, 2017).

*Standard:* Criteria that outline established knowledge, skills, and abilities for continuing competence.

### **Standard 1. Knowledge**

Occupational therapists and occupational therapy assistants shall engage in the process of acquiring, assessing, and appraising knowledge required for the multiple roles and responsibilities they assume. The individual must possess knowledge of

- a. The domain and process of occupational therapy (AOTA, 2020c);
- b. The cornerstones of practice as they are applied to facilitate the occupational therapy process;
- c. Client-centered, occupation-based, and outcome oriented occupational therapy practice and setting-specific responsibilities;
- d. Current AOTA Official Documents and legislative, legal, and regulatory requirements into occupation-based and evidence-informed practice;
- e. How to integrate relevant evidence, literature, and data related to primary responsibilities and to clients served by occupational therapy; and
- f. How to seek new and relevant knowledge to meet diverse client needs, the demands of a dynamic profession, and an ever-changing health care environment.

### **Standard 2. Professional Reasoning**

Occupational therapists and occupational therapy assistants shall use professional reasoning to make sound judgments and decisions. The individual must apply professional reasoning to

- a. Reflect on their own practice of occupational therapy and make informed decisions specific to roles, responsibilities, and professional development;

- b. Select and apply client-centered evaluation methods (occupational therapist directs and occupational therapy assistant contributes to the evaluation process [AOTA, 2020b]), interventions, and outcome measures
- c. Combine data gathered from the occupational profile and analysis of occupational performance to inform selection of interventions and outcome measures;
- d. Apply evidence-informed practice and theoretical knowledge to inform, prioritize, and guide, efficient and effective interventions;
- e. “Select occupations as primary methods of intervention throughout the [occupational therapy] process” (AOTA, 2020a, p. 18); and
- f. Re-examine previous assumptions and revise decisions to incorporate new evidence, research findings, and outcome data.

### ***Standard 3. Interpersonal Skills***

Occupational therapists and occupational therapy assistants shall develop and maintain their professional relationships with others within the context of their roles and responsibilities. The individual must use interpersonal skills to

- a. Effectively communicate using different methods (e.g., verbal, nonverbal, written) that match the abilities, personal factors, learning styles, and diverse needs of clients and others to convey the value of occupational therapy;
- b. Embrace cultural humility through reflective practice and self-assessment of one’s biases to effectively interact and create a therapeutic relationship with persons who have backgrounds different from their own (AOTA, 2018);
- c. Critically reflect on feedback provided by clients, supervisors, and colleagues and adjust one’s professional behavior and therapeutic use of self as needed to foster effective therapeutic and professional relationships;
- d. Collaborate with clients, families, significant others, and professionals to attain optimal consumer outcomes;
- e. Develop, sustain, and refine interprofessional and team relationships to meet identified outcomes; and
- f. Demonstrate professional civility to professionally engage with all clients, families, significant others, and professionals in constructive engagement that is inclusive, collaborative, and respectful in thought (AOTA, 2020a).

### ***Standard 4. Performance Skills***

Occupational therapists and occupational therapy assistants shall demonstrate performance skills that align with the art and science of occupational therapy for the purpose of enhancing or enabling participation (AOTA, 2020c). The individual must demonstrate performance skills that

- a. Use informatics (e.g., technology, guidelines, communication systems, resources) to improve processes, strengthen evidence-informed practice, and support roles and responsibilities (Coiera, 2015);
- b. Incorporate an “ongoing interaction among evaluation, intervention, and outcomes...throughout the occupational therapy process” (AOTA, 2020c, p. 16);
- c. Address clients’ physical, social, and emotional well-being throughout the occupational therapy process;
- d. Promote “occupational justice and...[empower] clients to seek and obtain resources to support health, well-being, and occupational participation” (AOTA, 2020c, p. 61);

- e. “Create an inclusive, supportive environment to enable clients to feel safe in expressing themselves authentically” (AOTA, 2020c, p. 20); and
- f. Promote the achievement of clients’ health, well-being, and participation in life through engagement in occupation by applying the cornerstones into the occupational therapy process.

### ***Standard 5. Ethical Practice***

Occupational therapists and occupational therapy assistants shall identify, analyze, and clarify ethical issues or dilemmas to make responsible decisions within the changing context of their roles and responsibilities. The individual must integrate ethical practice by

- a. Understanding and adhering to the core values, principles, and standards of conduct of the *AOTA 2020 Occupational Therapy Code of Ethics* (AOTA, 2020a), other relevant codes of ethics and related standards of conduct, and applicable laws and regulations;
- b. Using ethical principles to morally uphold the profession’s core values and identify ethical implications (e.g., client-based, fiscal and regulatory, or systems and organizational dilemmas) to occupational therapy services and practice;
- c. Engaging in ethical reasoning to guide decisions when faced with dilemmas, and;
- d. Integrating varying perspectives in the ethics of clinical practice, occupational justice, and professional actions.

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## **Appendix A**

### **Revision Process for the AOTA 2021 Standards for Continuing Competence in Occupational Therapy**

The CCCPD began initial review of the Standards for Continuing Competence (hereafter referred to as Standards) in December 2019 by considering the value and relevance of the document. Discussions took place on the importance of clearly articulating the purpose for continuing competence throughout one’s career and distinguishing from initial competency upon entering the profession. Next steps included looking at definitions and standards for continuing competence used by other professions, organizations, and occupational therapy associations in other countries.

The CCCPD continued discussions on what continuing competence looks like, what documents and resources link to the Standards document, and what was known about the history of the document. The CCCPD conducted a survey through AOTA to gain input on the use and relevance of the document among members and various stakeholders. Data supported the predominant use of the document in pre-service education. Feedback for proposed changes included aligning terminology with other Official Documents (e.g., OTPF-4), using plain language to promote clarity, ensuring each standard could stand apart from one another as well as work together as a cohesive whole, and remaining broad enough to apply in any setting (i.e.,

academia, practice, research, administration, policy). Discussions with the Commission on Practice occurred to understand how the cornerstones introduced in the OTPF-4 fit within the Standards document. The CCCPD made revisions based on collective feedback provided and data gathered, including a stance on how the standards fit within the shared responsibility for continuing competence, the way standards can be applied, operational definitions of terms in the document, and clarification of each updated standard.

Revisions within this document include a retitling to better label and reflect the content (i.e., continuing competence in occupational therapy), a statement that sets the purpose of the document (i.e., to serve as a foundation for analyzing the occupation of continuing competence), and operational definitions of key terms. Terms such as competence and competency are often used interchangeably in the literature and, at times, in the same document. This creates confusion. Explicitly defining the distinct difference between initial competence when entering into the profession; competence at different stages of one's career (early, mid, late, change or re-entry), competency which is observable, and continuing competence which is the ongoing process of a lifelong learner. Other revisions included rephrasing what each individual standard emphasizes. For example, the phrase "the individual must demonstrate" (AOTA, 2015, p. 479) was changed in *Standard 1. Knowledge* to "the individual must possess knowledge of", *Standard 2. Professional Reasoning* to "the individual must apply professional reasoning", and so on. *Standard 1. Knowledge* now includes the cornerstones of practice as applied to facilitate the occupational therapy process. *Standard 2. Professional Reasoning* was renamed (previously *Standard 2. Critical Reasoning* to better support the broader application of reasoning across settings and roles (AOTA, 2020). *Standard 3. Interpersonal Skills* includes a section on professional civility to emphasize the need for continuing competence in professional behaviors that are inclusive, collaborative, and respectful. *Standard 4. Performance Skills* incorporates the term informatics to better describe how occupational therapists and occupational therapy assistants need to maintain continuing competence in using technology devices and services to gather data, inform practice, improve processes, and support their roles and responsibilities. *Standard 5. Ethical Practice* expands continuing competence expectations beyond clinical practice to all professional actions despite setting.

## **Appendix B**

### **History of AOTA's Standards for Continuing Competence**

In 1994, the AOTA Representative Assembly put forth a motion that resulted in the development of Policy E.8 (AOTA, 2019). This policy outlines the stance of AOTA in supporting members in their development, maintenance, and update of competence and continuing competence. Soon after, in 1995, a guide was published by AOTA to help occupational therapists maintain and update their professional competence using a self-appraisal checklist (Thomson et al., 1995). The checklist charted 5 areas to appraise, including examining evaluation and intervention skills, own practice competence, personal work behaviors, maintenance and update of clinical competencies, and creation of a professional development plan.

In 1997, AOTA's Representative Assembly charged the "Board to appoint a five person task force to review current Association activities related to continuing competence and develop recommendations and an implementation plan for standards for continued competency of

members of the profession” (AOTA, 1998, p. 1). In 1999, AOTA’s first Standards for Continuing Competence document was published. The document outlined standards that provided the philosophical base upon which everything else could be built; that is, a base that occupational therapists and occupational therapy assistants could use “to assess, maintain, and document competence in all the roles that they assume” (p. 3).

Since 1997, the Standards for Continuing Competence has undergone three revisions (i.e., 2005, 2010, and 2015) with minor changes in terminology and wording and updates in references. It has served as the basis for developing content for professional development tools and certification portfolios, and for guiding continuing competence in occupational therapy.

### **References for Appendices A and B**

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