

Executive Summary for the Practice Analysis Study

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®



Serving the Public Interest

NBCOT® 2008
PRACTICE ANALYSIS



CONTENTS

Executive Summary	Page 3
Appendix 1: COTA Domain, Task, Knowledge and Skill Statements	Page 10

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The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is a not-for-profit credentialing agency that provides certification for the occupational therapy profession. The aim of the NBCOT CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA® certification is to establish that individuals have the knowledge necessary to create and implement safe and effective programs.

NBCOT worked with CASTLE Worldwide, Inc., a certification and licensure design, development, and administrative service company, to ensure that the COTA certification examinations met guidelines and standards for examination development (e.g., Standards for Educational and Psychological Testing, American Educational Research Association, 1999; Uniform Guidelines on Employee Selection Procedures, 1977).

Why Conduct a Practice Analysis?

A practice analysis is the critical foundation for developing a psychometrically sound and legally defensible credentialing examination. The analysis aims to ensure that an examination is content valid, that it appropriately evaluates what is required to function as a competent practitioner in the field. Information from the practice analysis is used at all stages of examination development, including the creation of test specifications, item writing, and examination construction.

Accreditation agencies require systematic re-evaluation of the content standards to ensure that an examination remains appropriate. How often content standards are reviewed depends on how often the job or professional responsibilities change. Many agencies suggest at least a yearly review of the content standards, with a complete practice analysis conducted every five to seven years.

While there is not one specific methodology, a typical practice analysis consists of several critical elements; discussions with a representative group of subject matter experts to construct a detailed description of practice, and validation of their work.

How Was The Analysis Conducted?

The practice analysis study conducted for the COTA certification examination consisted of four phases that meet the aims noted above:

I. Initial Development and Validation

- A focus group of subject matter experts examined current practice and literature and identified trends and changes since the last practice analysis. The panel also provided guidance on the validation ratings to be used and important demographic questions.
- A separate 14-member panel of subject matter experts identified the domains, tasks, and knowledge essential to the performance of a competent COTA® practitioner. The panel outlined:
 - Three performance domains: Major responsibilities that define the role of the COTA practitioner
 - 15 Tasks: Individual functions required to carry out certain aspects of the job
 - 97 Knowledge Statements: Information or other learnable aspects that a COTA must possess in order to perform a specific task.

II. Pilot Study

- An online survey was developed and tested to refine the panel's recommendations and assess the survey delivery mechanism.
- The survey consisted of two parts:
 - A demographics section to provide information on place of work and working conditions (i.e., the type of facility they work in);
 - A section for respondents to rate the domains, tasks, and knowledge statements, in that order.

- Each domain and task was rated based on criticality and frequency,
 - Criticality: the degree to which a member of the public or other stakeholder would be physically, emotionally, or financially harmed if the certificant failed to perform the task competently.
 - Frequency: the time that a competent practitioner spends performing duties within each domain and task
 - Each knowledge statement was rated on criticality only. Thus, eliminating the influence of statements that could potentially be rated as highly critical but of low frequency.
- 111 certificants were contacted through e-mail to participate in the pilot survey.
 - The response rate for the pilot survey was 77%.
 - From results of the pilot survey, knowledge statements were reduced from 97 to 96; eliminating those that did not meet a minimal threshold for criticality. No domains or task statements were altered.

III. Full Validation Survey: Section One - Survey Respondent Characteristics

- A representative sample of professionals in the field reviewed and validated the work of the panel through an online and paper-and-pencil survey.
- Respondents were COTA[®] practitioners who had been certified from 0 to 36 months, and were currently working, or had worked as a COTA[®] practitioner.
- A total of 652 requests for participation were sent to COTA practitioners across all jurisdictions.
- 572 respondents completed the survey, a response rate of 88%.
- 95% of the respondents were currently working as a COTA[®] practitioner.
- The respondents represented a broad section of the practice community both in terms of where they resided and in their work settings.
- For degrees earned to meet NBCOT certification, 97% indicated an associate degree, 2% had earned a certificate, and 1% listed “Other,” typically U.S. military.
- The largest number of respondents reported completing their level II field work in a rehabilitation facility setting (28%), followed by skilled nursing (21%), school systems (18%), and acute care (14%).

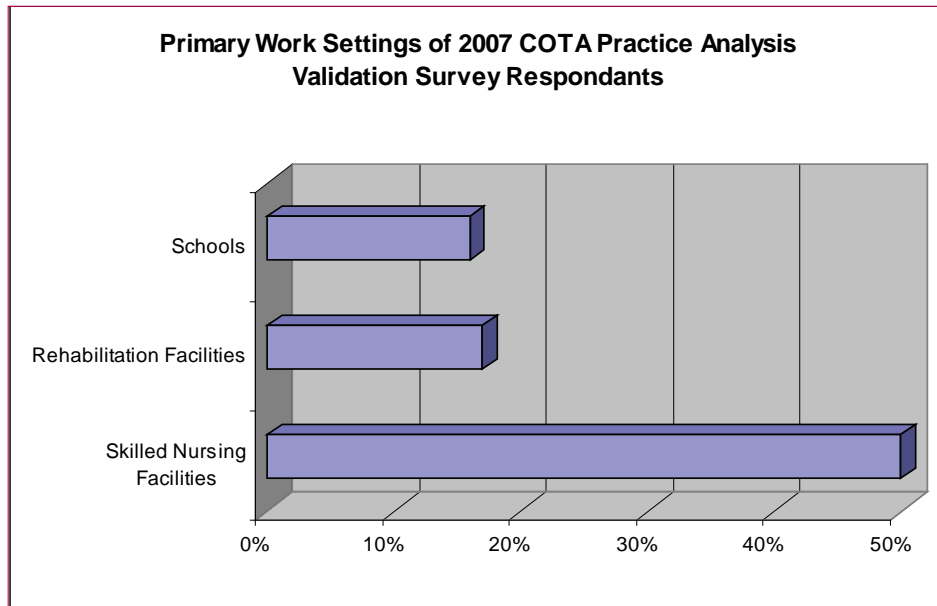
Level II Fieldwork Placement Settings of COTA[®] Validation Survey Respondents, 2007

Setting	1st Level II Percent*	2nd Level II Percent*	3rd Level II Percent
School System	17.9%	16.3%	12.2%
Skilled nursing facility	20.9%	22.0%	19.4%
Acute care setting	13.6%	13.2%	12.2%
Rehabilitation facility	27.5%	31.9%	18.4%
Community	4.4%	3.1%	3.6%
Patient’s home	3.2%	2.1%	3.1%
Patient’s work site	1.1%	0.1%	0.0%
NA	0.0%	0.0%	24.0%
Other	11.5%	11.1%	7.1%

*Percentages may not sum exactly to 100% because of rounding

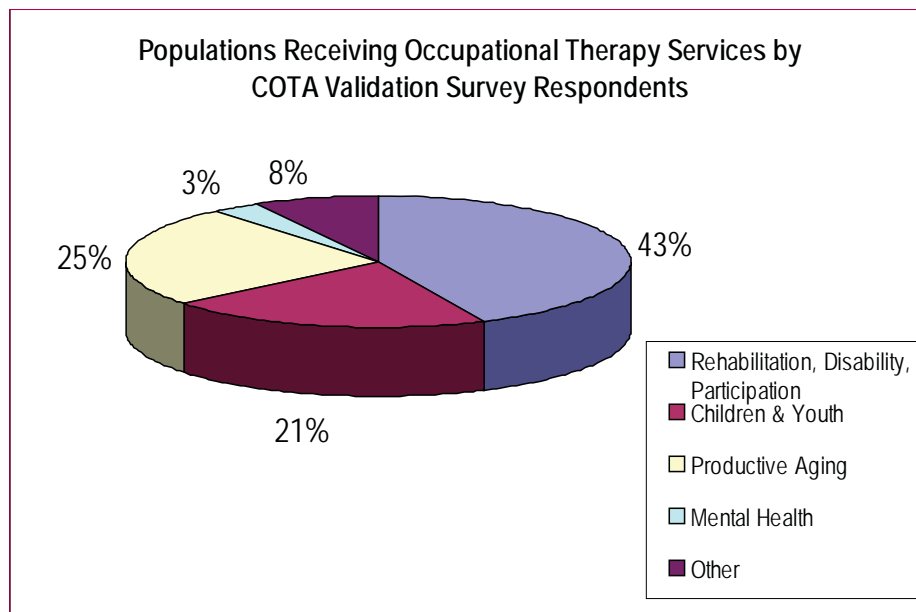
- The largest number of respondents reported working in skilled nursing facilities (50%) followed by rehabilitation facilities (17%) and schools (16%).

Primary Work Settings of COTA Validation Survey Respondents, 2007



- Populations receiving occupational therapy services from respondents include: rehabilitation/disability (43%); productive aging (25%); and children & youth (21%).

Primary Populations Receiving Occupational Therapy Services by COTA® Validation Survey Respondents, 2007



- Respondents were asked to indicate their top three diagnoses for six different client condition categories: neurological; developmental; musculoskeletal/orthopedic; cardiopulmonary; general medical/systemic; and psychosocial conditions.

Top Diagnoses Related to Neurological Conditions Receiving Occupational Therapy Services
from Survey Respondents, COTA® Validation Survey, 2007

Neurological Conditions	Percent of responses*
Cerebral vascular accident	24.7%
Traumatic brain injury	6.7%
Spinal cord injury	2.2%
Multiple sclerosis	2.6%
ALS	0.4%
Parkinson's	13.9%
Dementia	22.7%
Spina bifida	1.3%
Cerebral palsy	7.1%
Low vision	7.5%
Neurogenic back pain	0.9%
Complex regional pain syndrome	0.3%
Peripheral nerve lesion	0.4%
Peripheral neuropathy	3.6%
Do not provide service	2.8%
Other	3.0%

*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Developmental Conditions Receiving Occupational Therapy Services
from Survey Respondents, COTA® Validation Survey, 2007

Developmental Conditions	Percent of responses*
Congenital anomalies	3.3%
Developmental delay	17.5%
Visual processing deficit	7.2%
Fetal alcohol syndrome	0.4%
Malnutrition	1.4%
Mental retardation	11.7%
Learning disorder	9.7%
Sensory integrative disorder	14.8%
Do not provide service	33.5%
Other	0.4%

*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Musculoskeletal/Orthopedic Conditions Receiving Occupational Therapy Services
from Survey Respondents, COTA Validation Survey, 2007

Musculoskeletal/Orthopedic Conditions	Percent of responses
Fractures	26.8%
Upper and/or lower extremity amputations	13.9%
Osteoarthritis	19.9%
Tendinopathy	1.3%
Joint replacements	25.0%
Sprains/strains	2.8%
Do not provide service	8.4%
Other	1.9%

*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Cardiopulmonary Conditions Receiving Occupational Therapy Services
from Survey Respondents, COTA Validation Survey, 2007

Cardiopulmonary Conditions	Percent of responses*
Myocardial infarction	26.7%
Chronic obstructive pulmonary disease	30.3%
Congestive heart failure	29.9%
Tuberculosis	0.5%
Do not provide service	12.0%
Other	0.5%

*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to Psychosocial Conditions Receiving Occupational Therapy Services
from Survey Respondents, COTA Validation Survey, 2007

Psychosocial Conditions	Percent of responses*
Schizophrenia	7.6%
Mood disorders	10.1%
Anxiety disorders	15.9%
Substance abuse	7.4%
Autism spectrum disorders	11.1%
Attention deficit hyperactivity disorders	10.7%
Behavior disorders	15.9%
Personality disorders	4.1%
Do not provide	16.1%
Other	0.9%

*Percentages may not sum exactly to 100% because of rounding

Top Diagnoses Related to General Medical/Systemic Conditions Receiving Occupational Therapy Services from Survey Respondents, COTA® Validation Survey, 2007

General Medical/Systemic Conditions	Percent of Responses*
HIV/AIDS	1.5%
Cancer	21.5%
Diabetes	23.1%
Rheumatoid arthritis	2.4%
Fibromyalgia	28.1%
General deconditioning/debilitation	1.0%
Burns	4.6%
Lymphadema	4.7%
Open wounds/decubitis	12.4%
Do not provide	0.5%
Other	0.0%

*Percentages may not sum exactly to 100% because of rounding

IV. Full Validation Study: Part Two - Survey Contents and Respondent Ratings

- The full COTA® validation survey consisted of 3 performance domains, 15 task statements across the 3 domains, and 96 knowledge statements relating to specific tasks.
- As with the pilot survey, COTA survey respondents for the full validation survey were asked to rate each performance domain and task based on criticality and frequency.
- Knowledge statements were only rated for criticality.
- Criticality was rated using the following four-point scale:

No Harm	0	Inability to perform tasks in this domain would lead to error with no consequences.
Minimal Harm	1	Inability to perform tasks in this domain would lead to error with minimal adverse consequences.
Moderate Harm	2	Inability to perform tasks in this domain would lead to error with moderate adverse consequences.
Serious Harm	3	Inability to perform tasks in this domain would definitely lead to error with severe consequences.

- Frequency was rated using the following four-point scale:

Never	0	The entry-level COTA® practitioner does not perform this task at all.
Infrequently	1	The entry-level COTA® practitioner performs this task once a month.
Frequently	2	The entry-level COTA® practitioner performs this task once a week.
Repetitively	3	The entry-level COTA® practitioner performs this task daily or several times a week.

- For each respondent, a third variable, weight, was calculated by multiplying each respondent's criticality by two, and adding their rating of frequency (criticality*2+frequency). By emphasizing criticality, the weight formulation used supports NBCOT's mission of protecting the public from harm. A weight that emphasizes criticality ensures that less critical but frequent tasks do not dominate the test blueprint.

V. Development of Test Blueprint Specifications for the COTA Examination

- Appendix 1 contains a complete listing of the COTA validated domain, task and knowledge statements based on the survey results. This appendix also contains skill statements distinct to each task. The Practice Analysis panelists developed the skill statements. Although not validated as part of the survey, these statements provide an additional resource for examination item writers. Educators, regulators, and employers can also use them as a tool to guide decisions regarding competence or readiness to practice occupational therapy.
- Examination test blueprints are designed by assessing the weight given by respondents to the domains and tasks. Knowledge statements do not form part of the test blueprint but act as guides for item classification and item development.
- Based on the ratings gathered from the full validation study, the examination test blueprint specifications for the certification examination were developed.
- Consistent with previous practice analysis studies, a “bottom-up” approach to blueprint development was used. This approach:
 - focuses on building a blueprint based on the calculated weights for each task, and
 - recognizes the unequal number of tasks across domains.

VI. A Summary of the Test Blueprint Developed for the COTA Examination

- A COTA® test blueprint was constructed that reflects the proportion of the examination assigned to each domain and task based on the practice analysis validation survey results.
- The test blueprint described in this document identifies the percentage of the COTA® examination at the domain level.
- These blueprint specifications will guide examination development for the NBCOT COTA® certification examinations beginning January 2009.

COTA Certification Examination Blueprint Specifications Based on Outcomes of the 2007 NBCOT Practice Analysis

Domain	Description	Percent of Exam
01	Gather information and formulate conclusions regarding the client’s needs and priorities to develop a client-centered intervention plan.	33.0%
02	Select and implement evidence-based interventions to support participation in areas of occupation (e.g., ADL, education, work, play, leisure, and social participation) throughout the continuum of care.	47.0%
03	Uphold professional standards and responsibilities to promote quality in practice.	20.0%

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CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®**

DOMAIN, TASK, KNOWLEDGE AND SKILL STATEMENTS

Throughout this document the use of the term *client* is intended to include individuals and groups such as patients, consumers, workers, students, and others who receive occupational therapy services.

Definition of the Certified Occupational Therapy Assistant

The Certified Occupational Therapy Assistant (COTA) is a professional who works with clients whose occupational performance is impaired or at risk of impairment to facilitate engagement in meaningful occupation across the lifespan. Under the supervision of and in partnership with the OTR, the COTA uses collaborative, client-centered strategies to obtain information regarding personal and environmental factors that impact occupational performance to formulate conclusions toward development of an intervention plan. The COTA collaborates with the OTR in the selection and implementation of interventions to support participation in basic and instrumental activities of daily living, education, work, play, leisure, and social participation. The COTA engages in professional development activities to maintain competence and uphold standards of practice

Statement of the Target Audience

NBCOT has determined that the entry level COTA certificant has from zero to three years of professional experience. The focus of the practice analysis is directed to the entry level COTA certificant.

DOMAIN:

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

TASK:

01.01 Gather information on an ongoing basis using appropriate tools, procedures, and protocols in order to identify factors that impact participation in occupation.

Knowledge of:

- 01.01.01 Information gathering processes and procedures (e.g., observation, interview, client records, checklists)
- 01.01.02 Procedures and protocols for standardized tests
- 01.01.03 Normal development and function across the lifespan
- 01.01.04 Expected patterns/progressions associated with conditions that limit occupational performance
- 01.01.05 Performance patterns (e.g., habits, routines, roles, values) of the client
- 01.01.06 Client contexts (cultural, physical, social, personal, spiritual, temporal, and virtual)
- 01.01.07 Activity demands
- 01.01.08 Appropriate responses to unexpected occurrences during the information gathering process

Skill in:

- 01 Conducting oneself in a therapeutic manner to gather essential data
- 02 Gathering client history related to engagement in occupations
- 03 Administering assessments in accordance with protocols
- 04 Identifying client needs, problems, concerns, and priorities about occupations and daily life activity performance
- 05 Identifying factors that support or hinder occupational performance
- 06 Recognizing and responding to unexpected client responses while gathering information

TASK:

01.02 Contribute comprehensive information regarding the impact of current condition(s) and context(s) on the client's occupational performance in order to assist the OTR in formulating an intervention plan.

Knowledge of:

- 01.02.01 Therapeutic use of occupations and activities across the lifespan
- 01.02.02 Life skills relevant to culture roles, habits, and routines, and current abilities (e.g., home management, social skills, vocational skills)
- 01.02.03 Activity analysis methods related to client roles, habits and routines, and current abilities
- 01.02.04 Components of an intervention plan
- 01.02.05 Levels of service provision
- 01.02.06 Impact of the environment on the client's occupational performance
- 01.02.07 Internal and external influences on occupational performance (e.g., disability, environment, context, medication)
- 01.02.08 Clinical reasoning strategies and approaches

Skill in:

- 01 Identifying appropriate frames of reference and models of practice
- 02 Analyzing activities for the selection of occupation-based interventions consistent 03 with client roles, habits, routines, and current abilities
- 04 Identifying activities to enhance the client's occupational performance
- 05 Determining factors that impact occupational performance
- 06 Interpreting the importance of contextual factors that impact engagement in occupation

TASK:

01.03 Collaborate with the OTR, 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.

Knowledge of:

- 01.03.01 Team roles, responsibilities, and care coordination
- 01.03.02 Collaborative, client-centered strategies for setting goals based on expected outcomes
- 01.03.03 Methods and techniques for promoting carry-over of intervention within the transitional environment, home, work, school, or community
- 01.03.04 Frequency and duration of intervention needed to reach goals
- 01.03.05 Discharge planning procedures
- 01.03.06 Transitional services

Skill in:

- 01 Identifying the client's priorities and desired outcomes
- 02 Identifying the need to continue, modify, or discontinue services based on the client's responses to intervention
- 03 Communicating with the client and team members about client goals and outcomes
- 04 Determining frequency and duration of intervention based on expected outcomes
- 05 Following discharge and transition planning procedures

TASK:

01.04 Provide information to the OTR regarding the need for referral to other professionals or services in order to facilitate comprehensive, quality care.

Knowledge of:

- 01.04.01 Potential referral sources and processes
- 01.04.02 Service delivery models
- 01.04.03 Role delineation and the contributions of other services providers
- 01.04.04 Appropriate community resources, funding, reimbursement, and/or payment sources

Skill in:

- 01 Communicating with other team members and community organizations
- 02 Recognizing the parameters of other service delivery models (e.g. criteria, least restrictive environment, acuity)

DOMAIN:

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

TASK:

02.01 *Implement the treatment plan by using critical reasoning to select interventions and approaches consistent with general medical, neurological, and musculoskeletal conditions and client needs in order to achieve functional outcomes within areas of occupation.*

Knowledge of:

- 02.01.01 Impact of general medical, neurological, and musculoskeletal conditions on areas of occupation (e.g., ADL, work, leisure, social participation, education, play)
- 02.01.02 Activities to enhance performance in areas of occupation
- 02.01.03 Compensatory strategies and techniques for minimizing the impact of disease process and/or condition on occupational performance (e.g., joint protection, work simplification, and energy conservation, occupational modification)
- 02.01.04 Biomechanical strategies and techniques that impact strength, motion, and endurance (e.g., ROM and strengthening exercise, wound care, edema control principles and techniques)
- 02.01.05 Remedial and preventive strategies and techniques specific to general medical conditions (e.g., scar management, pressure-relief techniques, positioning, infection control, standard precautions) for developing or restoring a skill or ability
- 02.01.06 Facilitation and handling principles and techniques for improving functional performance consistent with general medical, neurological, and/or musculoskeletal conditions
- 02.01.07 Safe and effective administration of superficial thermal and mechanical physical agent modalities as an adjunct to participation in activities
- 02.01.08 Methods for selecting, designing, fabricating and modifying common splints, consistent with general medical, neurological, and/or musculoskeletal conditions
- 02.01.09 Methods for selecting, designing, fabricating, and/or modifying adaptive equipment and assistive devices consistent with general medical, neurological, and/or musculoskeletal conditions
- 02.01.10 Interventions for facilitating chewing and swallowing specific to general medical conditions
- 02.01.11 Positioning and physical transfer techniques consistent with activity demands, client skills, and abilities
- 02.01.12 Neurobehavioral techniques for skill development consistent with general medical, neurological, and/or musculoskeletal conditions (e.g., visual scanning, hand-over-hand techniques, visual cueing, verbal prompting)

Skill in:

- 01 Conducting oneself in a therapeutic manner to facilitate change based on a client's general medical, neurological, and/or musculoskeletal condition
- 02 Selecting and implementing compensatory, remedial, biomechanical and/or preventive interventions as related to general medical, neurological, and/or musculoskeletal conditions
- 03 Facilitating individual and group occupation-based activities consistent with a client's general medical, neurological, and/or musculoskeletal condition and current abilities
- 04 Using facilitation and handling principles and techniques consistent with general medical, neurological, and/or musculoskeletal condition
- 05 Adhering to protocols for applying physical agent modalities
- 06 Selecting, designing, fabricating, and/or modifying common splints based on general medical, neurological, and/or musculoskeletal conditions and client needs
- 07 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices based on medical, neurological, and/or musculoskeletal conditions and client needs
- 08 Adhering to protocols for implementing interventions for facilitating chewing and swallowing specific to general medical conditions.
- 09 Teaching positioning and physical transfer techniques consistent with activity demands, client abilities
- 10 Using neurobehavioral techniques for skill development

TASK:

02.02 *Implement the treatment plan by using critical reasoning to select interventions and approaches consistent with developmental level, pediatric conditions, and/or congenital anomalies and client needs in order to achieve functional outcomes within areas of occupation.*

Knowledge of:

- 02.02.01 Impact of developmental level, pediatric conditions, and/or congenital anomalies on areas of occupation (e.g., ADL, education, leisure, play, social participation)
- 02.02.02 Normal development for task accomplishment
- 02.02.03 Facilitation and handling principles and techniques consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 02.02.04 Activities to promote development in areas of occupation
- 02.02.05 Visual and perceptual skill development skills
- 02.02.06 Sensory integrative interventions and sensory modulation techniques
- 02.02.07 Remedial, compensatory, and preventive techniques specific to developmental level, pediatric conditions, and/or congenital anomalies (e.g., positioning, standard precautions)
- 02.02.08 Methods for selecting, designing, fabricating and modifying common splints, consistent with developmental level, pediatric conditions, and/or congenital anomalies

- 02.02.09 Methods for selecting, designing, fabricating, and/or modifying adaptive equipment and assistive devices consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 02.02.10 Behavior management techniques appropriate to developmental level.
- 02.02.11 Protocol-based interventions for facilitating chewing and swallowing specific to developmental level, pediatric conditions, and/or congenital anomalies
- 02.02.12 Positioning and physical transfer techniques consistent with developmental levels and activity demands
- 02.02.13 Neurobehavioral techniques for skill acquisition consistent with developmental level, pediatric conditions, and/or congenital anomalies

Skill in:

- 01 Using occupation in a therapeutic manner to promote function based on a client's roles, habits and routines, and developmental abilities
- 02 Conducting oneself in a therapeutic manner to facilitate change consistent with developmental needs
- 03 Selecting and implementing interventions consistent with developmental level, pediatric conditions and/or congenital anomalies
- 04 Using developmentally based methods and techniques to facilitate group activities
- 05 Using facilitation and handling techniques during interventions consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 06 Using sensory integrative interventions and sensory modulation techniques
- 07 Selecting, designing, fabricating, and/or modifying common splints based on developmental level, pediatric conditions, and/or congenital anomalies and client needs
- 08 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices based on developmental level, pediatric conditions, and/or congenital anomalies and client needs
- 09 Adhering to protocols for implementing interventions for facilitate chewing and swallowing specific to developmental level, pediatric conditions, and/or congenital anomalies
- 10 Teaching positioning and physical transfer techniques consistent with developmental level and activity demands
- 11 Using neurobehavioral techniques for skill acquisition consistent with developmental level, pediatric conditions, and/or congenital anomalies
- 12 Using prevocational and vocational exploration processes and procedures

TASK:

02.03 *Implement the treatment plan by using critical reasoning to select interventions and approaches consistent with psychosocial and cognitive abilities, and client needs in order to achieve functional outcomes within areas of occupation.*

Knowledge of:

- 02.03.01 Impact of psychosocial and cognitive abilities on areas of occupation (e.g., ADL, education, leisure, play, social participation)
- 02.03.02 Methods and techniques for facilitating groups appropriate to participants' psychosocial and cognitive abilities
- 02.03.03 Activities for enhancing skills within areas of occupation
- 02.03.04 Techniques for responding in a therapeutic manner to the needs of a client and/or caregiver during psychosocial interventions
- 02.03.05 Intervention strategies appropriate for psychosocial and cognitive models of practice (e.g., coping skills, stress management, biofeedback, relaxation, cognitive behavioral therapy)
- 02.03.06 Remedial, compensatory, and preventive techniques consistent with psychosocial and cognitive status (e.g., problem solving worksheets, medication management, memory aids, falls prevention)
- 02.03.07 Methods for selecting, designing, fabricating, and/or modifying adaptive equipment or assistive devices consistent with psychosocial and/or cognitive abilities

Skill in:

- 01 Using occupation in a therapeutic manner appropriate to psychosocial and/or cognitive abilities, client roles, habits and routines
- 02 Implementing therapeutic interventions appropriate to psychosocial and/or cognitive abilities, client roles, habits and routines
- 03 Conducting oneself in a therapeutic manner to facilitate change based on psychosocial and/or cognitive abilities
- 04 Using compensatory, remedial, and/or preventive techniques consistent with psychosocial and/or cognitive abilities, client roles, habits and routines
- 05 Selecting, designing, fabricating and/or modifying adaptive equipment or assistive devices based on psychosocial and/or cognitive abilities
- 06 Planning and facilitating group activities consistent with psychosocial and/or cognitive models of practice
- 07 Responding in a therapeutic manner to the needs of a client or caregiver during psychosocial interventions

TASK:

02.04 Maximize accessibility to and mobility within a client's contexts by recommending environmental modifications in order to optimize occupational performance and/or enhance quality of life.

Knowledge of:

- 02.04.01 Impact of the environment on occupational performance
- 02.04.02 Methods for environmental modification within contexts (e.g., transitional environments, home, work, school, community)
- 02.04.03 Accessibility concerns and barriers (e.g., ADA guidelines)
- 02.04.04 Community transport alternatives
- 02.04.05 Types and functions of seating and mobility systems, durable medical equipment, environmental modifications, and/or assistive technology
- 02.04.06 Methods for teaching individuals about the safe use and proper care of seating and mobility systems, durable medical equipment, and assistive technology within a variety of contexts
- 02.04.07 Product information related to environmental adaptations.
- 02.04.08 Ergonomic principles and universal design
- 02.04.09 Methods of adapting the home and/or community environment

Skill in:

- 01 Identifying accessibility and risk factors
- 02 Identifying and resolving mobility, seating, assistive technology, and durable medical equipment needs
- 03 Making basic environmental modifications
- 04 Educating the client and relevant others about the safe and effective use of environmental modifications, seating and mobility devices, durable medical equipment, and assistive technology

TASK:

02.05 *Modify intervention methods and techniques based on the client's needs and responses in order to promote occupational performance.*

Knowledge of:

- 02.05.01 Physical, psychological, and social responses requiring modification of the intervention methods and techniques
- 02.05.02 Methods for adjusting intervention techniques in response to variances from anticipated outcomes
- 02.05.03 Methods of adapting the intervention environment based on medical status and behavioral responses to maximize participation in areas of occupation
- 02.05.04 Methods for grading an intervention activity based on expected progress and/or unexpected physical responses
- 02.05.05 Methods for responding appropriately to unexpected occurrences during intervention

Skill in:

- 01 Identifying the need to adjust intervention techniques, adapt the environment, and/or grade the intervention activity
- 02 Adjusting the intervention technique in response to variances in anticipated outcomes
- 03 Adapting the environment to support participation during the intervention
- 04 Grading the intervention activity based on expected progress and/or unexpected physical responses
- 05 Responding appropriately to unexpected occurrences during intervention

TASK:

02.06 *Apply the principles of health promotion, wellness, prevention, and/or educational programming based on client and community needs in order to serve as a resource for occupation based program activities.*

Knowledge of:

- 02.06.01 Participation in meaningful occupations and its relationship to health well being, and life satisfaction
- 02.06.02 Health promotion and wellness programming for various populations

Skill in:

- 01 Contributing information to identify the service needs for various populations
- 02 Advocating for services and resources for various populations
- 03 Conducting individual and group health promotion and wellness program activities
- 04 Collaborating with community based agencies

DOMAIN:

03 UPHOLD PROFESSIONAL STANDARDS AND RESPONSIBILITIES TO PROMOTE QUALITY IN PRACTICE

TASK:

03.01 *Maintaining ongoing competence by participating in professional development activities in order to provide effective services and promote quality care.*

Knowledge of:

- 03.01.01 Professional development activities
- 03.01.02 NBCOT certification renewal policies
- 03.01.03 Methods of reviewing and applying professional literature to practice

Skill in:

- 01 Creating an appropriate professional development plan
- 02 Engaging in professional development activities
- 03 Adapting to change in the OT scope of practice
- 04 Applying professional literature to the improvement of practice
- 05 Determining service competency needs with guidance of the OTR

TASK:

03.02 *Upholding 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 practice in order to protect the public interest*

Knowledge of:

- 03.02.01 Policies, procedures, and guidelines related to service provision
- 03.02.02 Ethical decision making
- 03.02.03 NBCOT code of conduct
- 03.02.04 Client confidentiality regulations (e.g., HIPPA)

- 03.02.05 State and federal laws governing OT practice
- 03.02.06 Methods for incorporating federally mandated guidelines into intervention plans
- 03.02.07 Safety procedures and risk management techniques
- 03.02.08 Accrediting bodies and their requirements
- 03.02.09 Standards/scope of practice for OT
- 03.02.10 Quality improvement processes and procedures (includes participation in program evaluation and outcomes measures)

Skill in:

- 01 Complying with federal, state, and other types of regulatory laws and rules
- 02 Identifying policies and procedures that are specific to agencies
- 03 Implementing safety and risk management techniques during intervention
- 04 Incorporating federally mandated guidelines into intervention plans
- 05 Designing and implementing safeguards in an environment to promote safety
- 06 Organizing time and services

TASK:

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

Knowledge of:

- 03.03.01 Types, formats, and purposes of documentation
- 03.03.02 Reimbursement systems and regulatory requirements for documentation

Skill in:

- 01 Organizing documentation accurately and in accordance with practice settings, regulatory agencies, or funding sources
- 02 Differentiating among financial systems for reimbursement purposes
- 03 Communicating effectively through documentation
- 04 Adhering to applicable regulations and guidelines related to documentation

TASK:

03.04 Articulate how occupational therapy contributes to beneficial outcomes for clients and relevant others based on evidence in order to promote quality care.

Knowledge of:

- 03.04.01 Roles and responsibilities of certified OT practitioners
- 03.04.02 Effective communication methods and strategies
- 03.04.03 Components and organization of effective presentations

Skill in:

- 01 Clarifying the role, responsibilities and scope of practice for OT practitioners.
- 02 Developing and disseminating information about OT services

TASK:

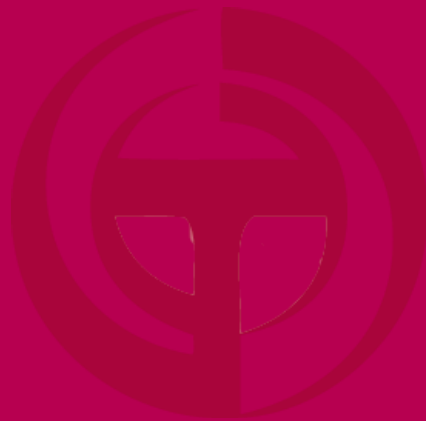
03.05 Supervise occupational therapy students, paraprofessionals, and volunteers in accordance with professional guidelines and applicable regulations in order to support the delivery of appropriate occupational therapy services.

Knowledge of:

- 03.05.01 Clinical fieldwork education
- 03.05.02 Regulatory requirements and professional standards for supervision
- 03.05.03 OTR and COTA role delineation

Skill in:

- 01 Delegating tasks and responsibilities to supervisees as appropriate
- 02 Communicating and collaborating effectively with supervisees
- 03 Assessing the competence of supervisees
- 04 Incorporating competency-based learning activities
- 05 Developing remedial plans



Serving the Public Interest

**National Board for Certification in Occupational Therapy, Inc.
12 South Summit Avenue, Suite 100
Gaithersburg, MD 20877-4150
(301) 990-7979
www.nbcot.org**