# NBCOT®
## National Board for Certification in Occupational Therapy

# 2022 Practice Analysis of the Occupational Therapist Registered (OTR®)

## Executive Summary

# OTR®

# Table of Contents

# 2022 NBCOT OTR® Executive Summary

## About NBCOT

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is a national not-for-profit organization that provides certification for occupational therapy professionals.

NBCOT strives to serve the public interest in its diversity by advancing just, equitable, and inclusive client care and professional practice through evidence-based certification practices and the validation of knowledge essential for effective and safe practice in occupational therapy.

Currently, 50 states, Guam, Puerto Rico, and the District of Columbia require NBCOT initial certification for occupational therapy state regulation (i.e., licensing).

NBCOT certification programs are accredited by the International Accreditation Service (IAS) and the National Commission for Certifying Agencies (NCCA).

## Overview

### INTRODUCTION AND STUDY PURPOSE

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is a national not-for-profit organization that provides certification for occupational therapy professionals. NBCOT strives to serve the public interest in its diversity by advancing just, equitable, and inclusive client care and professional practice through evidence-based certification practices and the validation of knowledge essential for effective and safe practice in occupational therapy. In keeping with this mission, and in accordance with testing and assessment standards and guidelines (e.g., Standards for Educational and Psychological Testing; National Commission for Certifying Agencies Standards), we conduct an entry-level practice analysis every five years to ensure that the knowledge assessed by our certification programs is representative of current practice.

To attain the OTR credential, an individual must graduate with an entry-level degree in occupational therapy from a program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®), submit an official final transcript, agree to abide by the NBCOT Practice Standards and Code of Conduct, and obtain a passing score on the OTR certification exam. The OTR exam focuses on entry-level areas of professional practice that are critical to ensuring that OTRs, their clients, their employers, their fellow employees, and the profession are not harmed through actions or services provided by the OTR. To ensure that the exam meets this goal, NBCOT conducts a periodic study of the core tasks that comprise entry-level practice and the knowledge required to perform those tasks.

The practice analysis began in late 2021 when NBCOT OTR staff and members of the board of directors reviewed the 2018 exam content outline and provided suggestions for future review by a practice analysis panel. The staff and board review focused on both operational factors with the current content outline and external factors. In early 2022, a panel of OTRs representing diverse practice settings, areas of expertise, years of experience, geographic locations, and demographic characteristics reviewed and updated the existing performance domains, tasks, and knowledge statements and considered feedback from the internal NBCOT review. NBCOT developed a national validation survey based on the revised exam content outline. The survey was sent to entry-level OTR certificants to validate the panel's work. The results were analyzed, reviewed, and finalized into an updated content outline that the NBCOT Board of Directors approved for exams that will be administered from January 2024 onwards. More detail on each of these steps is provided in the following sections of this executive summary.

## DEFINITIONS

Some important definitions are required for understanding the material presented in this report.

### Domains

Domain is the term used for a broad cluster of related job responsibilities or duties. Each individual domain should stand alone as a meaningful description of a broad area of practice. Taken as a whole, the domains provide a comprehensive description of the job or role in question. Domains are denoted as major headings in the content outline.

### Task Statements

Each task statement describes a single individual job function, whether mental or physical, that is critical to entry-level practice. The set of task statements within a domain offers a comprehensive and detailed description of the work tasks performed in that domain.

### Knowledge Statements

Knowledge statements include learnable information that an individual must possess to perform a task competently. Lack of this knowledge would result in the inability to perform the task, resulting in negative consequences for the recipient of the service.

### Practice Analysis

A practice analysis is the primary method used by assessment professionals to identify and prioritize the important tasks of a job or profession and the essential knowledge or skills required to perform the essential job functions satisfactorily. For certification purposes, a practice analysis is used to establish a clearly delineated set of domains, tasks, and associated knowledge statements necessary to carry out the responsibilities of the job to the standards required for certification. By linking the certification exam to current entry-level practice, the practice analysis provides the foundation for the validity of the inferences drawn on the basis of the certification exam scores. For this reason, standards governing the accreditation of certification programs (e.g., National Commission for Certifying Agencies, Standards for the Accreditation of Certification Programs, ISO/IEC 17024:2012 Conformity assessment — General requirements for bodies operating certification of persons) require that the content assessed on a certification exam is based on a current practice analysis.

**Validity**

Validity refers to the degree to which theory and evidence support the inferences that are made on the basis of test scores. The validity evidence for certification exams is primarily content-related evidence, generally in the form of judgments that the exam content adequately samples the content domain associated with the job or role being assessed (Standards for Educational & Psychological Testing, AERA, APA, & NCME, 2014). Practice analyses provide this content validity evidence by establishing and documenting the linkage between the exam and current practice.

# Methodology

## INTERNAL REVIEW OF CONTENT OUTLINE

Members of the NBCOT Board of Directors and NBCOT OTR staff reviewed the existing OTR exam content outline, which included four performance domains, 14 task statements, and 52 knowledge statements. They considered external (e.g., changes to entry-level practice) and internal (e.g., testable knowledge) factors influencing the content of the current outline. Based on their review, a list of suggested updates was provided to the practice analysis panel for consideration.

## PRACTICE ANALYSIS PANEL MEETING

In January 2022, an 11-member OTR practice analysis panel met for two days to discuss entry-level OTR practice. Panelists were volunteers who represented varied practice settings and geographic areas in the United States, and the demographic composition of the panel was representative of the larger certificant population. The panel included recent certificants, educators in occupational therapy programs, and practitioners who work closely with or supervise new OTR certificants.

With training and guidance from the meeting facilitator, the panelists discussed recent changes to entry-level practice, considered the feedback from the NBCOT internal reviews, and worked to review and revise the existing exam content outline. After review, the four existing performance domains were determined to be relevant and appropriate and were retained but underwent some editorial changes. The panel worked as a large group as well as in small groups to update and revise the tasks performed by entry-level OTRs and the knowledge required to successfully perform those tasks. The result of the panel meeting was a list of 16 entry-level OTR job tasks and 63 associated knowledge statements. The task and knowledge statements were revised for enhanced clarity and conciseness and updated to reflect changes to entry-level practice since the previous practice analysis. In addition, the 2022 outline included examples of typical knowledge designed to add clarity to certain knowledge statements and make the content outline more user-friendly.

## VALIDATION SURVEY DEVELOPMENT AND ADMINISTRATION

The revised content outline developed at the panel meeting formed the basis for the development of a national validation survey. The primary purpose of the survey was to validate the domains, tasks, and knowledge statements developed by the panel. The survey also included questions about the respondents' practice settings, work experiences, and demographic characteristics. The survey was developed by NBCOT staff and approved by the board of directors and was administered by Scantron Corporation via an online survey delivery platform. The survey was sent to all OTRs who had been certified for 36 months or less as of February 2022, as this sample represented the individuals most likely to be familiar with the requirements and demands of entry-level occupational therapy practice. The survey ran for approximately one month, during which time an initial invitation and three reminder emails were sent. Respondents who completed the entire survey were awarded two professional development units to use toward their certification renewal and had their name entered into a drawing to win one of five $100 Amazon gift cards.

A total of 2,137 responses were deemed valid and sufficiently complete to warrant inclusion in the survey analyses. A review of respondent demographic characteristics indicated that the survey sample was representative of the certificant population in terms of demographic characteristics and that all practice areas, populations, and settings were well-represented. Respondent demographic characteristics appear on the next page.

# Demographic Results

## GENDER, RACE, AND ETHNICITY

Respondents were asked to report their gender and their race and ethnicity. The data below provide a breakdown of the responses to each question.

**Gender of OTR Survey Respondents**

| | |
|---|---|
| Woman | **92.4%** |
| Man | **6.1%** |
| Nonbinary | **0.5%** |
| Prefer not to answer | **0.9%** |
| Prefer to self-identify | **0.0%** |

**Race and Ethnicity of OTR Survey Respondents**

| | |
|---|---|
| American Indian or Alaska Native | **0.1%** |
| Asian | **9.6%** |
| Black or African American | **3.8%** |
| Hispanic, Latino, or Spanish origin | **4.3%** |
| Middle Eastern or North African | **0.4%** |
| Multi-racial | **4.5%** |

| Native Hawaiian or Pacific Islander | **0.1%** |
|---|---|
| White | **74.6%** |
| Prefer not to answer | **2.6%** |

## EDUCATION

Of the respondents who reported their education, 82.5% reported completing an entry-level master's degree, 15.9% reported an entry-level doctoral degree, and 1.6% reported graduating from an international program. The majority of respondents (89.6%) graduated between 2019 and 2021.

## EMPLOYMENT

Respondents were asked about their employment status at their primary OT practice location. The largest group of respondents indicated they were employed full-time (68.5%), followed by PRN (13.8%), part-time (10.8%), and those working on a temporary contract (7.0%).

## PRIMARY PRACTICE AREA

Respondents were asked to provide information about their primary area of practice. The most represented areas of occupational therapy employment included pediatrics - clinic-based, early intervention (21.4%), pediatrics - school system (20.6%), skilled nursing (14.0%), and acute care (13.0%). Further breakdowns are provided on the next page.

**Proportion of Respondents by Practice Area for Primary OT Employment**

| | |
|---|---|
| Acute care | **13.0%** |
| Administration and/or management | **0.1%** |
| Developmental disability | **0.6%** |
| Health and wellness | **0.1%** |
| Home health | **2.5%** |
| Mental health | **3.1%** |
| Older adults and productive aging | **5.2%** |
| Orthopedics | **2.6%** |
| OT education and/or research | **0.8%** |
| Pediatrics — clinic-based, early intervention | **21.4%** |
| Pediatrics — school system | **20.6%** |
| Rehabilitation — inpatient | **7.6%** |
| Rehabilitation — outpatient | **4.7%** |
| Skilled nursing | **14.0%** |
| Work and industry | **0.0%** |
| Other | **3.4%** |

# Validation of Domains, Tasks, and Knowledge Statements

The survey respondents were asked to evaluate each performance domain, task, and knowledge statement. Domains were rated based on the respondents' opinion of the relative amount of emphasis that should be placed on each domain on the certification exam. Tasks were rated on frequency and importance, and from these frequency and importance ratings, a relative importance weight for each task was calculated. The relative importance ratings of the domains and tasks are considered when determining the exam blueprint.

The survey respondents were also asked to rate each of the 63 knowledge statements by indicating whether the statement is essential for the safe and competent performance of the associated task by an entry-level OTR. For each knowledge statement, the proportion of yes/no answers was examined. Following the review of these survey results, 62 knowledge statements were retained for inclusion in the revised content outline.

### Domain Weight

The relative weight of the domains was assessed by asking respondents to indicate the proportion of the OTR certification exam that they believed should be dedicated to assessing the knowledge in each domain area. Respondents were instructed to enter a whole number ranging from 0 to 100, with the total of all four domains summing to 100%.

### Task Frequency

Task frequency was assessed by the question: How frequently do you perform this task in your role as an entry-level OTR? Respondents were asked to rate their response on a 5-point scale ranging from 1 (Never) to 5 (Daily).

### Task Importance

Task importance was assessed by the question: How important is this task for safe and competent practice as an entry-level OTR? Respondents were asked to rate their response on a 5-point scale ranging from 1 (Not at all important) to 5 (Critically important).

### Knowledge Importance

Knowledge importance was assessed by the question: Is this knowledge essential for safe and competent performance of this task as an entry-level OTR? Respondents were asked to rate their response as either 1 (No, it is not essential) or 2 (Yes, it is essential).

## METHODOLOGY FOR WEIGHTING DOMAINS

The final step in the practice analysis process involved using the results of the validation survey to develop the 2022 OTR exam blueprint. Two different empirical methods (top-down and bottom-up) were used to help determine the percentage of the certification exam that will be allocated to assessing each domain on the new exam blueprint. The domain weights are presented in Table 4 along with updated domain descriptions.

**OTR Domain Weights**

**Domain 1**     **Evaluation and Assessment**          **23%**

Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.

**Domain 2**     **Analysis, Interpretation, and Planning**     **23%**

Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.

**Domain 3**     **Select and Manage Interventions**         **38%**

Select and implement interventions to promote healing and enhance engagement in occupation-based activities.

**Domain 4**     **Competency and Practice Management**     **16%**

Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.

# Summary

The 2022 OTR practice analysis used well-established methods consistent with best practice and accreditation standards to analyze the practice of newly certified OTRs. The study included three major phases: (1) internal review of the exam content outline, (2) review and revision by a diverse and representative panel of OTRs, and (3) a national validation survey. The results of the practice analysis survey validated that the domains, tasks, and knowledge statements were appropriate for describing the practice of entry-level OTRs. The 2022 OTR content outline based on the results of the practice analysis consists of 16 tasks in four major domains of practice and 62 associated knowledge statements. The content outline appears in the Appendix and will be used to guide the construction of the OTR exams that will be administered beginning in 2024.

# References

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing.* Washington, DC: American Educational Research Association.

ISO (2014). ISO/IEC 17024 – Conformity Assessment: General requirements for bodies operating certification of persons. International Organization for Standardization, Geneva, Switzerland.  Standard available for purchase from ANSI: *https://webstore.ansi.org/Home/Index*

National Commission for Certifying Agencies (2021). Standards for the Accreditation of Certification Programs. Washington, DC: Institute for Credentialing Excellence. Standard available for purchase from NCCA: *https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA*

# 2022 OTR® Examination Content Outline

## Appendix

# 2022 **OTR**® Examination Content Outline
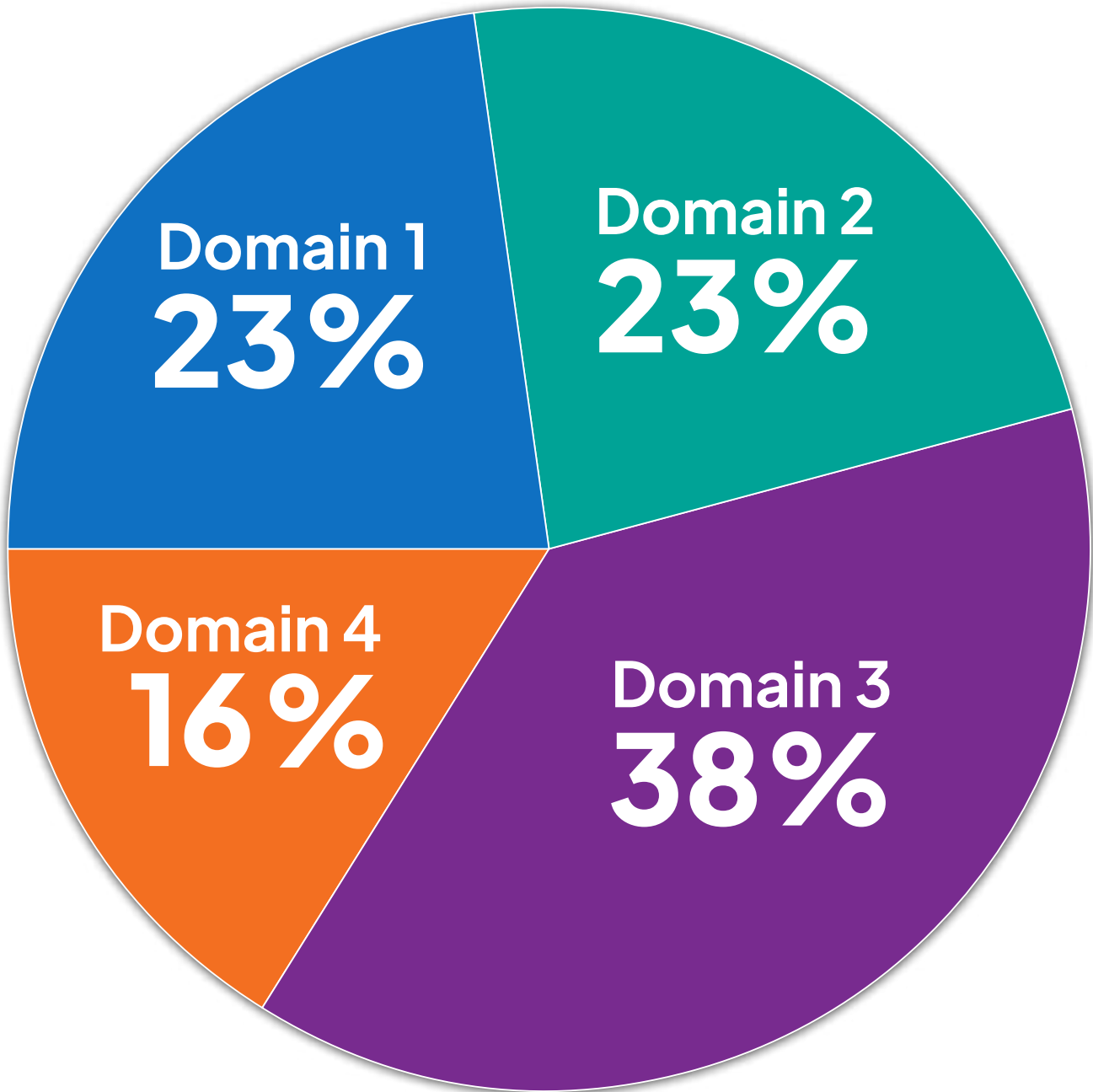
# Domain 1

## Evaluation and Assessment:
Acquire information regarding factors that influence occupational performance on an ongoing basis throughout the occupational therapy process.

### TASK 1

Identify the influence of development and lived experience; body functions and body structures; values, beliefs, and spirituality; and identity on occupational performance.

#### Performance of this task requires the following knowledge:

**1.** Impact of typical development and aging on occupational performance, health, and wellness across the life span

**2.** Expected patterns, progressions, and prognoses associated with conditions that limit occupational performance

Some examples include:

- signs and symptoms of disease
- stages of disease
- secondary complications

**3.** Impact of body functions and body structures on occupational performance

Some examples include:

- cognitive impairments
- congenital anomalies

**4.** Influence of lived experiences and identity on occupational performance

Some examples include:

- history of trauma and adverse childhood events
- socioeconomic status
- gender, race, culture, religion

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

## TASK 2

**Assess a client's functional skills, roles, prioritized needs and wants, and performance context to evaluate their occupational performance.**

### Performance of this task requires the following knowledge:

1. Resources and considerations for acquiring information about the client's current condition and occupational performance

   Some examples include:

   - referrals
   - client records
   - developmental history
   - Individualized Education Program (IEP) plans
   - theoretical approach and frame of reference

2. Administration, purpose, indications, advantages, and limitations of standardized and nonstandardized screening and assessment tools

   Some examples include:

   - criterion-referenced tests
   - norm-referenced tests
   - client and caregiver interviews
   - observation

3. Internal and external factors influencing a client's engagement in occupation

   Some examples include:

   - roles, habits, routines, and rituals
   - environmental context
   - family and social supports
   - medication side effects and interactions
   - mental health

## TASK 3

**Perform an activity analysis to determine the influence of task demands, current conditions, performance skills, and context on occupation.**

### Performance of this task requires the following knowledge:

1. Task requirements, steps to task completion, and task demands across contexts or settings

2. Personal and environmental factors that facilitate or inhibit task completion or occupational engagement

   Some examples include:

   - compensation patterns
   - role of performance context
   - influence of current conditions

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

# Domain 2

## Analysis, Interpretation, and Planning:
## Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.

### TASK 1

**Synthesize assessment results to determine eligibility for services and establish a client–centered intervention plan.**

**Performance of this task requires the following knowledge:**

1. Interpretation and analysis of quantitative assessments

   Some examples include:

   - statistical terminology
   - scoring
   - limitations of scores
   - client reactions to testing

2. Interpretation of qualitative findings

   Some examples include:

   - occupational profile
   - outcomes of needs assessment
   - results from interviews or observations

3. Integration and application of quantitative assessment results and qualitative findings to guide critical decision-making and prioritize needs

### TASK 2

**Collaborate with the client, the client's relevant others, occupational therapy colleagues, and other professionals using a client–centered approach and therapeutic use of self to manage occupational therapy services.**

**Performance of this task requires the following knowledge:**

1. Roles and responsibilities among interprofessional teams when coordinating client care and providing services

   Some examples include:

   - referral to and consultation with other services
   - interprofessional communication methods
   - scope of practice

2. Processes for managing interprofessional intervention plans

Some examples include:

- Individualized Education Program (IEP) plans
- discharge plans
- transition plans
- palliative and hospice care plans

3. Client-centered approaches and considerations for coordinating occupational therapy services

Some examples include:

- therapeutic use of self
- advocacy
- frequency/duration of intervention
- level of service delivery

4. Factors used to prioritize intervention goals and activities in collaboration with the client and family, teacher, caregiver, and relevant others

Some examples include:

- client-reported outcomes
- level of support required
- context of service delivery
- progress toward goals

5. Strategies for addressing and enhancing health literacy with the client and relevant others

Some examples include:

- caregiver training
- teaching-learning models
- methods for making health information accessible
- informed decision-making
- navigating challenges to professional expertise

## TASK 3

## Monitor and modify the intervention plan, approach, context, and goals on an ongoing basis using clinical reasoning.

### Performance of this task requires the following knowledge:

1. Factors for determining and managing context and activities to meet individual and group intervention goals and objectives

Some examples include:

- client needs and priorities
- response to intervention

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

2. Strategies for monitoring the effectiveness of individual and group interventions

Some examples include:
- client-reported outcomes
- reevaluation results
- progress toward goals

3. Clinical decision-making for assessing and adapting the intervention plan and prioritizing goals based on client response to intervention

Some examples include:
- physiological changes
- behavioral reactions
- emotion regulation
- developmental needs

4. Precautions or contraindications associated with a client's condition or stage of recovery

Some examples include:
- postsurgical precautions
- vital signs
- laboratory values
- suicidal ideation

# Domain 3

## Select and Manage Interventions:
Select and implement interventions to promote healing and enhance engagement in occupation–based activities.

### TASK 1

Incorporate preparatory techniques, activities, and modalities as an adjunct to interventions to promote healing and enhance engagement in occupation–based activities.

**Performance of this task requires the following knowledge:**

1. Considerations for selecting, preparing, and adapting the intervention technique to support optimal engagement and promote goal achievement

Some examples include:
- client condition
- client safety

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

2. Considerations for selecting, preparing, and adapting the intervention environment to support optimal engagement and promote goal achievement

   Some examples include:

   - ensuring privacy during telehealth sessions
   - equipment safety
   - line management

3. Indications, contraindications, and precautions associated with wound management and maintaining skin integrity

   Some examples include:

   - stage of wound healing
   - prevention and management of pressure ulcers

4. Indications, contraindications, precautions, and clinical application of superficial thermal agents

   Some examples include:

   - dry whirlpool
   - hot packs
   - cryotherapy

5. Indications, contraindications, precautions, and clinical application of deep thermal, mechanical, and electrotherapeutic physical agent modalities

   Some examples include:

   - transcutaneous and neuromuscular electrical stimulation
   - biofeedback

## TASK 2

**Implement occupation–based strategies to support participation in activities of daily living (ADL), instrumental activities of daily living (IADL), health management, rest and sleep, education, work, play, leisure, and social participation across the life span.**

### Performance of this task requires the following knowledge:

1. Interventions for supporting leisure and play

2. Methods for grading an activity, task, or technique based on level of development, client status, response to intervention, and client needs

3. Considerations for facilitating individual and group participation in shared activities

   Some examples include:

   - group processes
   - group dynamics
   - group type and function

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

4. Interventions to support cognitive, visual-motor, visual, and perceptual processing and sensory arousal

Some examples include:

- sensory modulation
- proprioceptive input
- vestibular strategies
- low vision strategies

5. Compensatory and remedial strategies for managing cognitive and perceptual deficits or developmental disabilities

Some examples include:

- graded cueing
- chaining
- metacognition
- memory aids

6. Adaptive and preventive strategies for supporting optimal engagement in occupation

Some examples include:

- use of technology/apps
- joint protection
- task simplification
- energy conservation

7. Intervention strategies and techniques used to facilitate oral motor skills for drinking, eating, and swallowing

Some examples include:

- hand-to-mouth patterns
- mastication
- adaptive utensils
- positioning at mealtime

8. Prevocational, vocational, and transitional services, options, and resources for supporting strengths, interests, employment, and lifestyle goals across the life span

9. Strategies, techniques, and client-centered education to facilitate functional transfers

10. Strategies for promoting wellness and mental health

Some examples include:

- relaxation
- sleep hygiene
- addiction management

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

## TASK 3

**Select and implement interventions for improving sensory, motor, neurological, and physiological status, considering client condition and current stage of recovery, to support occupational performance.**

### Performance of this task requires the following knowledge:

1. Methods for grading therapeutic exercise and conditioning programs consistent with indications and precautions

2. Techniques for sensory and motor reeducation, pain management, desensitization, edema reduction, and scar management

   Some examples include:

   - manual edema mobilization
   - nerve gliding
   - neuromuscular reeducation
   - constraint-induced movement

3. Techniques for promoting improved postural stability, dynamic balance, body mechanics, and breathing patterns during functional tasks

## TASK 4

**Select, fabricate, and modify orthotic devices, and provide training in the use of orthotic and prosthetic devices to support functional outcomes.**

### Performance of this task requires the following knowledge:

1. Types and functions of immobilization, mobilization, and restriction orthoses for managing specific conditions and congenital anomalies across the life span

2. Types and functions of prosthetic devices for upper and lower extremity amputations

3. Implications of anatomical, physiological, biomechanical, cognitive, and socioeconomic factors and healing principles for orthotic selection, design, fabrication, and modification

4. Client-centered education and training methods for the safe and effective use of orthotic and prosthetic devices

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

## Select assistive technology options, adaptive devices, mobility aids, and other durable medical equipment to enable participation in occupation.

### Performance of this task requires the following knowledge:

1. Factors related to measuring, selecting, monitoring the fit of, and recommending modifications to seating systems, positioning devices, and mobility aids

   Some examples include:

   - equipment components
   - biomechanical considerations
   - usability and maintenance

2. Types, characteristics, and features of high- and low-tech assistive technology and adaptive devices

   Some examples include:

   - interface options and processor parameters
   - equipment components

3. Mobility options, vehicle adaptations, and alternative devices for supporting participation in community mobility

   Some examples include:

   - adapted driving controls
   - wheelchair tie downs
   - alternative transportation options
   - dynamic mobile standers
   - navigation apps

4. Client factors influencing successful use and maintenance of assistive technology options, adaptive devices, mobility aids, and other durable medical equipment

   Some examples include:

   - developmental, physical, functional, cognitive, and mental health status
   - prioritized needs

5. Client-centered education and training methods for successful use and maintenance of assistive technology options, adaptive devices, mobility aids, and other durable medical equipment

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

### TASK 6

Recommend environmental modifications, while considering accessibility guidelines, standards, and legislation, to support participation in occupation consistent with client needs and status, task demands, and context.

**Performance of this task requires the following knowledge:**

1. Principles of ergonomics and universal design for identifying, recommending, and implementing features and reasonable accommodations in the workplace, home, and virtual and public spaces

2. Processes and procedures for identifying, recommending, and implementing modifications in the workplace, home, and virtual and public spaces

# Domain 4

## Competency and Practice Management:

Manage professional activities of self and relevant others as guided by evidence, regulatory compliance, and standards of practice to promote quality care.

### TASK 1

Employ evidence–based strategies and approaches to provide safe, effective, and efficient services relevant to individuals, groups, and populations.

**Performance of this task requires the following knowledge:**

1. Methods for locating, reviewing, interpreting, and critically appraising scholarly research to guide practice-relevant decision-making

   Some examples include:

   - defining a clinical question
   - determining the clinical bottom line

2. Methods for applying continuous quality improvement processes and procedures to occupational therapy service delivery

   Some examples include:

   - program evaluation
   - outcome measures

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

**3.** Evidence-based programming for advancing population health outcomes

Some examples include:

- aging in place
- fall prevention
- health and wellness
- community support groups

## TASK 2

## Incorporate risk management techniques at the individual and practice-setting levels to protect clients, self, staff, and others from injury or harm.

### Performance of this task requires the following knowledge:

**1.** Infection control procedures and universal precautions for reducing transmission of contaminants

Some examples include:

- PPE
- isolation precautions
- cleaning equipment

**2.** Responses to adverse reactions, minor injuries, and emergency situations

Some examples include:

- minor burns and cuts
- seizures
- diabetic reactions

**3.** Preventive measures for minimizing risk and promoting safety

Some examples include:

- proper body mechanics
- safety data sheet (SDS)
- standard operating procedures
- equipment maintenance
- emergency preparedness
- personal safety in the client's environment

**4.** Strategies and resources to prevent professional burnout

Some examples include:

- assessment of personal needs
- self-advocacy regarding workload
- stress management

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

## TASK 3

**Provide occupational therapy services in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines to protect consumers and meet applicable reimbursement requirements related to the service delivery setting.**

### Performance of this task requires the following knowledge:

1. Application of federal regulations, state practice acts, facility policies, and accreditation guidelines related to service delivery across occupational therapy practice settings

   Some examples include:

   - health care legislation
   - accreditation organizations
   - licensing and credentialing
   - supervisory role under state practice acts

2. Influence of reimbursement policies and guidelines on occupational therapy service delivery

3. Accountability processes and procedures for justifying, tracking, and monitoring outcomes

   Some examples include:

   - relevant practice terminology
   - documentation guidelines

## TASK 4

**Engage in professional development and competency assessment activities relevant to the job role, practice setting, scope of practice, and professional certification standards.**

### Performance of this task requires the following knowledge:

1. Methods for identifying, documenting, and monitoring service competency and professional development needs

   Some examples include:

   - competency self-assessment
   - mentoring

2. Application of ethical decision-making and professional behaviors guided by the NBCOT Practice Standards and Code of Conduct

*Important Note: Examples of specific types of knowledge have been provided for illustrative purposes. The examples provided are not an exhaustive list.*

**NBCOT** ® **National Board**
**for Certification in**
**Occupational Therapy**

One Bank Street Suite 300

Gaithersburg, MD 20878

www.nbcot.org