



OT/OTA Roles

Donna Frolo
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Why does this matter to you in your role as Fieldwork Educator?

- Supervision of OT students
 - FWPE Item 27: Demonstrate through practice or discussion the ability to assign appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.
- Supervision of OTA students
 - FWE needs to have full awareness of OTA's educational competencies to assist them to perform at maximum capability within Michigan's licensure law.

Who can supervise OT vs OTA students?

- Supervision of OT students
 - Level I students can be supervised by OTR or COTA
 - Level II student's primary supervisor must be OTR, but COTA can contribute
- Supervision of OTA students
 - Level I & Level II students can be supervised by either OTR or COTA

Meet Phyllis

[Initial Assessment- Acute Care](#)

Self-Reflection & Application



- Take a few minutes to reflect on the video
 - What did you see?
 - What objective information do you have about this patient's occupational performance?
- OTA: What would be most important for the OT to pass along to you in order to be prepared for treatment?
- OTR: What are the most important things to pass along to the OTA?

Team Discussion & Application

- Share your reflections:
 - What did you observe?
 - What were your thoughts?
 - What factors contributed to what you thought was important?
- Were your 3 key communication points addressed?
- What was similar and/or different from others?

Michigan Licensure Guidelines



An OT who delegates the performance of selected limited assessments, tasks or interventions to an OTA shall supervise consistent with Michigan licensure rules.

“Limited assessment” means those parts of an evaluation that an OTA is qualified by education and training to perform.

It is the OT's responsibility to ensure qualifications of the OTA under their supervision, including verification of the training, education, and licensure.

An OT shall not delegate the performance of either of the following to an OTA:

- (a) The sole development of a treatment plan.
- (b) The sole evaluation and interpretation of evaluation results.



An OT shall not supervise more than 4 OTAs who are providing services to patients at the same time.



The OT must:

- (a) Examine and evaluate the patient or client before delegating limited assessments, tasks, or interventions to be performed by an OTA.
- (b) Supervise an OTA to whom limited assessments, tasks, or interventions have been delegated.
- (c) Provide predetermined procedures and protocols for limited assessments, tasks, or interventions that have been delegated.

The OT must:

- (d) Monitor an OTA's practice and provision of assigned limited assessments, tasks or interventions.
- (e) Maintain a record of the names of the OTA to whom limited assessments, tasks, or interventions have been delegated.
- (f) Meet synchronously with OTA at least once per month.

Develop a Supervision Plan

- Consider the following:
 - Level of supervision
 - Forms of communication
 - Measuring competencies
 - Licensure guidelines
 - Documenting/tracking your plan
- Establish who is responsible for:
 - Reassessment periods
 - Documentation
 - Progressing treatment
 - Communication
 - Reporting in team meetings
 - Discharge recommendations

OT/OTA SUPERVISION PLAN

Consider the following: level of supervision, forms of communication, measuring competencies, licensure guidelines, documenting/tracking your plan

Establish who is responsible for: additional evaluation, documentation, progressing treatment, reassessment periods, communication, reporting in team meetings, family training, discharge recommendations

Date	Description of Activities	Supervision Level
4/22	Example: OT to communicate major findings from evaluation to OTA, collaborate on additional evaluation tools that may be required and who will administer them. OTA unfamiliar with KELS, OTR to provide training.	<input type="checkbox"/> General <input type="checkbox"/> Direct
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OT/OTA SUPERVISION LOG

Name of Occupational Therapy Assistant:	License Number:	Facility Name:
Name of Supervising Occupational Therapist:	License Number:	Address/Phone:

Date	Patients/Issues Discussed	Outcome of Collaboration/O.T. Recommendations	Initials/Co-Initials

Signature of OTA

Initials

Signature of OT

Initials

***A separate log should be used for each OTA / OT Team ***OT can supervise no more than 4 OTAs at one time

Debrief

- What did you learn about the role of the OT/OTA?
- How will use this information to improve your teaching of roles to students?
- What questions do you still have about the role of the OT/OTA?

OT/OTA Roles

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Adapted from regional student workshop created by Jean Prast and Juliane Chreston

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Meet Phyllis
Initial Assessment- Acute Care

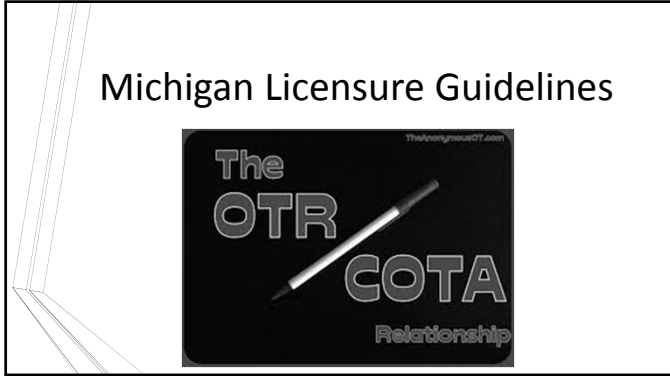
Self-Reflection & Application



- Take a few minutes to reflect on the video
 - What did you see?
 - What objective information do you have about this patient's occupational performance?
- **OTA:** What would be most important for the OT to pass along to you in order to be prepared for treatment?
- **OTR:** What are the most important things to pass along to the OTA?


Team Discussion & Application

- Share your reflections:
 - What did you observe?
 - What were your thoughts?
 - What factors contributed to what you thought was important?
- Were your 3 key communication points addressed?
- What was similar and/or different from others?



An OT who delegates the performance of selected limited assessments, tasks or interventions to an OTA shall supervise consistent with Michigan licensure rules. "Limited assessment" means those parts of an evaluation that an OTA is qualified by education and training to perform.

It is the OT's responsibility to ensure qualifications of the OTA under their supervision, including verification of the training, education, and licensure.




The OT shall determine and provide the appropriate level of supervision based on the OTA's education, training, and experience.


- (a) "General supervision"
- (b) "Direct supervision"

An OT shall not delegate the performance of either of the following to an OTA:

- (a) The sole development of a treatment plan.
- (b) The sole evaluation and interpretation of evaluation results.



An OT shall not supervise more than 4 OTAs who are providing services to patients at the same time.



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The OT must:

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- (e) Maintain a record of the names of the OTA to whom limited assessments, tasks, or interventions have been delegated.
- (f) Meet synchronously with OTA at least once per month.

Develop a Supervision Plan

- Consider the following:
 - Level of supervision
 - Forms of communication
 - Measuring competencies
 - Licensure guidelines
 - Documenting/tracking your plan
- Establish who is responsible for:
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 - Documentation
 - Progressing treatment
 - Communication
 - Reporting in team meetings
 - Discharge recommendations

Worksheet 3-1

Roles and Responsibilities

For each of the tasks below, indicate whether it is generally a skilled role/responsibility of an OT and/or OTA. Realize this will often depend on the state's occupational therapy practice act. For this exercise, assume the occupational therapy practitioner is competent in the designated tasks.

	Task	OT	OTA
1.	Instruct client in a home exercise program		
2.	Develop the occupational therapy intervention plan		
3.	Determine whether a client performs a cooking task safely		
4.	Gait training		
5.	Teach positioning techniques to a parent of a child with cerebral palsy		
6.	Upgrade an exercise program		
7.	Determine discharge from occupational therapy		
8.	Respond to a referral to occupational therapy		
9.	Implement occupational therapy interventions		
10.	Teach one-handed shoe-tying		
11.	Complete the occupational therapy initial evaluation report independently		
12.	Administer a standardized assessment		
13.	Interpret initial evaluation results		
14.	Fabricate an orthotic device		
15.	Customize a resident's wheelchair with specialized inserts		
16.	Administer superficial thermal modalities as the sole client intervention during a session		
17.	Document occupational therapy intervention		
18.	Provide intervention to a home care client		
19.	Instruct client in workplace ergonomics		
20.	Provide specialized instruction in self-care		
21.	Help a student put on boots for recess		
22.	Develop goals for an Individualized Education Program (IEP)		
23.	Assess transfer skills		
24.	Provide occupational therapy in a neonatal intensive care unit		
25.	Attain certification in hand therapy		
26.	Attain AOTA board certification in pediatrics		
27.	Attain AOTA specialty certification in low vision		
28.	Make recommendations to a teacher regarding compensatory techniques for a student receiving occupational therapy services		
29.	Delegate aspects of an occupational therapy initial evaluation		
30.	Write short-term goals in a treatment note as a substep toward implementing an established intervention plan		
31.	Update a client's intervention plan		
32.	Write a discharge report independently		

Worksheet 3-1 (continued)

Roles and Responsibilities

	Task	OT	OTA
33.	Adapt an activities of daily living (ADL) device to improve a client's self-care performance		
34.	Assess range of motion using a goniometer		
35.	Teach nursing staff how to apply a client's orthotic device		
36.	Provide a handout on cardiac precautions		
37.	Supervise a rehabilitation aide		
38.	Supervise a volunteer in the OT department		
39.	Supervise a Level I OTA student		
40.	Supervise a Level II OTA student		
41.	Supervise a Level I OT student		
42.	Supervise a Level II OT student		
43.	Lead an occupational therapy group in a behavioral health setting		
44.	Observe a child coloring a picture		
45.	Recommend durable medical equipment upon client's discharge home		
46.	Assess a client's orientation to person, place, and time		
47.	Inform nursing staff about a client's report of pain		
48.	Provide an inservice to the rehabilitation staff about an evidence-based practice article		
49.	Assess vital signs		
50.	Attend a team meeting to discuss a client's care and progress		

Adapted from Morreale, M. J. (2015). *Developing clinical competence: A workbook for the OTA*. Thorofare, NJ: SLACK Incorporated.

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Morreale, M. J., & Amini, D. *The Occupational Therapist's Workbook for Ensuring Clinical Competence*. Thorofare, NJ: SLACK Incorporated; 2016.

Answers to Chapter 3 Worksheets

Worksheet 3-1: Roles and Responsibilities

An OTA performs occupational therapy services under the supervision of an OT (AOTA, 2010b, 2014a). The OTA collaborates with the OT to perform delegated responsibilities and aspects of client care for which the OTA has service competency, are within the scope of ethical occupational therapy practice, and adhere to federal, state, and facility guidelines (AOTA, 2010b, 2014a, 2014d, 2015). Most answers that follow are based on *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (AOTA, 2014a), *Scope of Practice* (AOTA, 2014d), and *Standards of Practice for Occupational Therapy* (AOTA, 2010b). Additional pertinent references are noted in the chart as appropriate.

	Task	OT	OTA
1.	Instruct client in a home exercise program	*	*
2.	Develop the occupational therapy intervention plan	*	
3.	Determine whether a client performs a cooking task safely	*	*
4.	Gait Training <i>This is typically the role of physical therapy, although occupational therapy can support function</i> (AOTA, 2013e)		
5.	Teach positioning techniques to a parent of a child with cerebral palsy	*	*
6.	Upgrade an exercise program	*	*
7.	Determine discharge from occupational therapy	*	
8.	Respond to a referral to occupational therapy	*	
9.	Implement occupational therapy interventions	*	*
10.	Teach one-handed shoe-tying	*	*
11.	Complete the occupational therapy initial evaluation report independently	*	
12.	Administer a standardized assessment	*	*
13.	Interpret initial evaluation results	*	
14.	Fabricate an orthotic device	*	*
15.	Customize a resident's wheelchair with specialized inserts	*	*
16.	Administer superficial thermal modalities as the sole client intervention during a session <i>A physical agent modality is not considered occupational therapy unless it is followed up by additional therapeutic intervention to improve function</i> (AOTA, 2012b)		
17.	Document occupational therapy intervention	*	*
18.	Provide intervention to a home care client	*	*
19.	Instruct client in workplace ergonomics	*	*
20.	Provide specialized instruction in self-care	*	*
21.	Help a student put on boots for recess <i>Anyone can help a child don boots. However, if the occupational therapy practitioner is implementing an occupational therapy intervention plan, such as teaching self-care skills or working on client factors such as bilateral integration or balance, then that would be considered skilled occupational therapy</i> (Morreale & Borcharding, 2013)		
22.	Develop goals for an Individualized Education Program (IEP)	*	
23.	Assess transfer skills	*	*
24.	Provide occupational therapy in a neonatal intensive care unit (AOTA, 2006)	*	
25.	Attain certification in hand therapy (Hand Therapy Certification Commission [HTCC], 2013)	*	
26.	Attain AOTA board certification in pediatrics (AOTA, 2013a)	*	

	Task	OT	OTA
27.	Attain AOTA specialty certification in low vision (AOTA, 2013a)	*	*
28.	Make recommendations to a teacher regarding compensatory techniques for a student receiving occupational therapy services	*	*
29.	Delegate aspects of an occupational therapy initial evaluation	*	
30.	Write short-term goals in a treatment note as a substep toward implementing an established intervention plan	*	*
31.	Update a client's intervention plan	*	
32.	Write a discharge report independently	*	
33.	Adapt an ADL device to improve a client's self-care performance	*	*
34.	Assess range of motion using a goniometer	*	*
35.	Teach nursing staff how to apply a client's orthotic device	*	*
36.	Provide a handout on cardiac precautions <i>Anyone can give a client a brochure or handout. This is not considered skilled occupational therapy unless followed up by skilled instruction or practice (Morreale & Borcharding, 2013).</i>		
37.	Supervise a rehabilitation aide	*	*
38.	Supervise a volunteer in the occupational therapy department	*	*
39.	Supervise a Level I OTA student (ACOTE, 2012; AOTA, 2007)	*	*
40.	Supervise a Level II OTA student (ACOTE, 2012; AOTA, 2012a)	*	*
41.	Supervise a Level I OT student (ACOTE, 2012; AOTA, 2007)	*	*
42.	Supervise a Level II OT student (ACOTE, 2012; AOTA, 2012a)	*	
43.	Lead an occupational therapy group in a behavioral health setting	*	*
44.	Observe a child color a picture <i>Simply watching someone do an activity is not skilled occupational therapy. However, if the occupational therapy practitioner was assessing the child's performance skills, such as balance, coordination, or safety, then that could be considered a skilled service (Morreale & Borcharding, 2013).</i>		
45.	Recommend durable medical equipment upon client's discharge home	*	*
46.	Assess a client's orientation to person, place, and time	*	*
47.	Inform nursing staff about a client's report of pain	*	*
48.	Provide an in-service to the rehabilitation staff about an evidence-based practice article	*	*
49.	Assess vital signs	*	*
50.	Attend a team meeting to discuss a client's care and progress	*	*

Worksheet 3-2: Supervision

1. C. Steve has mutual responsibility to ensure that he receives appropriate supervision levels (AOTA, 2014a). He should go through the proper chain of command and discuss his concerns with his supervising OT first. The therapist may not be aware that Steve has those concerns. If Steve and his occupational therapy supervisor are not able to come to a satisfactory arrangement, he might then seek help from the rehabilitation director. Although Steve could ask his colleagues about their level of supervision, their needs may not be relevant to Steve's, and it could also be perceived negatively as complaining or gossiping. Thus, it is best to speak to the therapist directly.
2. A. It is not ethical for Leila to perform those assessments because they clearly require supervision based on Leila's student status, lack of knowledge, and inexperience (AOTA, 2014a, 2015). Because Leila has already discussed her concerns with the fieldwork educator without a satisfactory resolution, the next step is to ask her academic

OT/OTA SUPERVISION PLAN

Consider the following: level of supervision, forms of communication, measuring competencies, licensure guidelines, documenting/tracking your plan

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General supervision = occupational therapist is not required to be physically present on site, but shall be continuously available at the time the limited assessment, task, or intervention is performed. Continuously available includes availability by telecommunication or other electronic device.

Direct supervision = occupational therapist is physically present with the occupational therapy assistant or immediately available for direction and onsite supervision at the time the limited assessment, task, or intervention is performed, and that the occupational therapist has direct contact in the physical presence of the patient or client during each visit.

OT/OTA Supervision Guidelines according to Michigan Licensure Rules

- ★ An OT who delegates the performance of selected limited assessments, tasks or interventions to an OTA shall supervise consistent with Michigan licensure rules. “Limited assessment” means those parts of an evaluation that an OTA is qualified by education and training to perform.
- ★ It is the OT’s responsibility to ensure qualifications of the OTA under their supervision, including verification of the training, education, and licensure.
- ★ The OT shall determine and provide the appropriate level of supervision based on the OTA’s education, training, and experience.
 - (a) “General supervision” means that the occupational therapist is not required to be physically present on site, but shall be continuously available at the time the limited assessment, task, or intervention is performed. Continuously available includes availability by telecommunication or other electronic device.
 - (b) “Direct supervision” means that the occupational therapist is physically present with the occupational therapy assistant or immediately available for direction and onsite supervision at the time the limited assessment, task, or intervention is performed, and that the occupational therapist has direct contact in the physical presence of the patient or client during each visit.
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 - (d) Monitor an OTA’s practice and provision of assigned limited assessments, tasks or interventions.
 - (e) Maintain a record of the names of the OTA to whom limited assessments, tasks, or interventions have been delegated.
 - (f) Meet synchronously with OTA at least once per month and maintain documentation of the meeting that has been signed by both individuals.
- ★ An OT shall not delegate the performance of either of the following to an OTA:
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Retrieved 5/3/17 from http://w3.lara.state.mi.us/orr/Files/ORR/1530_2015-029LR_orr-draft.pdf

Compiled by Juliane Chreston/Jean Prast for MidMichigan Regional OT/OTA Roles Workshop