



# Report on the Professional Issue Forum on Supporting the Contribution of Occupational Therapist Assistants

Charlottetown, PEI – CAOT Conference 2017

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Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

## Introduction

OTAs work within the regulatory environment of occupational therapy and are a viable human resource solution. There is a growing appreciation for the value and contribution OTAs bring to occupational therapy practice (Fong-Lee & Gillespie, 2015). Completion of the Practice Profile for Support Personnel in Occupational Therapy (CAOT, 2009) and the continued growth of formal diploma level education programs, may have raised the profile of OTAs on the interprofessional health care team. Since the inception of the OTA & Physiotherapy Assistants (PTA) Education Accreditation Program (EAP) in 2012, some employers and health care teams are beginning to recognize the value of accredited education programs by requesting graduates of these programs in job applications.

CAOT has actively collaborated with both the OTA & PTA EAP and the Council of Occupational Therapist Assistant and Physiotherapist Assistant Educators of Canada (COPEC) and would like to continue efforts to enhance education and practice. Also CAOT would like to, in collaboration with the EAP and COPEC, provide greater visibility and support to the role that OTAs play in the delivery and capacity-building of occupational therapy services across the health care system. CAOT has welcomed OTAs by creating a membership category for OTAs, publishing a special issue in the March 2015 issue of Occupational Therapy Now featuring articles on OTA developments, and establishing an ongoing topic space in Occupational Therapy Now specific to OTA interests. More recently, CAOT successfully hosted two practice evidence webinars focusing on working collaboratively with OTAs and identifying emerging roles and trends for OTAs (Fong-Lee & Gillespie, 2016). Advancements aside, there continues to be a need to explore supports needed to sustain and advance the OTA role (Penner, Snively, Packham, Henderson, Malstrom, & Principi, 2016) and recent survey results on perceptions of OTA roles, reinforced the need for visioning the role of OTAs in the health care system.

## Objectives

- 1) To describe survey data of OTA and PTAs regarding practice issues
- 2) To highlight current issues in OTA practice in Canada
- 3) To discuss a vision for OTA in the future
- 4) To seek information about supports needed to help OTAs practice safely and effectively

**Note:** While this report focuses on assistants assigned to OT service components, the terms "OTA" and "OTA & PTA" are used interchangeably in this article because assistants who graduate from two-year diploma programs are combined trained OTA & PTAs.

## Summary of panel presentations

**Carmen Kimoto, an educator and program coordinator of the OTA & PTA program at Vancouver Community College and former Chair of the Canadian OTA and PTA Educators Council (COPEC),** highlighted the scope and breadth of formal diploma level education programs for OTA & PTA programs in Canada. Education programs are offering intraprofessional initiatives for student OTs and OTAs to increase awareness and role understanding, and much effort has been focused on securing fieldwork placements so all OTA graduates complete a minimum of 500 clinical hours with no less than 150 hours in each discipline.

**Sandra Bressler, CAOT Representative on the Joint Accreditation Council for the OTA & PTA Education Accreditation Program,** who provided a historical overview of the voluntary accreditation program developed for public and privately funded OTA & PTA programs in Canada. A review of the standards for OTA & PTA education programs and the ongoing challenges to meet standards for clinical fieldwork in OT practice areas highlighted the need to address these challenges nationally.

**Elinor Larney, President of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO),** provided a regulatory perspective. She reminded us about the difference between regulatory colleges and professional associations, and that public protection through regulatory colleges is under provincial authority; therefore, there is no “national regulation” of occupational therapy. Moreover, it was highlighted that OT colleges regulate OTs and provide guidelines for assignment to OTAs in Canada but they do not regulate OTAs.

**Jacklyn Penner and Amanda Snively, both full-time OTA & PTAs working at Hamilton Health Sciences Centre,** provided results on their research study. Viewing the growing and recent adoption of accreditation for OTA & PTA training programs as an “innovation”, they employed the Diffusion of Innovation theory (Rogers, 2003) to examine factors supporting and sustaining the OTA & PTA role on interprofessional health care teams in their local area. Results of their scoping review, along with on-line survey and focus groups with OTA & PTAs, OTs and pts, offered a view of some of the facilitators as well as barriers to current practice and possible areas for further growth of the OTA & PTA role, under the general themes of: 1) knowledge/education of the OTA role, 2) team dynamics (e.g., power struggles, communication, sharing assistants between two disciplines), and 3) leadership (e.g., advocacy or support for the role of the OTA and career advancement). Suggestions on how to facilitate and support the OTA role were presented and the challenge “nothing about us without us” was issued to stakeholders to advocate for the OTA role in all areas, including planning and discussions about job and role changes.

## Summary of round table discussion:

Three scenarios were presented based on themes highlighted from the panelists. Small groups were asked to share perspectives and tasked to integrate information presented by the panel and report back on how the following groups might support or address issues related to each scenario: OTs and OTA & PTAs, Employers, COPEC, CAOT, ACOTRO and the OTA & PTA EAP.

**Fieldwork Issues:** This scenario challenged participants to address fieldwork placement shortages and suitability to be a fieldwork supervisor. It was felt that OTs need a better understanding of the OTA curriculum. The idea of a combined student OT and OTA fieldwork placement was suggested; however, concerns regarding the timing of placements for student OTs and OTAs, as well as the increased workload for the supervisor would need to be considered. Suitability, or the degree of experience required to supervise student OTAs, was not consistently agreed upon, although it was evident from the discussions that an OT should be involved with the supervision and evaluation of student OTAs even when an OTA is the day-to-day fieldwork supervisor of a student OTA to ensure accountability for any services delivered to clients.

**Changing Practice Models:** Participants were asked to reflect on changing practice models that have resulted with an increased proportion of OT interventions being provided by the OTAs, while the OTs conduct assessments, plan treatment and make recommendations for discharge based on less direct interaction with the patient or client. One of the key themes that emerged while discussing this scenario was the need to be clear about task assignment in light of client complexity, as well as the personality or preferred learning style and level of experience of the OTA. Employers will need to provide support for increased OTA caseloads, and effective training approaches will be needed to assist OTs in task assignment and supervision that facilitates communication with OTs or more experienced OTAs. Blake, Park, and Brice-Leddy (2015) described additional strategies for when occupational therapists are the practice managers and assistants are the primary providers of therapeutic interventions.

**Role Clarity and Valuing Assistants:** The last scenario focused on role clarity in practice settings, such as long-term care or school-based settings, where misconceptions about the role of assistants occur with nursing, personal support workers or educational assistants. Lack of knowledge of OTA competencies and the blended nature of work by assistants, were also primary themes that emerged from the survey results. Time constraints or budgetary restraints often add stress to the workload of an OTA & PTA and it was emphasized that promoting an understanding of the value of enabling occupation in ADL is critical. Suggestions such as awareness checks, collaborative and interprofessional educational activities, as well as continued advocacy by CAOT, were recommended to actively address the lack of knowledge of OTA competencies. Establishment of a reference guide on the role of an OTA may be helpful for employers (Vo & Feenstra, 2015).

## Participant feedback:

Score of 1= Strongly agree, 5= Strongly Disagree

- 1) The Forum met my expectations. Mean=1.8
- 2) The Forum was well-organized. Mean= 1.9
- 3) Presentations were relevant and informative. Mean = 1.8
- 4) Questions and participation were encouraged. Mean= 1.7
- 5) What can CAOT do? (open ended question. Raw data noted here)
  - Continue to have forums and conversation and education for OTA as part of conference, more continuing education for OTAs
  - Continue to offer education opportunities for both OTs and OTAs on an ongoing basis
  - Inform new OTs on how OTA can help assist with caseload
  - Developing an OTA interest group. Joint registration for OTA/PTAs with CAOT and CPA would be helpful
  - Would love to attend sessions/workshops
  - Have a voice for OTA
  - Develop OTA in Quebec through Quebec chapter
  - Continue to address OTA issues- credentialing, use of title, clinical fieldwork, inter-professionalism
  - More emphasis on OTA/OTA collaboration within OT and OTA programs
  - Support and encourage OTA/PTA practitioners. Encourage more OTA presentations at conference (research by OTA/PTAs impressive!)
- 6) Additional Comments: (open ended)
  - Excellent
  - Great session, thanks for your support

- Thank you! Very well organized and excellent presentation
- Thank you for including OTAs in CAOT!
- Very concerned about placing students in situations where work is primarily 90% PT. Students don't have opportunity to build OTA skills. I'm making an effort to id these situations at work.
- This is an excellent starting point for further discussion
- Discuss at ACOTRO
- Excellent incorporation of OTAs and PTAs- phenomenal presentation
- Good session, felt like it paints an OTA/PTA in a negative light. Not all OTAs feel under appreciated. My OTs are great and treat OTAs as colleagues with respect

## Summary

This forum provided a historic moment for all stakeholders, including OTAs, OTs, educators, accreditors CAOT and ACOTRO, to collectively share perspectives to foster collaborative OT and OTA relationships, and to broaden a future vision of OTAs. It was clear from the small group discussions and panel presentations that addressing issues related to fieldwork placements, changing practice models and role clarity needs to be a shared responsibility for OTAs, OTs, employers as well as regulators, accreditors, CAOT and COPEC, if we value the work done by OTAs and want to avoid burnout and decreased job satisfaction. In closing, feedback collected after the forum was positive and suggested a need for CAOT to continue to support education of OTs with and about OTAs, and to offer continuing education opportunities for OTAs.

## Recommendations for CAOT

Action is required to propose and evaluate innovative models of service delivery which include effective and safe collaboration between OTs and OTAs. CAOT can continue to seek opportunities to include OTAs in membership of CAOT. Currently, CAOT offers some continuing education for OTAs, and the OT Now has an OTA editor. Additional steps may include

- Promoting OTA job postings at special pricing,
- Considering OTA membership fees to allow membership in both OT and PT associations.

CAOT can work with members to educate and promote service delivery models and to facilitate communication structures between OTs and OTAs. A first step taken is to promote an OTA Practice Network (two OTA volunteers have stepped forward to lead this network). Additional steps are to develop educational tools for OTs about OTA education and skills, and information about taking an OTA student. CAOT can promote discussion between OTs and OTAs on: what initiatives might creatively address fieldwork shortages? What can promote intra and inter-professional collaboration? It will be imperative to update the OTA Profile of Practice after the Core Com project (ie after revisions to the OT Profile). Overall, it is recommended that CAOT work directly with OTAs to collectively advocate for desired leadership opportunities, role development and continuing education.

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