Competence and the Occupational Therapy Entrepreneur

Mary Foro

Key Words: commerce • marketing of occupational therapy • organization and administration

That which constitutes competence in an occupational therapy entrepreneur is not well delineated, even though the role of entrepreneur requires that such a person possess a particular set of knowledge and skills in order to be competent. The question of competence in an occupational therapy entrepreneur is increasingly important because the number of practitioners assuming this role has grown in recent times. Indeed, a connection exists between the competence of occupational therapy entrepreneurs and the future stature of the profession. Still, the issue remains: How will occupational therapy entrepreneurs be judged competent? Peer evaluation is one possibility, but the ultimate measure will be marketplace success.

Roles, Specialization, and Competence

It would be a disservice in a discussion of the occupational therapy entrepreneur to not mention that the American Occupational Therapy Association (AOTA) and its members are obligated to protect the health, safety, and welfare of the persons we serve. Certification—and recertification—is but one means of meeting this obligation. My views on this topic are based on three premises:

1. Assuring continuing competence is an obligation, not an option, so the question is how to assure the continuing competence of occupational therapy practitioners.
2. The assurance of continuing competence and quality of care is desirable not only for the protection of the public, but also for the protection and advancement of the occupational therapy profession and the protection and financial well-being of occupational therapy practitioners.
3. The manner in which we assure continuing competence must appropriately balance the needs and
How Shall We Be Judged?

A question that arises in the course of any discussion of occupational therapy entrepreneurship is how to gauge whether the practitioner is competent in the role. One possible approach would be to establish a certification model akin to that of the Joint Commission on Accreditation of Healthcare Organizations. A team of surveyors could be sent to visit entrepreneurial practitioners and observe them in action. The team, composed of peers, would also examine pertinent documents, which might include business and marketing plans. If the launched venture is meeting its growth objectives as defined by those plans, then it could reasonably be surmised that the practitioner is competent in the role of entrepreneur.

I like this particular model because it relies on tangible evidence of competence, using standards and criteria defined by the validating body itself with input and buy-in from payers. By the same token, it does not rely on oblique inferences to competence of the sort deduced from oral and written testing. The obvious deficiency with this model, though, is the need to identify and recruit surveyors who are deemed competent to judge. Ideally, the surveyors would themselves be entrepreneurs, but by what means will they be credentialed as competent and able to assay competence in others? Perhaps AOTA's Commission on Standards and Ethics or the Specialty Certification Board could be pressed into service as the body that ascertains the fitness of such persons for duty as surveyors.

In any event, I believe that AOTA should be solely responsible for establishing the standards used in deciding whether an occupational therapy entrepreneur is competent. I take this position because the AOTA is a democratic body that provides its members with multiple opportunities to comment on and improve proposed standards before finally submitting them to an up-or-down vote by representatives from each state.

This matter of entrepreneur competence is not one that can be minimized or shunted. As awareness of the entrepreneurial role increases among practitioners, I believe that more of them will desire to choose it as a career option. Before starting out on the educational and experiential paths that lead to this career option, they will need to understand what it takes to broker success as an occupational therapy entrepreneur. Knowing up front how to identify opportunities, think critically, locate resources, craft and implement a plan of action, build a team, stay focused, remain flexible, have faith, and persevere can spare practitioners who are ill-equipped and ill-suited the mental anguish and financial hardship of a failed pursuit of entrepreneurship, while encouraging practitioners who are appropriately endowed and motivated to press forward in this essential and gratifying role.

Entrepreneurship: The Unarticulated Role

Currently, slightly more than one of every five occupational therapy practitioners is self-employed (AOTA, 1997) and can be presumed engaged in entrepreneurial pursuits. An additional unknown number of practitioners, although not self-employed, are empowered to function in an entrepreneurial capacity on behalf of the hospitals, clinics, institutions, and companies where they work. But few of these “entrepreneurial” occupational therapy practitioners are cognizant of even being in that role. This is because they do not use the label “entrepreneur” to describe either themselves or their activities.

Instead, entrepreneurial occupational therapy practitioners tend to perceive themselves simply as allied health practitioners who have discovered and seized opportunities for promulgating the practice of occupational therapy in new directions or, perhaps, moving it into new venues. For example, the practitioner who launches a community outreach or begins providing occupational therapy through a service delivery system that previously lacked such a program may see himself or herself as merely someone driven by a desire to advance the cause of better care for clients, even though the reality is that he or she has stepped into the role of entrepreneur.

My experience is similar to this. I began my career in the role of occupational therapy practitioner but, after 5 years, found myself in the role of entrepreneur. First, I partnered with Margret Inaba, PT, MPA, to form Inaba/Foto Consultants. We obtained a contract from Blue Cross of California to provide case management for its clients who receive rehabilitation services. Our early success with Blue Cross rapidly launched Inaba/Foto into what was then, and still is, the nation's largest independent rehabilitation case management consulting group staffed by not only occupational therapists, but also physical therapists, speech–language pathologists, and respiratory therapists. We are now a company that provides consultation case management services throughout the United States to insurance companies, health care providers, and private industry.

In 1993, I founded Rehabilitation Technology Works (RTW). RTW is a return-to-work clinical practice that operates specifically within a managed care service environment and is structured to produce better outcomes at lower costs than are possible with traditional practice models. For example, the RTW intake process evaluates each client's behavioral, cognitive, and psychosocial issues in addition to orthopedic or soft tissue problems. This provides therapists a much earlier and more accurate set of outcome predictors for each case. As a result, therapists possess a clearer picture up front of conditions likely to complicate apparently simple cases.
A sophisticated electronic information management system aids our work at RTW and allows us to keep employers and insurers informed and up to date on the status of injuries and rehabilitative progress. It also enables us to monitor quality assurance, perform accurate cost–benefit analyses, develop per-case fee schedules, and develop injury prevention and disability management programs.

The Competency Question

In my role as an occupational therapy entrepreneur, I have brought to bear our profession’s ethics, values, and standards of practice in developing, guiding, and managing both my businesses. In this regard, I consider myself to be a competent occupational therapist. Although I no longer practice within the scope of the occupational therapy practitioner role, I most definitely practice within the scope of the role of the occupational therapy entrepreneur. Although I do not provide hands-on therapy, I do practice occupational therapy.

Consequently, any external method of measuring and ensuring my competence must be a method that focuses on the knowledge, skills, and judgment that are required to practice as an occupational therapy entrepreneur. Similarly, those who practice within the scope of the other nontreatment occupational therapy roles must also be measured on criteria that are relevant to their area of practice.

Our profession is not defined solely by the roles of the occupational therapy practitioners. Each of the 12 roles that make up the practice of occupational therapy as identified by the AOTA (1993) fulfills a specific function within our profession and contributes to the protection of the consumer as well as to the profession’s growth, development, and strength. All professional roles bring their unique set of knowledge and skills to the practice of occupational therapy that creates a whole profession that is greater than the sum of its parts.

Thus, we glean a sense that persons in the role of occupational therapy entrepreneur can include the owner of a private practice; a manager in charge of a for-profit business, corporation, or community program that offers a unique service; a manager in charge of a nonprofit community organization; or an employee of a facility or health delivery system who in some way has been empowered to direct or participate in directing the development of a program or to take ownership of a particular problem. Given that the entrepreneurial role is a viable one for occupational therapy practitioners (an assertion that my own and Inaba’s experiences anecdotally support), it is only natural that we should seek to understand and appreciate the competencies inherent to it.

As a starting point in this effort, I should define entrepreneurship more precisely. Business authorities Stevenson and Gumpert (1985) argued that entrepreneurship is not so much a role as it is a range of behavior. They described two polar types of business manager. At one extreme is the trustee, a manager “threatened by change and the unknown, and whose inclination is to rely on the status quo” (p. 86). This person is decidedly not an entrepreneur. At the other extreme is the promoter, a business manager who “expects surprises and expects not only to adjust to change but also to capitalize on it and make things happen” (p. 86). This person is a true entrepreneur. The majority of occupational therapy practitioners who assume administrative or management roles of one form or another fall somewhere between these two extremes because, as Stevenson and Gumpert contended, most people have entrepreneurial leanings: “When it comes to their own self-interest, the natural tendency of most people is toward the promoter end of our behavior spectrum; they know where their interests lie and pursue them aggressively” (p. 86).

Necessary Skills

The knowledge and skills needed to achieve competence in a clinical setting are not the same as those needed for competence as an occupational therapy practitioner engaged in the development of new models of care and service delivery or of new businesses. For example, as an entrepreneur, I must possess a set of knowledge and skills that encompass not only traditional occupational therapy competencies, but also competencies of a corporate chief executive, a finance dealmaker, a marketing strategist, a high-powered salesperson, and (half facetiously) a riverboat gambler. A noninclusive list of skills includes the ability to identify opportunities, engage in critical thinking, identify and locate resources, develop a plan of action, initiate and follow through on those planned actions, maintain a market focus, maintain a financial focus, organize operations in the most flexible ways possible, build a cohesive and dynamic team of managers, believe in self, and exhibit tenacity and grit.

Opportunity Identification

As Stevenson and Gumpert (1985) put it, “A close relationship exists between opportunity and individual needs. The entrepreneur does not necessarily want to break new ground but perhaps just remix old ideas to make a seemingly new application” (p. 86). Goodman (1994), director of the Entrepreneur Program at the University of Southern California, stated, “Successful entrepreneurs...[have] the ability to recognize opportunity and see where it might apply to [their] interests” (p. 29).

Detection of opportunities is a skill that has served me well in my own pursuit of successful (ergo, competent) entrepreneurship. My founding of RTW came about in response to a new direction taken by Blue Cross of California to structure itself as a managed care company. Although many of my Inaba/Foto colleagues were dismayed at this development because of the limits it would place on clinical therapists in the course of treating clients, I saw an opportunity to reshape occupational therapy practice by organizing RTW as a managed care practice with a bottom-
Critical Thinking

One of the risks that entrepreneurs face daily is widely inflated expectations of their own and of their backers. Critical thinking is key to averting this danger. It is used when researching the market potential of a new business idea and when weighing information about the claims of competitors. By bringing to the table logic and a healthy dose of skepticism, the competent entrepreneur can more realistically estimate the chances of success for his or her proposed new program or practice. According to Stevenson and Gumpert (1985):

Entrepreneurs must know the territory they operate in, then they must be able to recognize patterns as they develop. Successful risk-takers have the confidence to assume that the missing elements of the pattern will take shape as they expect. (p. 88)

Resource Identification and Location

A maxim of entrepreneurship holds that the amount of capital resources invested in the launch and operation of the new program or business venture is less important than the innovativeness with which those resources are put to use. Stevenson and Gumpert (1985) gave credence to this notion by observing that persons who start businesses often must imaginatively stretch severely limited resources. My own experience bears testament to this.

In launching RTW, it was necessary to identify, locate, and gain control over capital resources. I started by borrowing cash from family members and seeking to supplement those funds with a line of credit from a commercial lending institution. It did not take long to discover the challenges that awaited me in finding a bank willing to give me serious consideration. Once I found an amenable institution, I still encountered difficulty persuading the bank that RTW was a venture worthy of support. It took considerable salesmanship on my part to secure the credit line.

Organizational Flexibility

Entrepreneurial skill also requires that the person know how to organize his or her business in the most flexible manner possible. The reason is that decision making tends to bog down in trustee-type management environments, which are havens for bureaucracy. Advocating for a flexible structure, Stevenson and Gumpert (1985) wrote, “If there’s a project that everyone down the line agrees has a three-fourths chance of succeeding, the odds of getting that project through eight approval levels are one in ten” (p. 88). Keeping my business hierarchy to only two layers permitted the flexibility needed for quick decision making and nimble repositioning as warranted by changing circumstances or conditions.

Market Focus

Other necessary capabilities for occupational therapy entrepreneurship include skill in business management, beginning with market focus. Famed business-builder Drucker (1992) stated that new enterprises start with one set of assumptions about its products or services but often end up attracting customers or opening markets that they had not envisioned. This is known as being market driven, and it requires good research along with a willingness by the founders and managers of a company to experiment. Wrote Drucker (1992), “Above all, the people who are running a new venture need to spend time outside in the marketplace, with customers and with their own salesmen, looking and listening” (p. 251).

Financial Focus

A related management skill is financial focus. According to Drucker (1992), “Entrepreneurship demands financial management. This includes cash-flow analysis, cash-flow forecasts, and cash management” (p. 252). He added that growth must be fed a steadily richer diet of cash and capital. Without these, and in the absence of controls on spending, “profit figures are fiction—good for twelve to eighteen months, perhaps, after which they evaporate” (p. 252).

Team Building

Another paramount skill of entrepreneurs is team building. Should the entrepreneur not provide for a dynamic, cohesive top-management team, he or she will quickly become so overloaded that important tasks will not get done. Drucker (1992) warned that “if one or two people at the top believe they, and they alone, must do everything, then a management crisis a few months, or at the latest, a few years down the road becomes inevitable” (p. 255).

Stevenson (1992) noted, though, that teams cannot be formed overnight: “They require long periods before they can function....Teams are based on mutual trust and mutual understanding, and this takes years to build up” (p. 255). I concur. I found the process of assembling my management team a daunting endeavor. The first two persons I hired to act as RTW’s chief executive officer (CEO) did not measure up to my expectations. Because of my extensive travel schedule, I needed a CEO whom I could trust to make capable decisions in my absence and who could communicate effectively with me wherever I happened to be on the road. I found such a person in Janet Waylen-Rendall, OTR, CHT, who had been retained initially as a systems developer. I promoted her to CEO because I could see that in addition to possessing skill as a decision-maker and communicator, she exhibited the ability to build, guide, equip, and empower a team, to bring out the best in people.

Self-Assurance

The intangible skills that an entrepreneur must exude
include such attributes as tenacity and belief in one's own abilities: "A person's most valuable assets are intelligence, energy, and experience—not money or other material things" (Stevenson & Gumpert, 1985, p. 86). As Goodman (1994) stated, "Successful entrepreneurs...are never victims of fate" (p. 29). I believe that Goodman is correct. One of the facets I like best about entrepreneurship is the control it affords me over my own destiny. I deeply enjoy this empowerment to define where I think occupational therapy practice is headed and then to try my best to take it there.

The Specialization of Occupational Therapy

The occupational therapy profession has grown to be practiced in a wide variety of settings, including hospitals, clinics, schools, community-based programs, industrial settings, and private practices. As a result, our profession's core knowledge base and skill sets have been refined, extended, and added to in order to meet the unique needs of clients served in these settings.

In many instances, we have specialized further within many of these settings. For example, some occupational therapists focus on children, whereas others focus on adults. Some have developed special expertise in areas such as psychiatric, physical, and neurological impairments.

As its membership became more specialized, AOTA provided more individualized continuing education opportunities as well as a forum to discuss unique interests and concerns. For example, in 1977, AOTA established five Special Interest Sections on mental health, developmental disabilities, physical disabilities, gerontology, and sensory integration. Since then, six more Special Interest Sections on school systems, technology, home and community health, work programs, education, and administration and management and two subsections on private practice and hand rehabilitation have been established.

Just as occupational therapists move into certain roles over time, they also move from being general practitioners to being specialists. Thus, although the use of a general practice certification examination is appropriate to assure the competence of persons entering occupational therapy practice, it would be inappropriate to use this examination, which was designed to measure a broad range of knowledge, to determine the competence of those practicing a specialty. Just as competency assessment must take into consideration our occupational roles, it must also be relevant to one's specialty area.

We must recognize that successfully passing a certification examination or recertification examination does not assure competence. Demonstration of didactic knowledge should not be confused with consumer protection. Competence and consumer protection—whether entry level or continuing—must be viewed and measured within a broader framework. A certification examination and its criterion of successful passage set forth a minimal competence standard. Our profession's Code of Ethics (AOTA, 1994a) sets forth the highest standard. In my view, competence is based on a body of knowledge and a set of skills that, when provided to consumers, are guided by our Code of Ethics, shaped by our profession's values, and driven by our 10 standards of practice (AOTA, 1994b). A certification examination should address only one of these components of competent practice—knowledge.

In its evolution, a profession passes through four stages of development: (a) the paradigm period, which precedes the formalization of a profession; (b) the paradigm period, which signals the first consolidation of the discipline and the acceptance of a dominant ideology, methodology, and common purpose; (c) a period of crisis in which the paradigm, for some reason, fails the discipline by leaving some major problem unsolved; and (d) the acceptance of a new paradigm, which redefines the discipline in some ways and establishes a new paradigm from which the discipline can operate (Kuhn, 1974). The resolution of the crisis period and the construction of the new paradigm requires consensus of the entire profession.

We are obliged to assure consumer protection—it is not an option. Similarly, we are obliged to demonstrate continuing competence. The issue is not whether we should measure continuing competence but, rather, how we should measure it. Vis-a-vis the occupational therapy entrepreneur, the marketplace will be the ultimate judge of our competence, and success will be the only reliable measure of it. No other method will be as effective or as forceful.

References


