A common partnership in delivery of occupational therapy services is the one between the occupational therapist (OT) and the occupational therapy assistant (OTA). Although they work closely, each has separate roles and responsibilities: The primary role of the OTA is treatment implementation, whereas the OT is responsible for all aspects of the occupational therapy process (American Occupational Therapy Association [AOTA], 1987; 1990). OTAs do not evaluate or initiate treatment before the OT’s evaluation. Nonetheless, the OTA can contribute to the evaluation by gathering data, administering structured tests, and reporting observations, provided that the OT has delegated these tasks (AOTA, 1990). OTs who supervise OTAs must be familiar with the various aspects of the OTA roles and responsibilities. In today’s marketplace, many employers are hiring more OTAs because their salaries are less than those of OTs. As this practice increases, so does the need for OTA supervision by an OT. A single OT may be responsible for supervising multiple OTAs (Coleman & Riley, 1997).

What is the extent of the preparedness of OTs to supervise OTAs? This study examined (a) where OTs learn about OTA responsibilities, (b) whether OTs are knowledgeable about OTA regulations and guidelines, and (c) whether OTs are comfortable supervising OTAs.

Method
A 16-item questionnaire developed for the study along with a cover letter explaining the purpose of the study was sent to all OTs listed in the Maine Occupational Therapy Association 1997 to 1998 membership directory (n = 207), seeking their voluntary participation. Five questions collected demographic information, and 11 questions required correct answers about knowledge of the role of an OTA in the areas of documentation, service competency, supervision, role delineation, and fieldwork in accordance with AOTA guidelines (AOTA, 1987).

Results
Of the 207 questionnaires sent, 123 (59%) were returned. Nonrespondents were not contacted again. Respondents’ years of practice were divided evenly as follows: 5 years or less (22%), 6 to 10 years (19%), 11 to 15 years (17%), 16 to 20 years (17%), and 20 or more years (25%). Regarding supervisory experience, 58 (47%) of the respondents had supervised an OTA in the past but were not currently, 38 (31%) currently had responsibility for supervising an OTA, and 27 (22%) had never supervised an OTA.

Regarding the overall comfort level in supervising OTAs, 69% indicated that they were comfortable to very comfortable, 20% indicated that they were somewhat comfortable, 9% were uncomfortable to very uncomfortable, and 2% did not answer this question.
Twenty-five percent of respondents reported learning about OTA regulations and rules from other OTs; 25% learned from OTAs; and 21% learned during their formal occupational therapy education.

The mean number of incorrect responses for the 11 questions was 4.27. Seventy-three (59%) of the respondents answered four or fewer questions incorrectly. Respondents who indicated either that they had learned OTA regulations and roles on the job or that they had not learned about the OT–OTA partnership answered the most questions incorrectly.

Questions that were frequently answered incorrectly were further examined. When asked whether an OTA with 1 year of experience could supervise a Level I student, 60 (49%) answered it correctly, 58 (47%) answered it incorrectly, and 5 (4%) did not answer the question. When asked if notes written by OTAs must always be cosigned by the OT, 51% responded correctly, 47% responded incorrectly, and 2% did not answer the question.

Discussion
Responsible supervision of OTAs requires OTs to be aware of an OTA’s roles and of the professional regulations that govern their practice. The Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist, familiarly known as the Essentials (AOTA, 1991), indicate that learning about OTA roles and responsibilities must be included in the occupational therapy school curriculum. Joint fieldwork experiences, in which OTA students are paired with OT students, are one way to teach OTA and OT students about each other's roles (Berg, 1997). AOTA (1995) also recommends that OTs have 1 year of experience before supervising an OTA; however, many OTs are placed in supervisory positions at the onset of their careers.

The finding that 50% of the respondents learned most about the OT–OTA partnership from other practitioners suggests that OTAs and OTs are sharing in the partnership by educating each other about their proper roles. The finding that less than 25% of respondents learned about the partnership from OT school indicates that despite the Essentials recommendation (AOTA, 1991), not enough time is being spent in occupational therapy programs discussing the OT–OTA partnership. The fieldwork part of the curriculum can contribute to the occupational therapy students’ knowledge about OTAs. However, the finding that half of the respondents did not know that an OTA with 1 year of experience can supervise a Level I occupational therapy student indicates that supervising OTs may not be using OTAs effectively. This finding may have a negative impact on current as well as future partnerships because it limits the OT student's exposure to the partnership.

It is reassuring that the majority of respondents felt comfortable supervising OTAs because future changes in health care predict that more OTs and OTAs will be working together. Because 78% of respondents were currently supervising an OTA or had done so in the past, the degree of comfort with the supervision role speaks well of the OT–OTA partnership.

Conclusion
The number of incorrect responses to the questionnaire does not necessarily reflect whether OTs can adequately supervise OTAs. Survey questions may not have been representative of the questions that should be asked to determine an OT’s knowledge of OTA regulations and guidelines. Surveys addressing other issues about the OT–OTA partnership and a wider geographic sampling are needed to validate our findings.

References