Letters to the Editor

Our Future Roles as Supervisors, Are We Ready?

In the recent article “Brief or New—Supervisory Preparedness of Occupational Therapists” (AJOT, 54[1], pp. 97–98), the Johnson, Lamere-Wallace, and Gardner reported findings from a survey of occupational therapists in Maine in which they examined the knowledge base and comfort level of practicing occupational therapists when supervising occupational therapy assistants. “A common partnership in delivery of occupational therapy services is the one between the occupational therapist (OT) and the occupational therapy assistant (OTA)” (p. 97). How prepared are OTs for this supervisory role? The survey indicated that although the comfort level of the OTs was reported to be fairly high, there was a wide variation in the responses to the questions on regulations and guidelines. The authors summed up their findings with a statement about the fact that “less than 25% of respondents learned about the OT–OTA partnership from OT school” (p. 98), indicating that many occupational therapy programs may not have followed the recommendations of the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (American Occupational Therapy Association, 1991) in the past and may not have provided their students with the strong knowledge base that is necessary to be an effective supervisor.

As a senior occupational therapy student, I often become concerned about how prepared I will be to enter into the profession of occupational therapy. This is not because I believe that I am not receiving a good education. On the contrary, I believe that I am receiving an excellent education. I am more concerned that as students we are unaware of what information to seek within our studies. Being unaware of the demands of the profession, we come to rely on our professors and fieldwork supervisors to provide us with all of the information that we will need in the field. It seems very important that the OT–OTA role delineation be taught in detail in academic institutions in order to help prepare entry-level therapists to be supervisors and to provide them with all of the skills necessary to perform their overall job effectively. Parker (1991) discussed the difficulty in moving from occupational therapy student to a practicing OT. Many entry-level OTs may believe that they still need supervision themselves and, therefore, may be extremely uncomfortable being responsible for the supervision of another professional. Perhaps with a stronger knowledge base, this transition could be eased to make the supervisory role less intimidating.

The defining of roles could also be stressed more on Level II fieldwork assignments. Where better for students to learn the roles of the OT and OTA than in the clinical setting where they can observe it for themselves? Johnson et al.’s study should be expanded and distributed to a larger population across a greater geographic area to determine the extent of this issue on a national level. It would also be interesting to survey students of various educational institutions about their views on their own supervisory education and supervisory preparedness.

Johnson et al. stated that “future changes in health care predict that more OTs and OTAs will be working together” (p. 98). Schools need to equip their students with the knowledge that they need to be competent and confident entry-level therapists rather than fearful, uncertain ones. I realize, however, that being an OT will always be a constant learning experience. Each individual will learn how the OT–OTA relationship works in the clinical setting through his or her experiences, but the schools can help by laying the groundwork and teaching the foundational information. I know, as a student, that role delineation is addressed in my school, and I feel comfortable with most of the information, but do I know enough to be an effective OTA supervisor in the field? This I do not know. I believe in the power of a good education, and I believe that I am receiving one, but there is always room for improvement. Maybe the occupational therapy educational system needs to be reviewed to see what improvements could be made particularly in this area, as well as in others.

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References

Related Reading

Commission on Education Response
Melissa, your letter raises important questions. Let me respond with related context, opinion, and suggestions.

The first educational standards for occupational therapy assistants (OTAs) date back to 1958. At that time, our profession faced a personnel shortage. Through debate and vote in state associations and the American Occupational Therapy Association (AOTA) Delegate (Representative) Assembly, our predecessors showed wisdom and foresight in making a number of OTA-related decisions. For instance, regarding OTA supervision:

We must not assume that certified occupational therapy assistants...must be told what to do, are passive and unmotivated. Contemporary philosophy assumes that people have the possibility of growth and development....[OTAs] should share responsibility, should learn the decision-making process if it is something they must carry out and should share in the involvement. (Crampton, 1967, p. 319)

With consultation from Dr. Malcolm S. Knowles, a famed adult educator, the profession decided that the role of the occupational therapy assistant [italics added] is fluid, in the process of evolution and differs in differing situations.