The National Occupational Therapy Practice Analysis: Findings and Implications for Competence

Winnie Dunn, Elizabeth Cada

Key Words: certification of occupational therapists • National Board for Certification in Occupational Therapy • professional practice

Objective. This article reports some of the findings from a national study of occupational therapy practice conducted by the National Board for Certification in Occupational Therapy (NBCOT) as part of its fiduciary responsibility to ensure that its entry-level certification examination is formulated on the basis of current practice.

Method. The NBCOT developed a survey with input from approximately 200 occupational therapy leaders and then used it to solicit information about current practice from 4,000 occupational therapists and 3,000 occupational therapy assistants. The sample included geographical location, experience level, and practice area distributions.

Results. Approximately 50% of the sample responded to the survey. Data indicate similarities and differences in occupational therapist and occupational therapy assistant practice (e.g., occupational therapists spend more time conducting evaluations, planning interventions, and supervising, whereas occupational therapy assistants spend more time providing interventions), an increased emphasis on population-based services (e.g., serving a business or industry rather than an individual worker), and an emphasis on occupation as a core knowledge base for practice. From a continuing competency perspective, the data can be useful to the profession; we can plan continuing education to address topics that practitioners have indicated are critical to their practice.

Conclusion. The findings will be useful for revising the entry-level certification examination and may guide thinking about the parameters of continuing competence because the responses represent a cross-section of the profession.

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The National Board for Certification in Occupational Therapy (NBCOT) is responsible for developing, maintaining, and administering the entry-level certification examination that determines whether occupational therapy practitioners have attained minimum competencies for practice in the United States. One key feature of this process is to ensure that the test specifications (i.e., the template used to construct the examination) are formulated on the basis of current practice (i.e., have content validity) in occupational therapy. It is traditional for credentialing bodies such as NBCOT to engage in a formal process of data gathering every 7 to 10 years to characterize current practice and revise the test specifications accordingly. Thus, NBCOT collaborated with the Professional Examination Service (PES) in New York, New York, to design and conduct a national study of occupational therapy practice. This “practice analysis” serves as the database for reflecting current practice in the certification examination.

In this article, we report the overall findings of this
An array of persons who served as committee members, informants, or reviewers were involved during the development phase of the project. Appendix A lists the committees, the NBCOT board, and staff members involved in the project. There were two primary committees. One was the Practice Analysis Advisory Committee (PAAC), which provided conceptual guidance for the study. This committee received input, feedback, and recommendations from all sources related to the project; made decisions about the direction of the project; and oversaw the formulation of reports about the project. Nine persons served on this committee: seven NBCOT board members (five occupational therapy practitioners, two public board members), one regulatory board member from a state, and one occupational therapy assistant member-at-large. This committee reported to the NBCOT board.

The second committee was the Practice Analysis Task Force (PATF), which designed the survey form and content, selected content experts to provide input for the study, and participated in the analysis of findings. The PATF and PES staff members reviewed pertinent documents related to practice, such as practice acts from jurisdictions, official documents from the American Occupational Therapy Association (AOTA) (e.g., practice guidelines, Uniform Terminology [AOTA, 1994]), job descriptions and evaluation forms, previous practice analysis data, and other publications on pertinent topics. To select this committee, 89 leaders from AOTA, the American Occupational Therapy Foundation, and NBCOT were invited to nominate potential members. From the pool of 37 occupational therapist and 7 occupational therapy assistant nominees, the PAAC appointed 8 occupational therapists and 3 occupational therapy assistants to represent diversity in experience, practice settings, geographical location, roles, and expertise.

The rest of the nominees from the AOTA leaders participated in the development phase of the study in one of five ways. First, 27 practitioners (17 occupational therapists, 10 occupational therapy assistants) participated in critical incident interviews. These persons described “best” and “worst” scenarios in their practice and discussed features that contributed to the outcomes. This strategy offered researchers insights about critical knowledge and skills needed for practice.

Second, 29 “experts” from occupational therapy and other disciplines, including administrators and educators, participated in focus group discussions to discuss four practice areas about which the researchers wanted additional information (i.e., employers, fieldwork supervisors, assistive technology experts, occupational therapist—occupational therapy assistant roles and supervision). Each panel met for 1 day.

Third, 25 practitioners (19 occupational therapists, 6 occupational therapy assistants) reviewed a draft of lists of practice domains, tasks, content areas, and necessary knowledge and skills for practice. These persons represented a wide range of expertise to ensure that any area that had been omitted or neglected could be captured for a comprehensive list.

Fourth, the Certification Exam Development Committee (CEDC) reviewed and provided feedback on the draft lists. This committee consisted of subject-matter experts responsible for developing the certification examination items and test configuration.

Finally, 28 practitioners (18 occupational therapists, 10 occupational therapy assistants) participated in a pilot study of the survey instrument conducted by PES. The pilot study examined the instrument’s content completeness, ease of completion, and overall format. PES followed up with 8 participants (4 occupational therapists, 4 occupational therapy assistants) in telephone interviews to obtain additional input before printing the final survey.

We sampled 4,000 occupational therapists and 3,000 occupational therapy assistants for the study. The samples were drawn from NBCOT’s certification records, with the following considerations to ensure equal representation:

- We selected at least 20 occupational therapist and 20 occupational therapy assistant participants from each jurisdiction.
- We selected participants for the rest of the study in proportion to the density of the population for that jurisdiction (i.e., more heavily populated states had more participants in the sample).
- We selected 35% of those certified between 1994 and 1998 to ensure that less experienced practitioners were well represented.
- We included 100 Canadian occupational therapists in the same proportions described for the U.S. participants.

Letters were sent to the 7,000 practitioners, inviting them to participate and describing their contribution. Three weeks later, PES mailed the survey materials, including a letter stating that participation would be confidential. One week later, practitioners received a thank-you card or a reminder card to encourage their participation.
Development of the Conceptual Model for the Practice Analysis Process

The PATF designed the conceptual model for the practice analysis on the basis of a charge from the NBCOT board. The charge contained five components:

1. The practice analysis and resulting test specifications must be comprehensive and include current and emerging practices.
2. They must represent the entire workforce continuum.
3. They must reflect federal and jurisdictional legislation and social policy standards and initiatives.
4. They must be inclusive of the roles and responsibilities practitioners hold.
5. They must be sufficiently detailed in descriptions of knowledge and skills to enable updating the examination, to permit evaluation of eligibility, to support the continuing competence initiative, and to provide information for developing professional materials.

The PATF determined the following two important parameters:

1. The practice analysis and resulting test specifications must be forward looking and include emerging areas of thinking in addition to standard practice concepts.
2. The core construct must be "occupation," without the automatic attachment of occupational therapy knowledge to disabilities issues.

To include these two parameters, the PATF determined that it would have to take both a process-based approach (i.e., domains and tasks in practice) and a content-based approach (i.e., knowledge and skills needed for practice) to delineate practice. The PATF decided that it would make no a priori assumptions about the practice domains of occupational therapists and occupational therapy assistants but rather would let the practice analysis itself provide guidance about these domains. Table 1 summarizes the domain-based delineation, and Table 2 summarizes the content-based delineation of the practice of occupational therapy. Appendix B lists the task statements for Domain 2, and Appendix C lists the knowledge and skills statements for Content Area 5.

Two versions of the survey tool were designed so that it would not be too long for any one respondent. Each used four different scales to make each question easier to complete (see Table 3). Respondents who completed Version 1 answered questions about the content areas and the knowledge and skills needed for practice. Respondents who completed Version 2 answered questions about the tasks and domains needed for practice.

Results

A portion of the results of the practice analysis study are reported in this section. Findings are available in the executive summary of the practice analysis, which is available through NBCOT.

Response Rate

Of the 7,000 surveys mailed, 1,933 (55%) of the occupational therapists and 1,170 (46%) of the occupational therapy assistants responded. Of the respondents, 719 (37%) occupational therapists and 495 (42%) occupational therapy assistants were "less experienced." Respondents came from all 52 jurisdictions, and 44 of the 100 Canadian practitioners returned surveys.

Work Setting Data

Figure 1 (occupational therapists) and Figure 2 (occupational therapy assistants) illustrate the pattern of work sites of less and more experienced practitioners. These data illustrate that the sample included persons working across many settings and populations. Less experienced practitioners work in skilled nursing facilities. More experienced occupational therapists work in schools, whereas more experienced

Table 1

<table>
<thead>
<tr>
<th>Domain Based Delineation of the Practice of Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>1. Provide occupational therapy services for persons within the performance contexts of their lives.</td>
</tr>
<tr>
<td>1.1 Determine needs and priorities for intervention on the basis of an appreciation and understanding of the person as an occupational being.</td>
</tr>
<tr>
<td>1.2 Identify or design theoretically based interventions that address the person's occupational needs.</td>
</tr>
<tr>
<td>1.3 Implement interventions with contemporary practices and emerging knowledge.</td>
</tr>
<tr>
<td>1.4 Report and evaluate the effectiveness of interventions.</td>
</tr>
<tr>
<td>2. Provide occupational therapy services that address the occupational needs of populations within the context of their physical, social, temporal, and cultural environments.</td>
</tr>
<tr>
<td>3. Manage the delivery of occupational therapy services.</td>
</tr>
<tr>
<td>4. Advancing the effectiveness of the occupational therapy profession.</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

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Table 2

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Number of Knowledge and Skills Statements Contained in the Practice Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human development and performance</td>
<td>15</td>
</tr>
<tr>
<td>2. Principles and strategies in the identification of evaluation of strengths and needs</td>
<td>12</td>
</tr>
<tr>
<td>3. Principles and strategies in intervention planning</td>
<td>11</td>
</tr>
<tr>
<td>4. Principles and strategies in intervention</td>
<td>25</td>
</tr>
<tr>
<td>5. The nature of occupation and occupational performance</td>
<td>8</td>
</tr>
<tr>
<td>6. Service management</td>
<td>17</td>
</tr>
<tr>
<td>7. Responsibilities as a professional</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>96</td>
</tr>
</tbody>
</table>

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Table 3
Summary of What Occupational Therapy Practitioners Do

<table>
<thead>
<tr>
<th>Domain</th>
<th>Occupational Therapists (%)</th>
<th>Occupational Therapy Assistants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Providing occupational therapy services to individuals</td>
<td>72</td>
<td>77</td>
</tr>
<tr>
<td>1.1 Determining needs and priorities for intervention</td>
<td>[25]</td>
<td>[22.5]</td>
</tr>
<tr>
<td>1.3 Implementing interventions</td>
<td>[50]</td>
<td>[55]</td>
</tr>
<tr>
<td>1.4 Evaluating the effectiveness of interventions</td>
<td>[25]</td>
<td>[22.5]</td>
</tr>
<tr>
<td>2. Providing occupational therapy services to groups or populations</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>3. Managing occupational therapy service delivery</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>4. Advancing the effectiveness of the profession</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

Note: [%] = time spent in subdomains of Domain 1.

occupational therapy assistants work in skilled nursing facilities. Schools are the second most frequent employers of occupational therapy assistants. Acute and rehabilitation hospitals employ a large portion of the occupational therapists after skilled nursing facilities and schools.

Figure 3 and Figure 4 delineate the supervision that occupational therapy practitioners receive by setting. There are marked differences in the patterns across practitioner category and work setting. Although not depicted in the figures, less experienced practitioners generally receive more supervision.

Figure 5 and Figure 6 illustrate the conceptual frameworks that occupational therapy practitioners use. The list of conceptual frameworks was compiled from the input of the leaders in the development phase and by the PATE. An interesting finding is that the largest contrast occurs in school-based practice. Practitioners in school settings use a sensory integration framework more frequently and the biomechanical framework less frequently than do practitioners in other settings.

What Occupational Therapy Practitioners Do in Practice

Table 3 summarizes the average ways that occupational therapy practitioners spend their time. The data indicate that less experienced occupational therapists spend more time delivering services to clients, whereas more experienced occupational therapists spend more time managing.
services. In contrast, occupational therapists in school settings reported spending less time delivering services to individual students than do occupational therapists in other settings, and school therapists spend more time delivering population-based services than do therapists in other settings.

There are no overall differences in time distributions for the occupational therapy assistants. However, as with the occupational therapists, occupational therapy assistants in school settings spend less time delivering services to individuals and more time delivering services to populations. Less than half of the occupational therapy assistants reported that they "interpret assessment results" (48%), "document the results of the evaluation process" (42%), and "develop measurable initial goals and functional outcomes" (49%). Occupational therapy assistants reported that they only perform half of the service-management tasks.

What Occupational Therapy Practitioners Need To Know

More than 75% of the respondents rated the 96 knowledge and skill statements delineated by the PATF as at least "moderately critical" to maintaining or improving the function of occupational therapy service recipients. They believed that most of this knowledge and skills should be attained before certification (79 [82%] for occupational therapists, 74 [77%] for occupational therapy assistants). There were virtually no differences between the occupational therapists and occupational therapy assistants in their decisions about criticality or point of acquisition nor did years of experience differentiate these decisions.

Similarities and Differences

The data indicate that occupational therapy practitioners agree about who performs certain duties at various work sites, suggesting that everyone views the similarities and differences in the same way. The occupational therapists are more likely to "determine needs and priorities for intervention" (Domain 1.1) and "manage delivery of OT [occupational therapy] services" (Domain 3). The occupational therapy assistants are more likely to "implement interventions" (Domain 1.3) and use "principles and strategies in intervention" (Content Area 4). Both groups reported using the other domains and content areas an equal amount of time.

Domain and Content Areas

PES conducted analyses to formulate a picture of practice...
Table 4
Percentage-Based Test Specifications for Occupational Therapists

<table>
<thead>
<tr>
<th>Domain (%)</th>
<th>1. Determine Needs and Priorities for Intervention</th>
<th>1.2 Identify or Design Interventions</th>
<th>1.3 Implement Interventions</th>
<th>1.4 Report and Evaluate Intervention Effectiveness</th>
<th>2. Provide OT Services for Populations</th>
<th>3. Manage Delivery of OT Services</th>
<th>4. Advance Effectiveness of OT Profession</th>
<th>Percentage of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human development and performance</td>
<td>8.6</td>
<td>4.5</td>
<td>11.8</td>
<td>3.5</td>
<td>1.3</td>
<td>1.4</td>
<td>0.6</td>
<td>31.6</td>
</tr>
<tr>
<td>2. Principles and strategies in the identification or evaluation of strengths and needs</td>
<td>3.3</td>
<td>0.6</td>
<td>1.0</td>
<td>0.7</td>
<td>0.2</td>
<td>0.6</td>
<td>0.2</td>
<td>6.6</td>
</tr>
<tr>
<td>3. Principles and strategies in intervention or treatment planning</td>
<td>2.9</td>
<td>2.5</td>
<td>5.8</td>
<td>1.7</td>
<td>0.6</td>
<td>1.1</td>
<td>0.4</td>
<td>15.0</td>
</tr>
<tr>
<td>4. Principles and strategies in intervention or treatment planning</td>
<td>1.0</td>
<td>2.1</td>
<td>9.1</td>
<td>1.9</td>
<td>0.6</td>
<td>0.8</td>
<td>0.4</td>
<td>15.8</td>
</tr>
<tr>
<td>5. The nature of occupation and occupational performance</td>
<td>3.8</td>
<td>2.4</td>
<td>6.1</td>
<td>1.8</td>
<td>0.8</td>
<td>0.8</td>
<td>0.4</td>
<td>16.1</td>
</tr>
<tr>
<td>6. Service management</td>
<td>0.8</td>
<td>0.7</td>
<td>1.2</td>
<td>0.5</td>
<td>0.6</td>
<td>2.4</td>
<td>0.4</td>
<td>6.7</td>
</tr>
<tr>
<td>7. Responsibilities as a professional</td>
<td>1.9</td>
<td>1.0</td>
<td>2.0</td>
<td>0.6</td>
<td>0.3</td>
<td>1.6</td>
<td>0.7</td>
<td>8.4</td>
</tr>
<tr>
<td>Percentage of exam</td>
<td>22.3</td>
<td>13.8</td>
<td>37.1</td>
<td>11.0</td>
<td>4.2</td>
<td>8.7</td>
<td>3.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note. Percentages may not add to 100 due to rounding. OT = occupational therapy. Copyright 1997 by the National Board for Certification in Occupational Therapy, Inc. Reprinted with permission: NBCOT.

Table 5
Percentage-Based Test Specifications for Occupational Therapy Assistants

<table>
<thead>
<tr>
<th>Domain (%)</th>
<th>1. Determine Needs and Priorities for Intervention</th>
<th>1.2 Identify or Design Interventions</th>
<th>1.3 Implement Interventions</th>
<th>1.4 Report and Evaluate Intervention Effectiveness</th>
<th>2. Provide OT Services for Populations</th>
<th>3. Manage Delivery of OT Services</th>
<th>4. Advance Effectiveness of OT Profession</th>
<th>Percentage of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human development and performance</td>
<td>6.4</td>
<td>4.8</td>
<td>14.0</td>
<td>3.7</td>
<td>1.3</td>
<td>0.8</td>
<td>0.4</td>
<td>31.5</td>
</tr>
<tr>
<td>2. Principles and strategies in the identification or evaluation of strengths and needs</td>
<td>2.1</td>
<td>0.6</td>
<td>1.1</td>
<td>0.6</td>
<td>0.2</td>
<td>0.3</td>
<td>0.2</td>
<td>5.1</td>
</tr>
<tr>
<td>3. Principles and strategies in intervention or treatment planning</td>
<td>2.2</td>
<td>2.7</td>
<td>6.9</td>
<td>1.9</td>
<td>0.7</td>
<td>0.7</td>
<td>0.3</td>
<td>15.3</td>
</tr>
<tr>
<td>4. Principles and strategies in intervention or treatment planning</td>
<td>0.8</td>
<td>2.4</td>
<td>11.3</td>
<td>2.1</td>
<td>0.7</td>
<td>0.5</td>
<td>0.2</td>
<td>18.0</td>
</tr>
<tr>
<td>5. The nature of occupation and occupational performance</td>
<td>2.8</td>
<td>2.5</td>
<td>7.1</td>
<td>1.9</td>
<td>1.0</td>
<td>0.4</td>
<td>0.3</td>
<td>16.0</td>
</tr>
<tr>
<td>6. Service management</td>
<td>0.6</td>
<td>0.7</td>
<td>1.5</td>
<td>0.6</td>
<td>0.7</td>
<td>1.5</td>
<td>0.4</td>
<td>5.9</td>
</tr>
<tr>
<td>7. Responsibilities as a professional</td>
<td>1.5</td>
<td>1.1</td>
<td>2.6</td>
<td>1.0</td>
<td>0.4</td>
<td>1.1</td>
<td>0.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Percentage of exam</td>
<td>16.3</td>
<td>14.8</td>
<td>44.5</td>
<td>11.7</td>
<td>5.0</td>
<td>5.3</td>
<td>2.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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that could be used for the new test specifications (i.e., test blueprint, distribution of topics for the test) on the certification examination. It asked the PATF to rate the contribution of every content and knowledge statement to every domain and task statement from the two versions of the practice study instrument. These ratings were combined with the data from the study sample about frequency, importance, and so forth to form an overall distribution of emphasis for the test specifications. Table 4 and Table 5 contain the percentage-based distributions for the occupational therapy practitioner tests. There are more similarities than differences in both the domain emphases and the content areas used in practice. However, detailed analyses of the specific items (i.e., knowledge statements, task statements) for each group reveal specific differences indicative of each level of practice. For example, occupational therapy assistants are more likely to "take steps to decrease liabilities (e.g., eliminate hazards, ensure competence of staff, respect confidentiality, and promote safety accident prevention)" daily than are occupational therapists. This likely is due to the occupational therapy assistant's greater role in individual direct service. This difference will be reflected in test question emphasis on the two examinations.

Discussion

Issues Related to Test Development

This study was conducted to uncover not only what occupational therapy practitioners were doing, but also how frequently they performed tasks or used knowledge. The study identified how important particular issues were to successful practice, when one should learn critical knowledge and skills, and who is likely to be performing tasks in various work settings. This additional information will enable the CEDC to be more precise when it is constructing items for the certification examination and to emphasize those areas that are more important and frequently performed. Because the PATF placed items on the survey that represented emerging practice, the NBCOT board has the opportunity...
to probe these areas each year to document trends. When emerging practice areas become more prominent, they can be emphasized on the examination.

Although occupational therapists and occupational therapy assistants were surveyed with the same questions, some key differences between the two levels of practice emerged (see Tables 4 and 5). Differences were identified through respondents’ qualitative statements. To retain the unique features of each type of practitioner, the two banks of items will be continued. The CEDC will review all the items in both the occupational therapist and the occupational therapy assistant updated examinations to ensure proper placement.

**Issues Related to Competence**

The study provides data for designing an overall template for certification examinations. It also guides individual and collective professional thinking and planning related to continuing competence.

**Individual self-evaluation and planning.** Because most respondents reported that the 96 knowledge and skills statements on the survey were at least “moderately critical” for maintaining or improving function of service recipients, professionals could use these statements for self-evaluation. Considering one’s own status related to these statements could shed light on one’s strengths and weaknesses and lead to a specific plan for developing needed knowledge and skills for practice. In this application, continuing competence would be characterized by a practitioner’s level of acquisition of the 96 knowledge and skills represented in the survey statements. This method of self-evaluation should not be the sole mechanism. The practitioner would need to consider feedback from employers, supervisors, peers, and service recipients to obtain a comprehensive picture of competence.

**Population planning and development.** The findings can be applied to a large group for continuing competence needs. For example, a large employer could use the domains and content areas as a template for job description development, staff performance evaluation, and staff development or as a way to establish advanced job categories for more experienced or more skilled practitioners. Professional organizations could use these data to prospectively plan continuing education experiences because more practitioners would need courses on topics that were highly represented in the findings. For example, they could develop courses to assist the less experienced practitioners working in skilled nursing facilities in developing baseline and advanced skills for successful and competent practice in this setting. Additionally, because practitioners move into larger management roles as they gain experience, a professional organization might establish a formal program with a certificate to support this transition in roles.

**Curriculum development.** The data on emerging areas of practice (e.g., population-based services) can be used to identify areas to consider in entry-level curricula and to indicate what students must be prepared to address when they complete their academic preparation. For example, the finding that 4% to 5% of practitioners’ time is being spent addressing population-based service needs (Domain 2) suggests that academic programs that emphasize only service delivery will not be preparing their graduates for Domain 2 activities. Although the concept of occupation has been inherent in traditional occupational therapy curricula, a finding that respondents reported only a 16% emphasis on this content area (Content Area 4) suggests that more explicit teaching about this concept is needed.

The NBCOT board is sponsoring several workshops for educators to review the findings of this study and to discuss the implications for curriculum review. Additionally, all occupational therapy education programs in the United States received a copy of the executive summary of the study and can purchase a copy of the formal report from NBCOT. The NBCOT board is implementing the new test specifications in the year 2000 to provide education programs time for the transition.

**Other implications for continuing competence.** The data provide a detailed picture of current and emerging practice but cannot inform the profession about the most fundamental question related to continuing competence: What is it? The survey indicates that more experienced occupational therapists are taking on more supervisory responsibilities, but what is continuing competence for these practitioners? Would they judge themselves or would we judge them as currently competent in occupational therapy if they demonstrated that they gained the knowledge and skills to provide more effective supervision? Or, would we decide that supervisory skill development is useful to a job category but is not considered continuing competence in occupational therapy?

Does the finding that practitioners working in schools (and there are many them) more often use a sensory integration frame of reference than a biomechanical frame of reference mean that we would view school-based practitioners’ continuing competence only on the basis of their pursuit and acquisition of sensory integration information? Or, would we expect that these practitioners acquire the less used but sometimes useful biomechanical framework knowledge?

The study showed that there are similarities and differences between novice and experienced practitioners. If practitioners change to a new and unfamiliar area of practice, would we judge their continuing competence on the basis of their experience from prior settings or on the match of their skills to the new setting?

Dialogues about the complex issue of continuing competence is critical to both the advancement of the profession and the assurance of optimal services for per-
sons requiring occupational therapy to live a satisfying life. Data from the practice analysis study do not substitute for the discourse required among colleagues to establish the parameters for quality, honorable practice.

Summary

The findings of this study offer information about occupational therapy practice that can be used in several ways. The primary use is to revise the test blueprint for the entry-level certification examinations that reflect changes in occupational therapy practice. Other uses include guiding discussions for establishing an ongoing continuing competence plan for professionals.

Appendix A
National Study of Occupational Therapy Practice Participants

Practice Analysis Advisory Committee
Winifred Wiese Dunn, PhD, OTR, FAOTA (Chair)
Elizabeth Cada, MS, OTR/L, FAOTA
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Jim Hirojosa, PhD, OTR, FAOTA
Jodi Lane, COTA/L
Janice Matsusuyu, MA, OTR
Andi Palazon, COTA/L
Sharon Rask, OTR, FAOTA
L. Randy Strickland, EdD, OTR, FAOTA
Mary Jane Youngstrom, MS, OTR

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Martha S. O’Connor, PhD, OTR/L
Edna Q. Wooldridge, MEd, CAGS, NCC

Professional Examination Service
Sandra Greenberg, PhD
Patricia M. Muenzen, MA
I. Leon Smith, PhD

Appendix B
Task Statements for Domain 2

2. Provide occupational therapy services that address the occupational needs of populations within the context of their physical, social, and cultural environments.

2.1 Determine occupational needs (e.g., needs evaluation) of the program, agency, organization, industry, school, or community being served.

2.2 Make intervention recommendations to the program, agency, organization, industry, school, or community on the basis of the needs evaluation.

2.3 Identify barriers or potential problems that hinder occupational performance of clients within a population, organization, or community.

2.4 Develop or deliver educational or training programs directed to other health care providers (e.g., instruction regarding correct body mechanics during transfers, integrating a child with a disability into a regular education classroom, instruction to employees regarding injury prevention on the job site).

2.5 Monitor effectiveness of programs or systems interventions.

2.6 Adapt environments to make them accessible or available to clients.

2.7 Serve as a resource person or consultant.

2.8 Develop programs for at-risk populations (e.g., children with developmental delays, migrant workers, elderly persons who are socially isolated).

2.9 Develop wellness and prevention programs (e.g., parenting skills, stress management programs, senior activity programs).

2.10 Participate in community outreach, such as health fairs, public schools, and career forums.

Appendix C
Knowledge and Skills Statements for Content Area 5

5.0 The nature of occupation and occupational performance

5.1 History and evolution of occupation within individuals, groups, and cultures

5.2 Sociology, biology, and psychology of occupation (e.g., occupational roles and personal and public meaning of occupation)

5.3 Relationships among occupation, health, well-being, and life satisfaction

5.4 Organization of occupations (e.g., lifestyle, habits, adaptation)

5.5 Purposeful activity

5.6 Contexts of occupational performance (e.g., physical, social, cultural)

5.7 Requisite sensorimotor, cognitive, and psychosocial skills for occupational performance

5.8 Person–activity–environment fit

Reference