Competency-based educational models focus on the development of clinical skills for clinical practice. During the last several years, the American Occupational Therapy Association (AOTA) has supported the development of competency-based educational programs (1, J. Hinojosa, personal communication). We must consider the limitations of such programs and also examine the potential implications for the practitioner and for the profession itself.

History

Occupational therapists have used the competency-based model in continuing education programs (1, J. Hinojosa, personal communication) and have suggested taxonomies, a specific competency-based model, for developing clinical skills (2).

The AOTA began to examine competency-based education in 1972 (1, p 2). Competencies were identified to define the skills, knowledge, and attitudes needed for a competent entry-level practitioner (1, “The Roles and Functions of Occupational Therapy Personnel” section). Once roles and functions were identified, a curriculum guide for occupational therapy educators, standards of practice for occupational therapy services, and proficiency measures for occupational therapy personnel were developed (1, p 8). Application of this information to an occupational therapy school-based practice resulted in the development of the continuing education competency-based program Training: Occupational Therapy Educational Management in the Schools (1).

Highly valued as an effective educational curriculum, the program is now considered by some occupational therapists as “the model” for the development of continuing education programs.

The American Physical Therapy Association (APTA) supported the development of a competency-based model for the analysis of physical therapy practice. By analyzing the whole of physical therapy practice along with its component parts, competencies for each area of practice were identified and compiled into a publication (3). The belief was that once component parts were identified, performance problems and educational needs could be better identified (3). This publication is constantly updated to “serve as the core compilation of the analysis of physical therapy” (4, p 1094).

APTA’s transition to a competency-based profession should be examined by other professions that are considering competency-based orientations.

Competency-Based Orientation: The Advantages

Competency analysis and educational models seem to be an effective way for a profession to a) determine and develop the clinical skills that practitioners need, and b) determine whether a practitioner has those basic skills. Also, competency, once substantiated, serves to support the belief that a professional needs to perform adequately. An operational definition suggested for physical therapists by Davis and others (4) is “a significant behavior or activity, performed in a specific setting, to a specified standard” (p 1088). These researchers suggest that being competent involves doing something, in a specific environment, in accordance with a specified standard. Their definition implies that one who is competent demonstrates the ability to perform a set activity skillfully.

Competency refers to the performance of a specified activity under observable, measurable standards. Competencies are defined according to the many activities or practices of each profession. A competent practitioner is one who can perform these activities under certain conditions with a demonstrated degree of mastery.

Definition of Competency

The dictionary (5) defines competency as “capacity equal to requirements; adequate fitness or ability; the state of being competent...” Competent is defined as “answering all requirements;... 2. having ability or capacity; duly qualified;...” (p 370). Berner and Bender (6) suggest that competencies are the knowledge and skills a professional needs to perform adequately.

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professional has the skills to function autonomously and skillfully within his or her professional domain. The professional identity of the individual practitioner is supported while quality assurance is maintained. Competency-based practice seems to make practice more concrete, less variable, and ultimately less vulnerable. Therefore, it could be argued that the practitioner benefits from being better prepared to do what he or she should be doing.

Competency implies that a professional has obtained a specified level of mastery. This mastery of clinical skills allows professionals to perform their professional roles with confidence. Competency-based education is concerned with the development of basic component parts that, when integrated, result in development of a skill. Emphasis appears to be on determining and teaching various subskills. This method may be effective in learning technical information, methodological procedures, and clinical techniques.

Besides mastering select clinical skills, competency has sociological (political) and economic importance. Sociologically, competency offers advantages to both the professionals and the consumers of professional services. Consumers are assured that the services they receive meet minimum standards. Quality assurance is assumed. Additionally, services received would be relatively consistent from one professional to another. For the professional, competency assures mastery and may support self-confidence. Competency assures the professional that he or she is qualified to perform the service while protecting his or her territory (domain of concern) from other professionals. Competency, ensured by legal protection (licensure and/or certification), further protects and guarantees the practitioner's roles and functions.

Economically the cost of health care and the extent of services requires that professionals be accountable and cost effective. Competence supports accountability and, in my opinion, minimizes the extent to which external forces examine cost-effectiveness of the professional's service. A greater concern than cost is that the "duly qualified" professional provide quality patient care. The cost of any service can be substantiated by considering the training and knowledge required to provide the service.

Competency-based analysis and education has many advantages. Competency requires acknowledged mastery of skills and recognition of the complexity of subskills needed to master specific skills. Competency defines and supports the professional identity of the practitioner. By developing competencies, professions can define what they are doing. Basic standards and educational essentials can be easily deduced from these competencies.

Competency-Based Orientation: The Disadvantages

While a competency-based orientation may be effective in learning technical information, methodological procedures, and clinical techniques, it does not lend itself effectively to certain aspects of intervention. For example, philosophical, theoretical, and ethical constructs are difficult to conceptualize adequately into behavioral competency statements.

Therapeutic intervention is more than just the use of specified techniques and methodologies. Competency analysis seems effective for determining performance skills required for the application of techniques. However, a grasp of component skills does not ensure that a practitioner has the total perspective of practice. Even advocates of competency-based education recognize that competency analysis cannot identify the total gestalt of the therapeutic relationship (4, 7).

Professions, as I perceive them, are ever-changing, developing organizations that respond to the needs of those they serve. If occupational therapy is concerned with maintaining and promoting health, the variety of occupational therapy services will change depending on the definition and perspective of health. For example, when the focus on prevention of disease and promotion of health increased recently, occupational therapists developed programs for well populations. The roles and functions of therapists change depending on the services they provide. Different services require different knowledge, skills, and clinical practices. It appears that a competency-based education orientation could not support an evolutionary growth in the profession. Potentially, it could limit the profession's growth and areas of practice. Because competencies define what a profession is doing and ought to be doing, this very definition of concerns, intervention strategies, therapeutic techniques, and methodologies could stagnate the growth of a profession.

What is the relationship between theory, research, and practice relative to competencies? Because intervention is based on theoretical (conceptual) models and current research, the competency model
does not seem to support growth in these areas. In fact, the competency orientation suggests that an effective view of a profession is through its mastery of methodologies and techniques. However, this perspective of a profession doesn't support the development of a philosophical foundation for practice, because practice is seen as a pragmatic process of identification and selection of intervention strategies. The development of a profession's theoretical conceptualizations of its intervention processes is not important. Additionally, the competency orientation seems to put less value on individualization of therapeutic interventions, because procedures and interventions are specified according to dysfunctions. Affective functions such as "art of practice," professional personality, intellectual curiosity, "clinical judgment," motivation for practice, personal responsibility and sense of obligation (7), and psychodynamic implications of therapeutic actions are not adequately addressed in the competency perspective.

A profession's responsibilities to society and the individual must be guided by ethical and philosophical beliefs. Competency and mastery of skills is a relatively limited aspect of the therapeutic intervention process.

In summary, competency-based education meets the needs of a profession regarding accountability and mastery of methodological techniques, but it does not adequately address a profession's philosophical base, theoretical concerns, ethical issues, and affective functions. Further analysis of the implications of a competency-based orientation and the acceptance of competency-based educational models is indicated.

REFERENCES


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