

## CONTINUING COMPETENCE PROGRAM

### COMPETENCE ASSESSMENT FRAMEWORK & BLUEPRINT

#### INTRODUCTION

The College of Occupational Therapists of Nova Scotia is mandated by legislation to ensure the public receives safe, ethical, and effective occupational therapy services. The College administers a continuing competence program to ensure registrants have the knowledge, skills, judgements, and values to provide quality service to the public. Consistent with best practice guidelines, the College's competence program has used self-assessment and documentation of learning activities as evidence of competence. However, recent evidence has suggested a change in best practice. A systematic review of the self-assessment literature has demonstrated poor correlation between self-assessment and external measures of competence (Davis et al., 2006). These findings were independent of level of training, specialty, domain, or methodological procedures. Of particular concern, those practitioners who perform poorly on external measures of competence are most likely to over-estimate their performance (Kruger & Dunning, 1999; Parker, Alford, & Passmore, 2004; Hodges, Regehr, & Martin, 2001). Furthermore, documentation of learning activities does not ensure learning occurred. As such, it has been recommended that continuing competence programs must include additional measures:

*Thus, as was the case with motivation to learn, it is exactly in the areas where the learning need is greatest that the individual's ability to recognize a learning need is most likely to let him down. The motivation to fill gaps in knowledge or skill, therefore, is not only undermined by the perceived magnitude of the effort required to learn when a gap is identified, it is also undermined by the difficulty in recognizing a gap even exists. Thus, again, any self-regulating profession that wishes to see these gaps identified must enact mechanisms to search for them rather than depending on the self-regulating professional's ability to do so himself (Regehr & Eva, 2006).*

Based on the above described evidence, the College is restructuring its continuing competence program to ensure the program is consistent with current best practice guidelines.

#### PURPOSE

The Continuing Competence Program aims to support, monitor, and improve the competencies of occupational therapists. The program has three components:

- *Competence Maintenance:* This is the supportive component of the program and describes the basic activities required by registrants to demonstrate that they are engaging in reflective practice and complying with regulatory requirements. This includes annual declaration of

currency hours, development of a professional development plan, and completion of practice education modules (PEM).

- *Competence Review*: This is the evaluative component of the program. It is designed to assess registrant’s knowledge, skills, and judgements required for professional practice and to identify those registrants who may require improvement to practice. This includes a written competence assessment and follow up peer assessment process for those occupational therapists that fall below the established standard on the written assessment, as well as random selection.
- *Competence Improvement*: This is the improvement component of the program for those registrants identified in Competence Review as having competence below acceptable standards. Recommendations for improvement are made by the Continuing Competence Committee based on the results of Competence Review.

The Competence Assessment is the first element of Competence Review. The purpose of the Competence Assessment is to provide valid and reliable evidence of the competence of occupational therapists and to identify individuals who require further evaluation of their competence through peer assessment.

## CONSTRUCT MEASURED

The assessment will measure the core competencies of occupational therapists. The College defines core competencies as the knowledge, skills, and judgements that are expected of all occupational therapists regardless of practice context or environment. This distinguishes core competencies from clinical competencies, which is situation and context specific and will be evaluated through peer assessment.

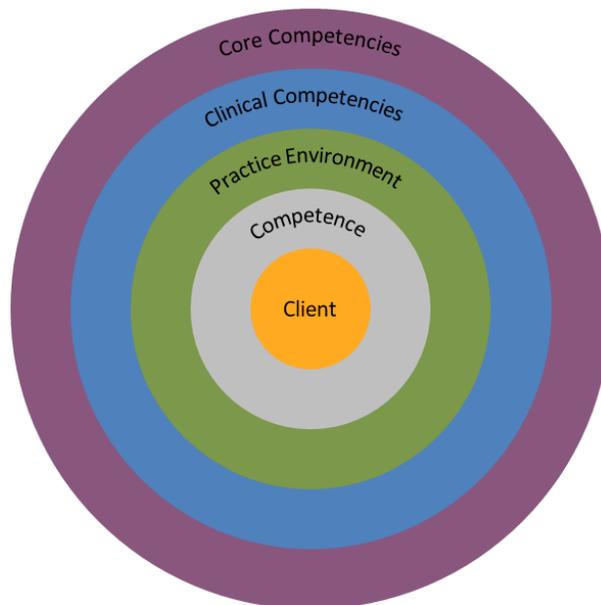


Fig. 1. Core competencies are the knowledge, skills, and judgements that are not dependent on practice context. They are measured by assessing essential competencies and regulatory issues that are common in most, if not all, occupational therapy practice areas and settings. Core competencies support clinical competencies, which are practice context specific. They both combine in a practice environment to demonstrate competence to provide quality service to the client or patient.

## INTENDED USE

The assessment is intended to screen registrants for assessment of core competencies. The assessment standard will be set by a panel of experts using a Modified Angoff Method. The standard will be validated during pilot testing and reliability around the cut-score will be measured. Those who will then go on to a peer assessment to further assess their core and clinical competencies will include:

1. Those who do not meet the assessment standard, and
2. A random sampling of registrants.

Those registrants who do not meet the minimal standard of practice during peer assessment will progress to Competence Improvement. As such, Competence Review will assure the respective provincial government and the public that occupational therapists meet College standards.

## INTENDED PARTICIPANTS

All occupational therapists registered with the College will complete the assessment once every 5 years. As all occupational therapists are required to meet a standard for entry to practice, this group is relatively homogenous. No biases are expected based on education, language, ethnicity, or cultural background. Post-assessment analysis will ensure that those who practice in non-traditional or non-clinical roles are not disadvantaged.

## CONTENT DEVELOPMENT PROCESS

To ensure validity of the assessment content, a rigorous process has been used to develop the content. It has consisted of the following steps:

1. Review of College documents and provincial legislation
2. Practice analysis of College members
3. Review of practice questions and complaints received by the College
4. A validation survey to confirm elements with registrants
5. Stakeholder consultation

This process has validated the content of the assessment and assessment clinical cases and questions will be mapped to this content according to the blueprint.

## CONTENT

The assessment will consist of regulatory competencies identified in the content development process and the non-clinical competencies established in the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3<sup>rd</sup> edition (Association of Canadian Occupational Therapy Regulatory Associations).

### *Regulatory Competencies*

- Confidentiality & Privacy
- Documentation
- Professional Boundaries
- Informed Consent
- Ethical Issues
- Conflict Resolution
- Scope of Practice
- Use of Title\*
- Duty to Report
- Conflict of Interest
- Support Personnel\*

*\*Will have a reduced weighting in the blueprint*

### *Essential Competencies of Practice for Occupational Therapists in Canada, 3<sup>rd</sup> Edition*

- Assumes professional responsibility
- Thinks critically
- Utilizes an occupational therapy process to enable occupation
- Communicates and collaborates effectively
- Manages own work and advocates within systems

### **BLUEPRINT**

The assessment will be approximately 2/3 regulatory competencies and 1/3 essential competencies. Each regulatory topic and essential competency will have approximately two (2) cases each; use of title and support personnel will only have one (1) case each. Assessment items will use clinical cases, but will be checked to ensure they are not testing clinical or context specific knowledge.

### **EXAM FORMAT**

The assessment will use key feature cases and questions to assess clinical reasoning. A key feature is a critical or essential step in resolving a problem, a step where candidates are most likely to make an error. A recent literature review has demonstrated that a key features format, when designed appropriately, can effectively assess clinical reasoning skills (Hrynychak, Takahashi, & Nayer, 2014). Specifically, they found that assessments using key features could distinguish between novice and expert practitioners and level of training. In addition, key feature tests have been demonstrated to predict regulatory complaints of physicians (Tamblyn et al., 2007).

## PROPOSED TEST LENGTH

Evidence suggests acceptable reliability and validity in key feature assessments when 25-40 cases are used with 2-3 questions in each that are blueprinted to the desired content (Hrynchak, Takahashi, & Nayer, 2014). The assessment will consist of 25-30 cases with 2-3 questions per case (60-90 questions). This is anticipated to take 2-3 hours of writing for registrants.

## REFERENCES

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