



Competence Assessment
Jonathan Belbin, Registrar



Outline

- College Mandate
- Professional Competence
- Competence Program Requirements
- Ensuring Competence
- Current Evidence
- Trends
- Competence Program
- Development



College Mandate

- Protect the public's interest by:
 - setting standards for practice,
 - establishing programs to ensure that occupational therapists practice safely and **competently**,
 - and investigating concerns raised about registrants' practice.

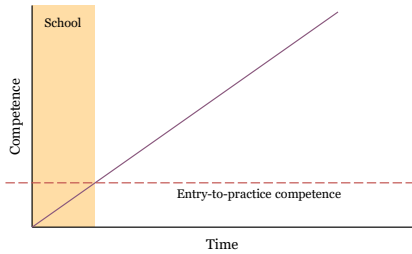


Professional Competence

- Habitual and judicious use of knowledge, skills, values, and judgements in daily practice for the benefit of the individual being served (Epstein & Hundert, 2002)
- Contextually and environmentally dependent
- Competencies support competence

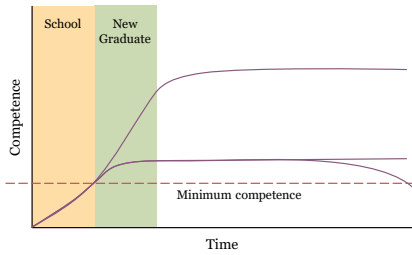


Professional Competence



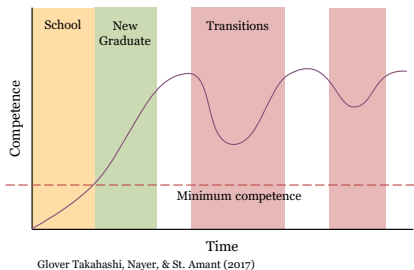


Professional Competence



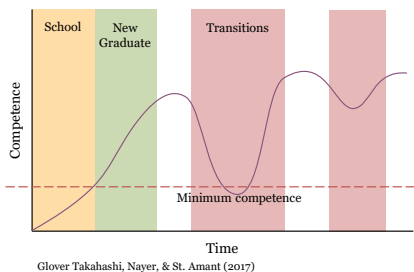


Professional Competence





Professional Competence





Competence Program Requirements

- Legal Defensibility
- Validity
- Reliability
- Feasibility
- Applicability
- Comprehensive
- Equitable



Ensuring Competence

- Self-Assessment
- Continuing Education Credits (CEC)
- Portfolios
- Peer Assessment
- Objective Structured Clinical Examination (OSCE)
- Chart Audit
- Onsite Assessment
- Written Assessment

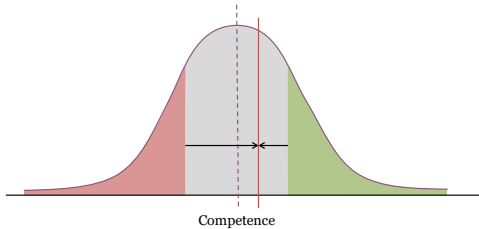


Evidence - Self Assessment

- Poor correlation to objective measures (Davis et al., 2006)
- Independent of level of training, specialty, domain, or methodological procedure
- Relies on self-efficacy and self-awareness (Regehr & Eva, 2006)
- “Unskilled and unaware of it”



Evidence - Self Assessment



Kruger & Dunning (1999); Parker, Alford, & Passmore, (2004); Hodges, Regehr, & Martin, (2001)



Evidence - Education Credits

- Relies on self-assessment
- Logistical challenge of evaluating quality of educational events
- More likely to participate in educational activities that reinforce what we already know (Regehr & Mylopoulos, 2008; Regehr & Eva, 2006)
- Participation in educational activities does not ensure change to practice (Regehr & Mylopoulos, 2008; Mazmanian, Daffron, Johnson, Davis, & Kantrowitz, 1998)
- Imposing educational requirements does not change reported confidence (Lysaght, Altschuld, Grant, & Henderson, 2001)



Evidence - Written Assessment

- A key feature approach can assess clinical reasoning (Hrynychak, Takahashi, & Nayer, 2014)
- Distinguish between level of training and novice and expert practitioners
- Predict regulatory complaints of physicians (Tamblyn et al., 2007)



Trends

- Low Stakes
 - Nova Scotia College of Physiotherapists
 - College of Registered Nurses of Nova Scotia
 - College of Physiotherapists of Ontario
- Medium Stakes
 - College of Physical Therapists of British Columbia
- High Stakes
 - College of Occupational Therapists of British Columbia (COTBC)



Competence Program

- Purpose
 - To support, monitor, and ensure that OTs are competent practitioners
- Goal
 - Demonstrate to the public
 - Support OTs to maintain competence

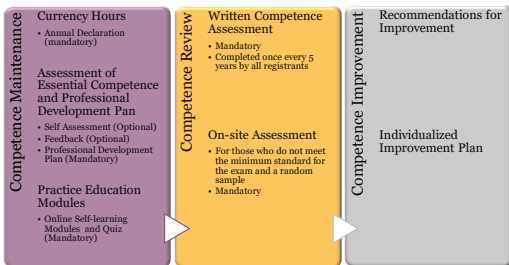


Competence Program

- Guiding Principles
 - Public protection
 - Mandatory participation
 - Responsibility of registrants
 - Support registrants
 - Dynamic, flexible, and accessible
 - Confidentiality
 - Meaningful at every stage of professional development

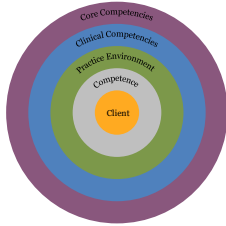


Competence Program





Competence Assessment





Competence Program

- Key Feature Approach
 - Critical or essential step in resolving a problem
 - Assesses clinical reasoning versus knowledge
 - Case-based
- Regulatory Topics (2/3rd)
- Essential Competencies (1/3rd)
- 60-75 questions, 2-2.5 hrs
- Online



Competence Program

- Regulatory Topics
 - 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*



Competence Program

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



Development

1. Case writing
2. Team check
3. Technical review and style edit
4. Case revision
5. Content review
6. Final Revision
7. Sign-off
8. Standard setting



Case Sample

A 74-year-old woman is admitted into the dementia-care unit of a complex care facility. Prior to admission she lived at home with her husband who is her primary caregiver. Her husband has power of attorney and signed all consents on admission. On intake, her husband advised that the client's daughter (his step-daughter) does not agree with the client's admission into facility care. He asks staff not to discuss the client's health or medical status with the daughter if she makes contact or visits.

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

1. A lawyer who identifies herself as representing the client's daughter contacts the OT. She advises that the daughter feels the client's husband is spending money irresponsibly, and this interferes with the client's ability to access the best care available to her. The lawyer asks if the OT can provide an opinion with regard to whether the husband has provided adequate funds for recommended equipment and/or services. In the OT's experience, the husband has always agreed to purchase recommended equipment and services. Recently, however, he cancelled private companion services because the client was becoming excessively agitated and difficult to manage during outings. How should the occupational therapist respond to the lawyer's request? (indicate true or false)

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

- a) Advise the lawyer that he has no concerns about the client's access to services, but that he cannot discuss specifics due to confidentiality.
- b) Advise the lawyer that confidentiality prevents him from discussing clients without consent and that he cannot provide an opinion on this matter.
- c) Identify that this inquiring raises concerns regarding potential neglect, and discuss the need for further investigation with a social worker.
- d) Advise the lawyer to contact the private companion service directly for details regarding their involvement with the client.
- e) Discuss the inquiry with the client's husband and recommend that he consider re-hiring the private companion.

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

- a) Advise the lawyer that he has no concerns about the client's access to services, but that he cannot discuss specifics due to confidentiality.
- b) Advise the lawyer that confidentiality prevents him from discussing clients without consent and that he cannot provide an opinion on this matter.
- c) Identify that this inquiring raises concerns regarding potential neglect, and discuss the need for further investigation with a social worker.
- d) Advise the lawyer to contact the private companion service directly for details regarding their involvement with the client.
- e) Discuss the inquiry with the client's husband and recommend that he consider re-hiring the private companion.

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

2. Following a visit by the client's daughter, the unit nurse asks the OT to contact the daughter. The nurse states the daughter would like to make arrangements to move the client home with her, and requires information about how much support her mother is going to need. The daughter advised that her mother and step-father could afford private care and that her mother "would be happier at home." What steps should the OT take to ensure client's privacy is protected and confidentiality is appropriately maintained? (select 2)

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

- a) Advise the daughter that he is not permitted to discuss the client's status, and then suggest she contact her step-father.
- b) Make a referral to the Office of the Public Guardian & Trustee to request they contact the daughter on the client's behalf.
- c) Provide a report outlining the client's functional status to the husband and request he give a copy to his step-daughter.
- d) Discuss the request with the client's husband and request direction regarding what information to share.
- e) Request the client's daughter submit a Freedom of Information request before releasing any information.
- f) Advise the client's daughter to contract a private OT to assess the client and provide the requested information.

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



Case Sample

- a) Advise the daughter that he is not permitted to discuss the client's status, and then suggest she contact her step-father.
- b) Make a referral to the Office of the Public Guardian & Trustee to request they contact the daughter on the client's behalf.
- c) Provide a report outlining the client's functional status to the husband and request he give a copy to his step-daughter.
- d) Discuss the request with the client's husband and request direction regarding what information to share.
- e) Request the client's daughter submit a Freedom of Information request before releasing any information.
- f) Advise the client's daughter to contract a private OT to assess the client and provide the requested information.

Courtesy of the College of Occupational Therapists of British Columbia (COTBC).



References

- Davis, D. A., Mazmanian, P. E., Fordis, M., Van Harrison, R., Thorpe, K. E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence. *Journal of the American Medical Association, 296* (9), 1094-1102.
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association, 287* (2), 226-235.
- Glover Takahashi, S., Nayer, M., & St. Amant, L.M.M. (2017). Epidemiology of competence: a scoping review to understand the risks and supports to competence of four health professions. *BMJ Open, 7*, e014823.
- Hodges, B., Regehr, G., & Martin, D. (2001). Difficulties in recognizing one's own incompetence: Novice physicians who are unskilled and unaware of it. *Academic Medicine, 76* (10), S87-S89.
- Hrynchak, P., Takahashi, S. G., & Nayer, M. (2014). Key-feature questions for assessment of clinical reasoning: A literature review. *Medical Education, 48*, 870-883.
- Kruger, J., & Dunning, D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. *Journal of Personality and Social Psychology, 77* (6), 1121-1134.
- Lysaght, R. M., Altschuld, J. W., Grant, H. K., & Henderson, J. L. (2001). Variables affecting the competency maintenance behaviors of occupational therapists. *American Journal of Occupational Therapy, 55* (1), 28-35.



References

- Mazmanian, P. E., Daffron, S. R., Johnson, R. E., Davis, D. A., & Kantrowitz, M. P. (1998). Information about barriers to planned change: A randomized controlled trial involving continuing medical education lectures and commitment to change. *Academic Medicine, 73* (8), 882-886.
- Parker, R. W., Alford, C., & Passmore, C. (2004). Can family medicine residents predict their performance on the in-training examination? *Family Medicine, 36* (10), 705-709.
- Regehr, G., & Eva, K. (2006). Self-assessment, self-direction, and the self-regulating professional. *Clinical Orthopaedics and Related Research, 449*, 34-48.
- Regehr, G., & Mylopoulos, M. (2008). Maintaining competence in the field: Learning about practice, through practice, in practice. *Journal of Continuing Education in the Health Professions, 28* (S1), S19-S23.
- Tamblyn, R., Abrahamowicz, M., Dauphinee, D., Wenghofer, E., Jacques, A., Klass, D., ... Hanley, J. A. (2007). Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities. *Journal of the American Medical Association, 298* (9), 993-1001.