

North Dakota Board of Occupational Therapy

OTA Supervision Q&A

What is the role of the OT substantiating supervision?

The role of the OT substantiating supervision is to verify that the OTA has adequate supervision. The supervision itself may be provided by the OT substantiating supervision and by other OTs. The OT is responsible to the OTA to collaborate in development of the plan, assist the OTA in skills training, and participate in establishing competency in skills areas for practice. The substantiating OT and other OTs contributing to competency establishment have an obligation to the OTA when they need additional guidance or training. For example, if a OTA has not seen a dysphagia client before, the OTA will need additional guidance and supervision. Again, other OTs can contribute to establishment of competency and this should be noted on the plan.

What is the role of the OTA in the supervision plan?

The OTA collaborates with the OT in the development of the supervision plan. The OTA is responsible for asking for additional mentoring, guidance or skills training as needed. For example, if an OTA has not seen a burn client for ten years, he/she likely will need to establish a competency in this area and would need to request further assistance from the OT in doing so.

Who would sign my plan if I work with 2 different OTs at 2 different jobs or different areas at my job site?

The OT that signs the substantiation document submitted to the Licensure Board will review your plan with you (OTA) and sign the annual review of your supervision plan. Each OT that validates an achievement in skill level may indicate their collaboration by signing their name and date on the supervision plan. If you are working at two different job sites, it would be permissible to attach to your supervision plan facility/job specific competencies lists which verify competency in job tasks in that setting.

Do I have to recreate a new plan every year?

NO. The supervision plan will become a working document that is reviewed annually and expands with each area of skill achievement and practice pattern accomplished. For example, if the OTA has established competency in ADL training, he/she would not need to establish competency again. The exception to this would be if the facility competency protocol itself requires that competency be re-established such as physical agent modalities. If the OTA establishes a new competency or adds duties that requires competency be established, these should be added to the plan.

I am an experienced OTA with many years of experience. How do I begin to create a skill list and supervisory plan?

Start with the basics specific to your current area of practice. Show that there is collaboration between yourself and the supervising OT and other contributing OT's on OT practice areas, skill development, or patient /professional related service delivery. The profession is ever changing and we are challenged to stay current and knowledgeable. A good resource for beginning your supervision plan is your facilities job orientation checklist or job description.

Do I have to use the form posted on the website?

NO. A supervisory plan can be adapted from workplace forms already in place. Hospital therapists typically have requirements for evidence of an orientation checklist that validated competence to work in that specific area of practice. Forms specific to a practice area that may include non-OT elements will be accepted. The minimum elements of a supervisory plan are:

Years of practice in the practice setting

Frequency of supervisory contact

Methods or types of supervision

Practice content areas addressed

Evidence to support areas and levels of competency

Names and credentials of the persons participating in the supervisory process

When should I send my supervisory plan in to the Board?

Only when requested. Audits will occur every 2 years and include 10% of the OTA's holding a ND license.

Who is responsible to develop the plan?

Both the OTA and the Supervising OT are responsible to develop, annually review, and if requested submit the plan to NDBOTP. Consider using the annual job review at your facility to talk about roles, activities and opportunities to contribute to the therapy process or therapy team.

How might a new OTA plan look?

Keeping in mind that the supervision plan is a plan, the plan will be updated as the new OTA establishes competencies. Begin with the competencies listed on the job description and establish competencies in the stated skill area or job requirements. Individuals will establish competencies over time and the plan will begin to take shape. If the OTA is not independent in a skill, they have not established competency. This does not mean they cannot complete the skill, it means they require more supervision and skills practice until they establish competency. Thus, a plan is developed. What process will be devised to prove competency in an area? Ex: The OT will provide 3 learning events and the OTA will have supported treatment time for 4 months with increased independence in the skill by (date).