



State Affairs Group News

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The American Occupational Therapy Association



Launching the Certification Programs

Guest Article

Penelope A. Moyers

The Commission on Continuing Competence and Professional Development (CCCPD) is launching Specialty Certification for both occupational therapists and occupational therapy assistants (in Environmental Modification; Low Vision; Driving and Community Mobility; and Feeding, Eating, and Swallowing) and Board Certification for occupational therapists (in Mental Health, Gerontology, Physical Rehabilitation, and Pediatrics). Applications for the certifications are now available. The deadline for submitting the application, including the portfolio, is June 19, 2006. The next application deadline is December 4, 2006. Trained reviewers from the expert panels that developed the certifications submitted their own portfolios to the CCCPD in January of 2006 in order to become certified. These newly certified occupational therapists and occupational therapy assistants will review the portfolios from July 14 to September 8, 2006, and then again from January 12 to March 9, 2007. In subsequent years, applications will continue to be accepted and reviewed twice a year. After applicants are certified, we want these occupational therapists and occupational therapy assistants to consider attending the portfolio reviewer training to become reviewers themselves.

Successful applicants for specialty certification will be given credentials reflecting their hard work in performing a self-appraisal, which involves carefully selecting, documenting, and reflecting on their learning activities in order to meet meticulously delineated competencies. Written reflection first explains why the applicant selected the particular learning activities to be a part of the portfolio. It is more important that the portfolio demonstrate quality rather than quantity. Including every learning activity one has done defeats the process of self-appraisal, as the applicant has not carefully considered the best way to learn in order to achieve a competency.

Two other reflection questions for the self-appraisal link the selected learning activities and professional accomplishments to a thorough examination of performance as a practitioner: (a) how learning contributed to the changes made in delivering services, and (b) how these changes affected client outcomes. By client, the certification programs refer to persons, populations, organizations, or communities. Occupational therapy students are not meant to be the applicant's clients. The focus of these certifications is on practice, not on teaching occupational therapy students. In the instance of an occupational therapy faculty member working with students during the delivery of direct client services, their mutual client becomes the focus of the application. Faculty members who have their own clients should focus their portfolio from the perspective of a practitioner, not as an educator. However, some courses or presentations as an educator may have relevance in improving client services. In addition to the self-appraisal, the Board certification

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tions require a self-assessment of what the occupational therapist needs to learn in the future, and a thoroughly developed learning plan to guide the subsequent recertification process.

The competencies for board and specialty certification are based on a review of the literature for the particular area of practice, interviews with experts and practitioners, and input obtained through focus groups at the American Occupational Therapy Association's 85th Annual Conference and Expo, held in 2005. The data were distilled into the major tasks or domains of the specialist or the advanced practitioner, which then led to delineation of competencies. The Standards for Continuing Competence guided development of indicators that specified the knowledge, critical and ethical reasoning, and performance and interpersonal skills needed to achieve each competency. A variety of learning activities may be used to achieve the competency and all its indicators. The system for recognizing the selected learning activity is designed to give more points to those methods that the literature or a consensus of experts indicated was more likely to facilitate learning. For example, reading the literature or forming study groups is a successful way to gain knowledge, but may not be as effective when targeting improvement in interpersonal skills. Multiple methods of learning are encouraged and rewarded as the learner determines how best to organize his or her learning within a particular competency. The educational literature supports the use of varied learning approaches because the preferred way to learn depends on the learner's needs.^{2,3}

The CCCPD strongly believes that these certifications will be of value to stakeholders (e.g., occupational therapists and occupational therapy assistants, employers, clients, state licensing boards, National Board for Certification in Occupational Therapy, etc.). Certificate holders should feel rewarded for this professional achievement because certification is a significant connotation of what the practitioner knows how to do, is able to do, and can apply to prac-

tice. Certification has value to the profession because the development of these programs defined, for the first time, the knowledge, interpersonal and performance skills, and ethical and critical reasoning of the specialist and the advanced practitioner. It will be necessary to study the outcomes of certification, but until then, the CCCPD's objectives are for certification to: (a) increase the confidence of practitioners in delivering services and the confidence of clients that they are receiving the best services; (b) develop leaders in these advanced and specialized areas of practice; (c) establish mentoring relationships among certificate holders and those who are pursuing certification; (d) promote job satisfaction; and (e) improve quality of care. Occupational therapists and occupational therapy assistants who avail themselves of this program certainly demonstrate their commitment to lifelong learning as necessary for delivering remarkable occupational therapy services.

References

1. American Occupational Therapy Association. (2005). Standards for Continuing Competence. *American Journal of Occupational Therapy*, 59, 661-662.
2. Davis, D. A., Thomson, M. A., Oxman, A. D., & Haynes, B. (1995). Changing physician performance. *JAMA*, 274, 700-705.
3. Maxmanian, P. E., & Davis, D. A. (2002). Continuing medical education and the physician as a learner: Guide to the evidence. *JAMA*, 288, 1057-1060.

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About the State Affairs Group

Purpose

The State Affairs Group is responsible for all of the Association's state legislative and regulatory activities. This department monitors and provides analysis of proposed legislation and regulations affecting OT in the states, conducts outreach and provides assistance to state OT associations on key state issues such as professional regulation/scope of practice. The department also provides day-to-day liaison with state OT regulatory boards on professional trends and issues such as supervision and continuing competence requirements.

Resources

Department staff provide research, technical assistance and consultation on a wide range of state legislative and regulatory issues, and function as a clearinghouse for information useful to state regulatory boards. Staff members work with the state regulatory boards, analyze proposed legislation and regulations on key issues, provide testimony and recommend appropriate strategies for handling issues that affect the profession.

Staff and Contact Information

Please contact us if there are any issues that you would like to learn more about or require technical assistance. The department also invites suggestions for future newsletter articles.

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Athletic Trainers Aim to Expand Their Scope

Many states regulate athletic trainers. Recent legislation and even some proposed regulations have attempted to redefine trainers' scope of practice and creatively define who is an athlete and what an athletic injury is.

The National Athletic Trainers' Association (NATA) asserts on its Web site that "certified athletic trainers (ATCs) are allied medical professionals who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the *physically active*" [Italics added] which could mean almost anyone. NATA also states that "in the industrial setting, athletic trainers develop and manage programs designed to keep employees working at full capacity, improving company productivity and even help reduce health care and insurance costs. The industrial/occupational ATC is knowledgeable in the design, implementation and measurement of injury prevention, injury reduction and return to work programs."

Occupational therapy practitioners, as well as physical therapy practitioners, are not taking this expansion of scope lying down. In **Colorado**, legislation was introduced this year to license athletic trainers. This bill includes a very broad scope of practice that could be a threat to occupational therapy practitioners, particularly because occupational therapy is not a licensed profession in Colorado and therefore does not have a protected scope of practice.

The bill's definition of *athletic training* includes "services appropriate for the prevention, recognition, assessment, management, treatment, rehabilitation, and reconditioning of injuries and illnesses that are sustained in sports, recreation, games, or exercise or might affect an individual's participation in those activities." With that

broad language, an individual who has any other disabling condition could be rehabilitated by an athletic trainer. The definition also includes "the provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of injuries and illnesses." Clearly, this language could enable athletic trainers to expand their practice into settings and practice areas that are traditionally the domains of occupational therapy and physical therapy.

The **Kentucky** Occupational Therapy Association (KOTA) is in support of a licensure bill for athletic trainers because it provides an enforcement tool to guard against inappropriate expansion of practice. KOTA has negotiated compromise language with the state's athletic trainers association including a provision that says "A certified athletic trainer can not work in the industrial setting except in the capacity of screening injuries and referring patients to an occupational therapist..., a physical therapist..., or a physician."

In **Utah**, a licensure bill for athletic trainers was reported favorably from the House Business and Labor Committee in late January. The bill revises the AT scope of practice by redefining athletic injury to include "a condition that is within the scope of practice of an athletic trainer identified by a directing physician or physical therapist as benefiting from athletic training services." This language gives considerable latitude to physicians and PTs to determine who can benefit from athletic trainer services.

In **Washington** state, legislation to revise the AT scope of practice is also expected to be introduced this year. The Washington Occupational Therapy Association has been working with the state AT association and will suggest compromise language. Particular concerns are with the inclusion of "industrial organization" and "activity" in the definitions of *athlete* and *athletic injury*.

Last year in **Oregon**, the Athletic Trainer Registration Board attempted

to expand their scope of practice through an amendment to their regulations. The definition of *athlete* in Oregon statute includes the phrase "generally conducted in association with an educational institution, or professionals or amateur sports activity." The Board proposed a rule amendment to define "generally conducted in association with" to include "settings outside of a sports activity" which would in effect allow treatment of any population.

Athletic trainers in **Nevada** also attempted to broaden their scope through regulation. Rather than promulgate its own standards of practice in regulation, the Board is trying to adopt the standards of practice published by the Board of Certification for athletic trainers. AOTA commented that this could allow repeated changes to the standards that are not directly promulgated by the licensing agency. The proposed regulations also broaden the definition of *athletic activity* by including the word "work."

AOTA routinely monitors legislative and regulatory activity related to a number of professions, including athletic trainers. Many state associations monitor these activities as well through their lobbyists and legislative committees. AOTA and state associations collaborate on strategies to respond to any changes that may negatively affect occupational therapy practice.



Public Affairs Session Highlights at AOTA's Annual Conference and Expo 2006

**AOTA Conference
April 23-29, 2006
Charlotte, North
Carolina**

Thursday, April 27

Medicare Update 8:30 - 11:30am

Convention Center 209AB/210AB

Medicare Medical Directors will tell you what THEY need to make positive decisions about coverage for OT. Learn how to advocate for your patients and your profession with Medicare contractors and be successful! with insurance companies in your state.

Legislative Developments in Emerging Practice Areas 1 - 2:30pm

Convention Center 203B

Your practice is changing and so is policy! Hear the latest on a wide-range of issues: mental health, children's services, prevention, and aging-in-place. Hear how YOU can advocate for federal policy supportive of these new areas.

Friday, April 28

Medicare on the Hill: How Leg- islation Will Affect Practice 1:30 - 3pm

Convention Center 213CD

Learn the latest on the "\$1500" cap, the future of rehabilitation hospitals, home health, orthotics, wheelchairs and some new trends

in Medicare. Learn now what may affect your practice in the future!

Understanding and Asserting the Occupational Therapy Scope of Practice 3:30 - 5pm

Convention Center 213CD

Threats to your OT scope of practice? Learn where the key issues are playing out in states and how AOTA resources and support have led to critical victories. Be ready for the next challenge with better understanding, advocacy, and articulation skills to promote and protect OT.

Saturday, April 29

Advocate for Occupational Ther- apy with Private Payers 8-9:30am

Convention Center 217D

Claims denied? Services limited? Learn from the source- insurance company representatives and other OTs -- how best to advocate for appropriate coverage and payment to meet your needs and the needs of your patients.

Reauthorization of IDEA: What it means for Occupational Therapy 2 - 5pm

Westin Hotel Ballroom B

Changes in the Individuals with Disabilities Education Improvement Act, and their anticipated impact on the availability, and provision of occupational therapy services.

Working with the Media in Your Community

10 - 11:30am

Convention Center 208A- Panel

You can carry the OT message! Your local media can be allies in telling people how much OT can do. The session will address selecting and packaging information for the media, including developing a media plan, key messages and objectives to tell the public about OT; writing press releases; identifying the right contact for your event or message; cultivating relationships; and responding to media requests. Be prepared to promote OT when you return home!



MeOTA Advocates to Limit Impact of Cuts to Early Childhood Special Education

Guest Article

Kathy Adams OTR/L

Legislative Co-Chair, Maine

Occupational Therapy Association

Early in 2005, the Maine Department of Education (DOE) received a legislative directive to cut \$6.5 million from the budget. In September 2005, the DOE put forth a proposal to consolidate the state's 16 regional Child Development Services (CDS) organizations into 7 sites by July 2007. The state's intention was to centralize the administrative and fiscal functions that now are carried on at each regional site. The CDS sites consolidation plan was introduced into the Maine Legislature as Legislative Document (LD) 1772 "An Act to Improve Early Childhood Special Education".

There was a public hearing on LD 1772 in January 2006 and four lengthy work sessions followed. The Maine OT Association (MeOTA) and its lobbyist were in attendance at each session. We collaborated with the Maine Speech, Language and Hearing Association and the Maine Association of Community Providers. In March 2006, the Education Committee voted 11 to 2 in support of LD 1772 with significant amendments. The DOE will move ahead with plans to consolidate Maine's early childhood services into special education with one unified set of statutory provisions for birth through age 20. It will also establish a standard contract to be used statewide for all therapeutic service providers. It will design a statewide plan for providing professional development to all CDS personnel in Maine. For more details, visit www.meota.org for a summary of the Majority Report of the Education Committee. LD 1772 now moves to the full legislature for action.

The MeOTA made many attempts throughout this process to learn more

about the pending CDS changes and to connect with policy makers. We organized a meeting in October '05 with the DOE State Director of Special Education and the State Director of CDS. Other meetings were also held with OT practitioners around the state who work in both the CDS and school systems. We wanted to learn how the changes in the DOE system of service delivery would impact OT practice as well as the children and families that we serve. We used our member e-mail network and our website in an effort to keep members informed and to communicate as often as possible.

We are continuously learning along the way to be more effective and involved in working with the legislative policy makers. An important amendment, that is now part of LD 1772, is the creation of a 26 member Committee to Study Early Childhood Special Education. MeOTA has proposed to DOE officials that we nominate several OT practitioners for possible appointment to this Committee. This idea has been welcomed. We are intent upon being part of the research, assessment, deliberation and planning for a future system that will optimally serve children who need early intervention special education services in Maine.

MeOTA is particularly grateful to our lobbyist, Pam Cahill, for her guidance and support.

Delaware OTs and PTs Collaborate to Halt AT Scope Expansion

Guest Article

Kathy Caudle, OTR/L

President, Delaware Occupational Therapy Association

On a Friday evening while checking my e-mail, I came across a message from a PT colleague and President of the Delaware PT Association (DPTA), requesting help from DOTA. The e-mail was an alert to a bill that was about to be considered in the legislature that would expand the scope of practice for athletic trainers in Delaware to in-

clude treating a client with a physician's referral to include "**any musculoskeletal injury resulting from physical activity**". DPTA had met with the Delaware Athletic Trainers Association several times over 9 months to work out their differences. The National Athletic Trainers Association was funding a lobbyist to help the Delaware ATCs push their agenda through the House. The training at a local university, although excellent, does not include a domain of practice that would encompass for example, repetitive trauma disorders, adhesive capsulitis, arthritic changes, among other disorders that are not associated with an athletic injury.

Armed with this information and a link to the bill, I contacted AOTA's State Affairs Group to request assistance. AOTA provided me with the assistance I needed to help our members contact state legislators to inform them of what this change in the scope of practice would mean to occupational therapy practitioners and the clients we serve.

AOTA sent letters to 168 occupational therapists and occupational therapy assistants in Delaware asking that they contact their state legislators about legislation to revise the athletic trainers practice act. AOTA included a pre-written letter to their legislator (as identified by AOTA's grassroots system) and an addressed/stamped envelope. Practitioners were requested to sign the letter and mail to and mail to their state representative. A separate mass e-mailing to the DOTA members and this letter writing campaign was very successful as we were able to halt this change in the ATC scope of practice in Delaware.

This was an example of two disciplines that sometimes are at odds with each other, being able to put aside their clinical/professional differences to protect the clients we both serve. Fortunately this legislative change was relatively easy to alter, thanks to the help and support of AOTA and the support and action of the DOTA and DPTA members. This action brought two strong organizations together for the benefit of both professions.

Promote Occupational Therapy All Year

Celebrate occupational therapy all year with AOTA's great ideas and products. Perfect for your community activities, campus events, media contacts, facility open houses, staff recognition...and more!



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