
Hierarchy of Competencies Relating to the Use of Standardized Instruments and Evaluation Techniques by Occupational Therapists

Approved by the Representative Assembly, May 1984

Developed by Patti Maurer, PhD, OTR; Roann Barris, EdD, OTR; Betty Bonder, PhD, OTR; and Nedra Gillette, MEd, OTR.

This hierarchy of competencies has been developed by the AOTA/AOTF Committee on Standardized Assessments/Evaluations in an effort to establish the range of knowledge and skills required of occupational therapists. The hierarchy is intended to provide guidance for educators in the preparation of scholarly practitioners at several levels of practice.

Responding to a charge from the Representative Assembly to design a plan for the development of standardized evaluations for use by occupational therapists, the committee recognized as a first step the need for some agreement across the profession as to the scope and nature of the competencies required in assessment and evaluation. This proposed hierarchy represents the committee's efforts to obtain agreement regarding this aspect of practice.

By definition, items at the beginning (or lower level) of a hierarchy are implied as necessary for later (or higher) level functions. Thus, all members of a profession must demonstrate each Basic Competency, in each aspect of practice.

Entry-level competencies of the COTA may be presumed as competencies of the entry-level OTR, and so forth. Higher level competencies are built on and incorporate the lower level competencies which precede them. Higher level competencies may be acquired through practice and experience, or through advanced education. Some competencies at Level IV, and all at Level V, would require advanced education.

Terminology for Assessment Competencies

Assessment: refers to the process of determining the need for, nature of, and estimated time of treatment, as well as determining the needed coordination with other persons involved (1).

Clinical Reasoning: the process of systematic deci-

sion-making based on an identifiable professional frame of reference and utilizing both subjective and objective data accrued through appropriate assessment/evaluation processes.

Entry-Level Competencies: minimal competence acceptable upon completion of technical or professional education program.

Evaluation: refers to the process of obtaining and interpreting data necessary for treatment. This includes planning for and documenting the evaluation process and results. These data may be gathered through record review, observations, questioning, and testing. Such procedures include but are not limited to the use of standardized tests, performance checklists, interviews, and activities, and tasks designed to evaluate specific performance abilities. Categories of occupational therapy evaluation include independent daily living skills and performance, and their components (1).

Hierarchy: the basic hierarchical scheme used in this document is the level of professional competence required by the COTA and the OTR.

Instrument: a device for recording or measuring; especially such a device functioning as a control system.

Norms: a standard, a model, or pattern for a specific group; an expected type of performance or behavior for a particular reference group of persons.

Objective: facts or findings which are clearly observable to and verifiable by others, as reflecting reality.

Reliable: the degree to which a test's results may be expected to be consistent.

Standardized: made standard or uniform; to be used without variation; suggests an invariable way in

which a test is to be used, as well as denoting the extent to which the results of the test may be considered to be both valid and reliable.

Subjective: an observation not rigidly reflecting measurable reality; may imply observer bias; may not be verifiable by others in the same situation.

Valid: the degree to which a test's results are actually measures of the characteristics it claims to measure.

I. Basic Competencies in Assessment

A. recognizes the importance of using standardized, reliable, and valid instruments whenever such are appropriate.

B. distinguishes between subjective and objective data, and uses each accordingly.

C. distinguishes the critical differences between standardized and nonstandardized instruments.

D. recognizes the need to use standardized instruments according to the instructions given in the test administration manual.

E. recognizes that using standardized instruments in an unstandardized (or adapted) manner may result in an invalid assessment.

F. recognizes that specialized training may be necessary to administer certain instruments correctly and to interpret the data appropriately.

G. uses assessment data to document work with client so as to provide a logical, continuous record of performance, therapeutic goals and media, and outcomes.

H. follows ethical practices in the use of assessments: recognition of copyright, protection of the security of tests, protection of the confidentiality of test results, use of assessments for which one's education and experience is sufficient.

II. Entry-Level Competencies, Technical Education

A. uses a structured interview format as directed by the OTR to elicit background information on family history, self-care function, and leisure interests and experiences.

B. administers other structured instruments as supervised by the OTR.

C. combines information collected through assessment procedures with standards of customary practice and collaborates with the OTR to develop a treatment plan for the client.

D. informs OTR supervisor when client performance seems to indicate need for reassessment or evaluation.

III. Entry-Level Competencies, Professional Education

A. identifies available instruments in one's area of practice.

B. identifies behavioral dimension measured by specific instruments.

C. interprets information on reliability, validity, and norms of instruments used.

D. selects instruments based on a clinical/theoretical rationale for their use.

E. identifies areas of practice where instrument development is needed.

F. administers and interprets standardized and other instruments which assess the client's occupational performance and performance components with relation to the given environment.

G. identifies need for further specific assessment of function.

H. integrates data from assessments to formulate a treatment plan using principles derived from theory to show coherence between findings and treatment goals and media.

I. recognizes the need for reassessment or evaluation of client performance.

J. supervises assessments and evaluations done by a COTA in conformance with state and federal laws and regulations.

IV. Advanced Level Competencies

A. critiques existing instruments on the basis of reliability, validity, norms, and relationship to theory in occupational therapy.

B. contributes to the development, field testing, and dissemination of instruments clearly linked to theory in occupational therapy.

C. obtains specialized training to use instruments critical to one's area of practice.

V. Scholarly Research Competencies

A. designs new instruments in accordance with principles of instrument development, and plans research to field tests and standardize the instrument.

B. obtains funding for the development of a new instrument.

C. articulates the need for such an instrument and the rationale for its design so as to increase proper use of it within the profession.

D. designs research linking assessments/evaluations to theory development in occupational therapy.

REFERENCES

1. *Uniform Terminology For Reporting Occupational Therapy Services*. Rockville, MD: The American Occupational Therapy Association, Inc., Approved by the AOTA Representative Assembly, March 1979
2. *The American Heritage Dictionary of the English Language, New College Edition* Boston: Houghton Mifflin Company, 1976