

OTA ESSENTIAL COMPETENCIES

A student must have essential abilities and skills of the varieties listed to participate in the occupational therapy assistant program. Reasonable accommodations may be made; however, the student is expected to perform in a reasonably independent manner without compromising patient safety. The student must notify Alan Chastain if a disability is present and what accommodations may be necessary. Other abilities not listed here may be required in certain occupational therapy settings.

A. CRITICAL THINKING

Critical thinking ability sufficient for clinical judgment; including processing information; assessment, problem solving, and prioritizing multiple tasks on a daily basis. This includes the ability to take initiative and work independently, yet recognize self-limitations.

Examples: identifying cause-effect relationships, evaluating situations including patient responses to report to supervising occupational therapist

B. COMMUNICATION

Communication abilities sufficient for interactions with others in verbal, nonverbal and written form with grammatical correctness, such as client/family teaching; communicating with patient and health team; reporting patient condition; using electronic communication devices; documentation; using equipment, reading material not in standard form; understanding and interpreting written and oral orders, policies, procedures; writing instructions, forms, reports; communicating with occupational therapist educators.

Examples: summarizing medical records information, explaining occupational therapy procedures, documenting intervention sessions, assessment results and patient responses and progress.

C. INTERPERSONAL

Interpersonal abilities and emotional stability sufficient to interact with individuals, families, groups from variety of social, emotional, cultural and intellectual backgrounds in a caring manner, such as sensitivity to individual differences, recognition of individual dignity and worth, providing emotional support, adapting to changing and stressful environments. This would also include the ability to accept guidance and supervision from supervisors, teachers and clinical educators.

Examples: controlling emotions when dealing with the unexpected, responding to an emergency, demonstrating caring and concern for the individual experiencing health problems, accepting supervision from an occupational therapist.

D. MOBILITY

Physical abilities include fine and gross motor abilities, functional mobility and stamina sufficient to provide safe and effective care to clients with common, recurring health problems, in a variety of health care settings. These abilities would include skills such as kneeling, crawling, sitting on floor, bending, reaching, climbing, moving quickly, performing coordinated and repetitive movements, manipulating equipment, standing and walking for prolonged periods, lifting and carrying weights including people, equipment and supplies.

Examples: transferring and lifting clients, moving quickly in response to an emergency, assisting with OT assessment and activities of daily living for clients, carrying out infection control measures, using equipment, providing treatments

E. VISUAL

Visual ability sufficient for observation and assessment necessary in providing care, such as physical assessment, inspection, detecting physical and behavioral changes and safety hazards, reading written client care materials, performing OT intervention.

Examples: reading charts, performing treatments, assessing visible body conditions and changes, performing OT observation and assessment

F. HEARING

Auditory ability sufficient to assess and monitor health needs and interact verbally with patient, family and health team, such as carrying on verbal communication, responding to verbal requests and auditory stimuli, assessing faint body sounds, responding to alarms.

Examples: receiving and interpreting verbal messages, responding to fire, monitor and patient alarms, receiving reports, using telephone

G. TACTILE

Tactile ability sufficient for physical assessment and hands on care, such as assessing client condition and response to treatment through palpation and performing procedures requiring an intact sense of touch.

Examples: assessing functional muscle tone, finding landmarks, setting equipment parameters, providing hands-on OT intervention procedures