

GUIDELINES FOR RE-ENTRY INTO THE FIELD OF OCCUPATIONAL THERAPY

Purpose of the Guidelines

These guidelines are designed to assist occupational therapists and occupational therapy assistants who have left the field of occupational therapy for an extended period of time and have chosen to return to the profession and deliver occupational therapy services. The guidelines represent minimum recommendations only and are designed to support practitioners in meeting their ethical obligations to “continually maintain high standards of competence” (American Occupational Therapy Association [AOTA], 2005a, p. 640).

It is expected that practitioners will identify and meet requirements outlined in applicable state and federal regulations, relevant workplace policies, the Occupational Therapy Code of Ethics (AOTA, 2005a), and continuing competence and professional development guidelines prior to re-entering the field.

Clarification of Terms

Re-Entry—For the purpose of this document, re-entering occupational therapists and occupational therapy assistants are individuals who:

- have practiced in the field for a minimum of 1 year (individuals who have practiced for less than 1 year are considered entry-level); and

- have not engaged in the practice of occupational therapy (may include direct intervention, supervision, teaching, consultation, administration, case or care management, community programming, or research) for a minimum of 18 months; and
- wish to return to the profession in the capacity of delivering occupational therapy services to clients.

Formal Learning—Refers to any learning that has established goals and objectives that are measurable. This may include activities such as:

- Attending workshops, seminars, lectures, and professional conferences.
- Auditing or participating in formal academic coursework.
- Participating in external self-study series (e.g., AOTA Self-Paced Clinical Course).
- Participating in independent distance learning (asynchronous) continuing education (CE) (e.g., CE articles, video, audio, or online courses) with and established goals and objectives that are measurable.
- Participating in interactive distance learning (synchronous) CE with established goals and objectives that are measurable.

Supervised Service Delivery – For this document, refers to provision of occupational therapy services under the supervision of a qualified occupational therapist. Supervision is, “a cooperative process in which two or more people participate in a joint effort to establish, maintain, and or elevate a level of competence and performance... Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development” (AOTA, 2009, p. 797) .

Specific Guidelines for Re-Entry

1. Engage in a formalized process of self-assessment (e.g., self-assessment tools, such as using AOTA's [2003] *Professional Development Tool*), and complete a professional development plan that addresses the *Standards for Continuing Competence* (AOTA, 2005b).
2. Attend a minimum of 10 hours formal learning related to occupational therapy service delivery for each year out of practice, at least 20 of which must have occurred within the past 24 months of re-entry.
3. Attain relevant updates to core knowledge of the profession of occupational therapy and the responsibilities of occupational therapy practitioners that are consistent with material found in AOTA official documents such as the *Occupational Therapy Practice Framework* (AOTA, 2008), *Code of Ethics* (AOTA, 2005a), *Standards for Continuing Competence* (AOTA, 2005b), *Standards of Practice* (AOTA, 2005c), and *Guidelines for Supervision* (AOTA, 2004).
4. For practitioners who have been out of practice more than 3 years: Within the parameters present in a practitioner's workplace setting and applicable state regulations, complete a minimum of 30 hours of documented supervised practice in occupational therapy within the 12 months prior to anticipated reentry or within 30 days of employment as a practitioner delivering occupational therapy services.
 - a. The re-entering practitioner, in conjunction with the supervising OT practitioner(s), should establish specific goals and objectives for the 30 hours. Goals, objectives, and related assessment of performance may be developed or adapted from a variety of sources, including competency and performance review resources existing within the

setting, as well as AOTA resources such as the *Fieldwork Performance Evaluation for the Occupational Therapy Student*® forms (AOTA, 2002a, 2002b).

- b. The supervised practice experience should focus on the area of practice that the practitioner intends to return.
- c. Supervised practice should occur with a practitioner at the same or greater professional level.
- d. Supervision should be direct face to face contact, which may include observation, modeling, co-treatment, discussions, teaching, and instruction (AOTA, 2009), and may be augmented by indirect methods such as telephone and e-mail communications.

Ongoing Continuing Competence

Once practitioners have successfully returned to the delivery of occupational therapy services, they are encouraged to engage in activities that support them in their ongoing continuing competence, such as:

- Seeking mentoring, consultation, or supervision—especially during the first year of return to practice.
- Engaging in relevant AOTA Special Interest Section forums in order to build a professional network and facilitate opportunities for practice guidance.
- Exploring relevant AOTA Board and Specialty Certifications and to use the identified competencies and criteria as a blueprint for ongoing professional development.

- Joining and becoming active in both AOTA and state occupational therapy association in order to stay abreast of practice trends and increase opportunities for networking.

References & Resources

American Occupational Therapy Association. (2002a). *Fieldwork Performance Evaluation For The Occupational Therapy Student*©, Bethesda, MD: AOTA Press.

American Occupational Therapy Association. (2002b) .*Fieldwork Performance Evaluation For The Occupational Therapy Assistant Student*©, Bethesda, MD: AOTA Press.

American Occupational Therapy Association. (2003, May). *Professional development tool*.

Retrieved January 12, 2010 from <http://www.aota.org/pdt>

American Occupational Therapy Association. (2004). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 58, 663–667.

American Occupational Therapy Association. (2005a). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642.

American Occupational Therapy Association. (2005b). Standards for continuing competence. *American Journal of Occupational Therapy*, 59, 661–662.

American Occupational Therapy Association. (2005c). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663–665.

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683.

American Occupational Therapy Association. (2009). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy, 63*, 797-803.

Authors

Jan Davis, MS, OTR/L, *Chair*
Gloria Frolek-Clark, MS, OTR/L, BCP, FAOTA
Mary Kay Currie, OT, BCPR
Nancy Richman, OTR, FAOTA
Pamela Roberts, PhD, OTR/L, SCFES, CPHQ, FAOTA
Barbara A. Schell, PhD, OT, FAOTA
Winifred Schultz-Krohn, PhD, OTR/L, BCP, FAOTA
Carol Siebert, MS, OTR/L, FAOTA
Maria Elena E. Louch, OT, AOTA Staff Liaison

for

The Commission on Continuing Competence and Professional Development
Barbara A. Schell, PhD, OT, FAOTA, Chairperson

Adopted by the Representative Assembly 2010CApr11

To be published and copyrighted in 2010 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy, 64* (November/December).