Ohio Occupational Therapy Board: Updates and Ethics

February 8, 2019

http://otptat.ohio.gov
board@otptat.ohio.gov
Topics

- Regulation and Certification vs. Licensure
- Board Updates
- eLicense Ohio/License renewal
- Common correspondence
- Ethical issues
OSCAR, HOW DID YOU END UP LIVING IN A GARBAGE CAN ANYWAYS?

NO ONE LISTENED TO MY OCCUPATIONAL THERAPIST'S RECOMMENDATION FOR APPROPRIATE DISCHARGE LOCATION
Purpose of Regulatory Boards

• Establishing and checking requirements for entry into the profession
• Adopting administrative rules
• Enforcing laws related to licensure
• Assuring continued competence of licensees
Certification vs. Licensure

• The OT Section of the Ohio OTPTAT Board issues licenses to practice as an OT/OTA in the State of Ohio

• The NBCOT certifies as either OTRs or COTAs people who meet their requirements for certification
Certification vs. Licensure

• You **MUST** hold a valid license issued by the OT Section of the Ohio OTPTAT Board to legally practice occupational therapy in the State of Ohio

• **Certification ≠ Licensure**
Ohio Revised Code Requirements

• R.C. 4755.04 (C) states: An “occupational therapy assistant” means a person who holds a [license] ... to provide occupational therapy techniques under the general supervision of an occupational therapist.

• R.C. 4755.05 states: “No person who does not hold a current [license] ... shall practice ...”
OTPTAT vs. NBCOT vs. OOTA
The Alphabet Soup of the Profession

• OTPTAT is your state regulatory agency
  – The Board licenses individuals and enforces the practice act

• NBCOT is a certification entity
  – Certification allows a practitioner to use the credentials OTR or COTA
  – Current certification is not mandatory to maintain an Ohio license
OTPTAT vs. NBCOT vs. OOTA
The Alphabet Soup of the Profession

OOTA is the state professional association

• Along with the AOTA, it advocates on the state/federal level for the profession
• Professional association ≠ Licensing board
• State licensure does not require OOTA membership
Licensure

If you practice with NBCOT certification, but not Ohio licensure, you will be disciplined for practicing without a license!!
Licensure vs. Certification

• Once you receive your license to practice in Ohio, NBCOT certification is not required to renew your license to practice
OT Section Vision Statement

• The OT Section is committed to proactively:
  – Provide Education to the Consumers of OT Services;
  – Enforce Practice Standards for the Protection of the Consumer of OT Services;
  – Regulate the Profession of OT in an Ever-Changing Environment;
  – Regulate Ethical and Multicultural Competency in the Practice of OT;
  – Regulate the Practice of OT in all Current and Emerging Areas of Service Delivery.
Mission of the OT Section

The Mission of the OT Section is to Protect the Public, NOT the Licensee
Composition of the Board

• Joint Board consisting of an:
  – Occupational Therapy Section (4 OT, 1 OTA)
  – Physical Therapy Section (9 PT, 5 on joint board)
  – Athletic Trainers Section (4 AT, 1 physician)
  – One public member

• Total of 9.5 full-time staff
# OT Section Members

<table>
<thead>
<tr>
<th>Member</th>
<th>City</th>
<th>Term Expires</th>
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<tr>
<td>Beth Ann Ball, OT, Joint Board President</td>
<td>Worthington</td>
<td>2021</td>
<td>3rd</td>
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<tr>
<td>Joanne Phillips Estes, PhD, OT, Secretary</td>
<td>Cincinnati</td>
<td>2019</td>
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<tr>
<td>Mary Beth Lavey, OTA</td>
<td>Fremont</td>
<td>2021</td>
<td>3rd</td>
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<tr>
<td>Anissa Siefert, MOT, OT Section Chair</td>
<td>New Washington</td>
<td>2019</td>
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<tr>
<td>Melissa Van Allen, OT</td>
<td>Columbus</td>
<td>2020</td>
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All terms expire on Aug. 27 of the designated year. Pursuant to ORC 4755.01, members shall not serve for more than three (3) consecutive terms.

To seek appointment to the Board, you need to contact the Governor’s Office and download the application (http://governor.ohio.gov)
## Licensure statistics

<table>
<thead>
<tr>
<th>License Type</th>
<th>Number of Active licenses as of 2/5/19</th>
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<tbody>
<tr>
<td>Athletic Trainer</td>
<td>2,775</td>
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<tr>
<td>Occupational Therapist</td>
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2/8/2019
Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board
WHEN SOMEONE YOU JUST MET SAYS THEY KNOW WHAT OCCUPATIONAL THERAPY IS

AND THEY'RE ACTUALLY RIGHT
OTPTAT Board Updates

- Escrow elimination
- Changes to Continuing Education rule
- Partnership with OOTA
- Minimum age requirement
- License display
Escrow elimination

• OT and OTA licenses were permitted to be placed in an inactive status called escrow for a limited amount of time.

• Escrow status could be applied for during a renewal and was helpful to people who may not have completed continuing education due to other constraints. Fee was $20.

• Over time, the requirements to restore a license from escrow became nearly identical to those needed to reinstate a license: additional continuing education and completion of the jurisprudence test.

• Individuals out of practice for more than five years were subject to additional requirements, such as passage of the NBCOT exam
Escrow elimination

• With the requirements of reinstatement being so similar to restoration from escrow, this was oftentimes confusing to license holders.
• The Section came to the conclusion that very little benefit is achieved through the escrow option.
• Additionally, OT/OTA were the only license types with an escrow option at the OTPTAT Board.
• License holders will not have the ability to place their license in escrow during the upcoming OT renewal. The ability to restore a license from escrow is maintained for the licenses currently in escrow.
Changes to Continuing Education rule

• Clarified language that all of the following are accepted:
  Activities sponsored or approved by the occupational therapy section, the American occupational therapy association (AOTA), the Ohio occupational therapy association (OOTA), the national board for certification in occupational therapy, or offered by an AOTA approved provider.

• This includes NBCOT’s Navigator
Changes to Continuing Education rule

• Volunteer Continuing education at free clinics.

(15) Volunteer services to indigent and uninsured persons pursuant to section 4745.04 of the Revised Code. To qualify under this rule, volunteer services shall:

(a) Be provided at a free clinic or other non-profit organization that offers health care services based on eligibility screenings identifying the client as an "indigent and uninsured person" as that term is defined in division (A)(7) of section 2305.234 of the Revised Code.

(b) Be documented in writing in the form of a certificate or a written statement on letterhead from an administrative official at the organization where services were rendered, specifying at a minimum the license holder’s name, license number, date(s) of qualifying volunteer services, number of hours of services, and describing the services that were rendered.

(c) Not be credited for license holders in a paid position at the organization at which the services are rendered.

(d) Be occupational therapy or occupational therapy assistant services provided in compliance with the Revised Code and Administrative Code.

(e) Be credited as one hour of CE for each sixty minutes spent providing services as a volunteer, not to exceed four hours of the total biennial CE requirement.

(f) Not count toward the one contact hour of ethics, jurisprudence, or cultural competence education per renewal cycle as required by paragraph (A)(5) of this rule.

• Currently discussing the value of International volunteer work for continuing education.
Changes to Continuing Education rule

Basic requirement of 20 hours, including one hour of ethics, jurisprudence, or cultural competence

UNCHANGED
Partnership with OOTA

• Approval of continuing education courses are one of the most time consuming duties of section members.
• Receive approximately 1,360 applications per year.
• OOTA looking to take on the approval process – similar to physical therapy.
• Use a CE system to allow CE tracking for free and ability to look up courses.
Minimum age requirement

• More and more high school students are earning college credit while in high school.
• Graduates are applying to programs of study such as OTA.
• In order to protect against liability concerns, will be requiring a student to be 18.
License display

“The licensee shall display the license in a conspicuous place at the licensee's principal place of business.”

• Problematic for license holders who practice in multiple settings.
• Use of technology has increased – license record can be accessed anywhere at any time online.
• PDF of license will soon be available through eLicense.
• Rule will permit ability to display license electronically to meet this requirement.
IF YOU'RE ON A FIRST DATE, AND YOU SAY: "TELL ME ABOUT YOUR CLIENT FACTORS AND PERFORMANCE PATTERNS"

YOU MIGHT BE AN OCCUPATIONAL THERAPIST
eLicense Ohio

Verify a License

To verify a license, select Individual or Business, enter search criteria and click Search to see the results.
eLicense Ohio - renewals

• Occupational Therapists licenses expire June 30, 2019. Renewals will open **APRIL 1, 2019**.
• If you have completed your continuing education requirements, you may renew at any time. The sooner the better.
• There is no late renewal. After expiration, you must reinstate.
• [http://elicense.ohio.gov](http://elicense.ohio.gov)
• Fee is $70 plus $3.50 eLicense fee.
Renewal questions

• Since your last renewal (for example):
  – have you ever been convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?
  – have you ever been denied licensure to practice as a occupational therapist or occupational therapy assistant, or another profession in Ohio, another state, or US territory?
  – have you used drugs, narcotics, or alcohol to the extent that it impairs your ability to practice occupational therapy or another profession?
  – have you ever been found guilty of malpractice or settled a malpractice claim?

• Attest to completion of CE

• You do not have submit certificates – save those in case of audit.
License renewal - CE

• Licensees must complete 20 contact hours of CE
• All CE must be completed in 24-month period ending on June 30 of the renewal year, so don’t start on your next CE period until July 1.
• Licensees exempt from CE for first renewal
• CE completed for renewals going forward must contain one hour of professional ethics, jurisprudence or cultural competence.
Continuing Education

- Rules 4755-9-01 and 9-02 of the Administrative Code govern the CE requirements.
- CE requirements for the Board vary from those required by NBCOT.
CE Approval Process

- Ohio law does not require pre-approval of CE courses
- Per rule 4755-9-01, CE course is acceptable if it is...
  - Directly related to clinical practice, management, or education of occupational therapy, or
  - Course/activity sponsored or approved by:
    - OT Section | AOTA | OOTA
    - Offered by an AOTA Approved Provider
    - NBCOT
Don’t Wait Until June 30 to Renew

More than 345,000 central Ohio residents still without power after last night's storms

An OhioHealth billboard along Rt. 315 near Riverside Methodist Hospital took a beating.

By Randy Ludlow
The Columbus Dispatch - Saturday June 30, 2012 11:37 AM
Email Addresses

• Keeping your email current in eLicense is critical.
• ALL communications from the board, including renewal notices.
• Think twice before registering with a school/work address.
License verification

Verify a License

To verify a license, select Individual or Business, enter search criteria and click Search to see the results.
### License verification

**Note:** When searching for a licensee or certificate holder it is recommended to start by selecting the board and enter the name or partial name of the licensee. Any information entered as search criteria must match EXACTLY how the information is stored in the system, otherwise the individual you are searching for may not be found.

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Current date & time: 2/8/2019 6:12 PM
Occupational Therapists

What society thinks I do

What doctors think I do

What my parents think I do

What my friends think I do

What I think I do

Reality
Correspondence – Scope of Practice

(A) "Occupational therapy" means the therapeutic use of everyday life activities or occupations with individuals or groups for the purpose of participation in roles and situations in the home, school, workplace, community, and other settings. The practice of occupational therapy includes all of the following:

1. Methods or strategies selected to direct the process of interventions, including, but not limited to, establishment, remediation, or restoration of a skill or ability that has not yet developed or is impaired and compensation, modification, or adaptation of activity or environment to enhance performance;
2. Evaluation of factors affecting activities of daily living, instrumental activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, sensory motor abilities, vision, perception, cognition, psychosocial, and communication and interaction skills;
3. Interventions and procedures to promote or enhance safety and performance in activities of daily living, education, work, play, leisure, and social participation, including, but not limited to, application of physical agent modalities, use of a range of specific therapeutic procedures to enhance performance skills, rehabilitation of driving skills to facilitate community mobility, and management of feeding, eating, and swallowing to enable eating and feeding performance;
4. Consultative services, case management, and education of patients, clients, or other individuals to promote self-management, home management, and community and work reintegration;
5. Designing, fabricating, applying, recommending, and instructing in the use of selected orthotic or prosthetic devices and other equipment which assists the individual to adapt to the individual's potential or actual impairment;
6. Administration of topical drugs that have been prescribed by a licensed health professional authorized to prescribe drugs, as defined in section 4729.01 of the Revised Code.
Correspondence – Scope of Practice/modalities

Standard response:

*Therapeutic Modalities (revised September 2018)*

In accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use therapeutic modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code. Additionally, occupational therapy practitioners must be practicing within the occupational therapy scope of practice when using their modalities in the provision of services. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.
Correspondence – Scope of Practice/modalities

Standard response:

*Therapeutic Modalities (revised September 2018)*

In accordance with section 4755.04 (A)(3) of the Ohio Revised Code, it is the position of the Occupational Therapy Section that occupational therapy practitioners may use therapeutic modalities in the provision of occupational therapy services provided that the occupational therapy practitioner demonstrates and documents competency in the modality, in accordance with rule 4755-7-08 of the Administrative Code. Additionally, occupational therapy practitioners must be practicing within the occupational therapy scope of practice when using their modalities in the provision of services. If the modality will be administered by an occupational therapy assistant both the supervising occupational therapist and occupational therapy assistant must document and demonstrate competency in the techniques or modality.
Please consider the ethical implementation of providing this type of technique. Striefel’s article re: boundaries and scope of practice in treating these conditions offers additional information on this topic.

Full citation:
Naloxone and epinephrine are approved by the Board of Pharmacy for wide use and distribution. ANY member of the public may administer.

Inquiry with the Board of Pharmacy re: insulin.
Correspondence – Tele-supervision of OTA

Ohio Administrative Code rule 4755-7-04 governs supervision. Supervision/collaboration requires initial directions and periodic inspection of the service delivery and relevant in-service training. The supervising licensed occupational therapist need not be on-site, but must be available for consultation and collaboration with the occupational therapy assistant at all times.

Supervision is an interactive and collaborative process; simply co-signing client documentation does not meet the minimum level of supervision. Supervision must include a review of the client assessment, reassessment, intervention plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client’s intervention plan without first consulting with the evaluating and/or supervising occupational therapist of record.
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Supervision is an interactive and collaborative process; *simply co-signing client documentation does not meet the minimum level of supervision*. Supervision must include a review of the client assessment, reassessment, intervention plan, intervention, and the discontinuation of the intervention. The occupational therapy assistant may not initiate or modify a client’s intervention plan without first consulting with the evaluating and/or supervising occupational therapist of record.
Correspondence – Billing

It is not within the jurisdiction of the Occupational Therapy Section to render billing and reimbursement advice. The Section recommends that you refer to payer policies for any specific billing and reimbursement requirements in your setting. You might also contact the Ohio Occupational Therapy Association, or the Reimbursement Department of the American Occupational Therapy Association.
Correspondence – verbal consent

It is the position of the Occupational Therapy Section that pursuant to the code of ethical conduct established in rule 4755-7-08 (C)15 that a licensee shall obtain informed consent from the client. Occupational therapists employed in school-based practice must abide by state and federal statutes governing the same. The Section recommends familiarizing yourself with Individuals with Disabilities Education Act (IDEA) and Ohio Department of Education (ODE) policies regarding attaining informed consent.

In any situation, licensees should follow the more restrictive policies.
Ethics Case Studies
Ethics Standards

Occupational Therapy Code of Ethics (2015)

Preamble
The 2015 Occupational Therapy Code of Ethics (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical conflicts in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2015b).

The Code is an AOTA Official Document and a public statement intended to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:
1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles.
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond mere compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, a virtuous practice of artistry and science; to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, weighing consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clients (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code’s Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, ethics officers, the AOTA Ethics Commission, or Ethics Program Manager, or an ethics consultant.

2/8/2019

Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board

NBCOT® CANDIDATE/CERTIFICANT CODE OF CONDUCT

Preamble
The National Board for Certification in Occupational Therapy, Inc. (“NBCOT,” formerly known as “NATCAP”) is a professional organization that supports and promotes occupational therapy practitioners certification. This Candidate/Certificant Code of Conduct enables NBCOT to define and clarify the professional responsibilities for present and future NBCOT certificants, i.e., OCCUPATIONAL THERAPIST REGISTERED OTR® (OTR) and CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA® (COTA) henceforth COTA.

It is vital that NBCOT certificants conduct their work in a professional manner to earn and maintain the confidence and respect of recipients of occupational therapy, colleagues, employers, students, and the public.

As certified professionals in the field of occupational therapy, NBCOT certificants will at all times act with integrity and adhere to high standards for personal and professional conduct, accept responsibility for their actions, both personally and professionally, continually seek to enhance their professional capabilities, practice with competence, fairness, and integrity, abide by all federal, state, and local laws and regulations, and encourage others to act in a professional manner consistent with the Practice Standards and responsibilities set forth below.

Where the term “certificant” is used, the term “applicant or candidate” is included in its scope.

Principle 1
Certificants shall provide accurate and truthful representations to NBCOT concerning all information related to aspects of the Certification Program, including, but not limited to:
- The submission of information on the examination application, initial renewal applications, or the renewal audit form;
- Adhering to all exam-related security policies;
- The substantiation of information requested by NBCOT for alleged violations of NBCOT’s policies, requirements, and standards; or
- The submission of information regarding his/her credentials, professional license(s), and/or education.

Principle 2
Certificants who are the subject of a qualifications and compliance review shall cooperate with NBCOT concerning investigations and requests for relevant information.

Principle 3
Certificants shall be accurate, truthful, and complete in any and all communications, direct or indirect, with any client, employer, regulatory agency, or other parties as they relate to their professional work, education, professional credentials, research and contributions to the field of occupational therapy.
 Ethics Standards

Laws and Rules Regulating the Practice of Occupational Therapy

http://otptat.ohio.gov

Chapter 4755. of the Ohio Revised Code
Chapters 4755-1 to 4755-9 of the Ohio Administrative Code

4755-7-08 Code of ethical conduct.
Ethical Case Study 1

• Your employer has repeatedly increased your productivity expectations
• The level of productivity now required has exceeded the level at which you feel you can competently and effectively perform your job
  – Is this a problem?
  – How should you handle the situation?
Ethical Case Study 2

• You are an OT working at a SNF. Your manager is a speech-language pathologist who tells you to evaluate and keep on your caseload for at least one week all residents who have “XYZ insurance”. You explain that you cannot do this in cases where a screening shows no potential to benefit from skilled services. Your manager tells you that there is always something you can do for a resident.

• Is there an ethical issue here?

• What should you do?
Ethical Case Study 3

• An OTA prepares to treat a client for the first time
• In reviewing the chart, he notices the evaluation is not completed, and no goals are listed in the treatment/intervention plan, although the other OTA has been treating this client for several days

— How should the OTA handle this situation?
Ethical Case Study 4

• An OTA in a school-based setting is told by her manager at the start of the school year that the supervising OT has left her position and has not yet been replaced

• The non-OT practitioner manager assures the OTA “we will find someone by October, just go ahead and get the students started.”
  – What should the OTA do?
  – Whose responsibility is it to ensure there is supervision?
Ethical Case Study 5

• A Level II OT student is very excited to try out a new physical agent modality on her client, Betty
• The Fieldwork Educator is not familiar with the modality and asks the student to teach him how to do the modality on Betty
• The student offers to teach the FW Educator how to do the PAM on this client
  – Can the student perform the modality? Why or why not?
  – Can the student teach her FW Educator to do the modality on Betty? Why or why not?
  – What if the person knowledgeable in the modality was a licensed OTA instead of a Level II OT student? Why or why not?
Ethical Case Study 6

• An OT is assigned 4 clients for treatment on Tuesday, all of who were treated by another OT the day before.

• She notes each client was documented as receiving 60 minutes of individual treatment on Monday, but the treating therapist was only in the building for 2 hours.

  – What – if anything – is the problem here?
  – How should the OT handle the situation?
KEEP CALM AND TRUST YOUR OCCUPATIONAL THERAPIST
Board Communications

• “Like” the Board on Facebook at https://www.facebook.com/OhioOTPTATBoard

• Follow the Board’s Twitter feed at http://twitter.com/OhioOTPTATBd

• Each Section has its own listserv
  – To join, go to Board’s website and select “Join a Board Listserv” link on the homepage
Contacting the Board

• You may contact the Board by any of the following methods:
  - Internet: http://otptat.ohio.gov
  - Email: board@otptat.ohio.gov
  - Phone: 614-466-3774
  - Fax: 614-995-0816
  - Mail:
    
    Ohio OTPTAT Board
    77 S. High Street, 16th Floor
    Columbus, OH 43215-6108