

PRINCIPLES AND GUIDELINES FOR THE SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS/TECHNICIANS

PURPOSE

This document sets out the principles and guidelines to be followed for the supervision of Occupational Therapy Assistant/Technician category practitioners by Occupational Therapists (OT). The purpose of this document is to clarify the supervisory relationship between occupational therapists and mid-level workers within the Occupational Therapy profession.

It is important to differentiate between supervised practice and supervision in the context of line management. Supervised practice is a regulatory requirement for all OTT and OTA practitioners. Line management supervision of OTT and OTA practitioners may be delegated to suitably experienced OTT.

The Occupational Therapist retains ultimate accountability for the occupational therapy services offered and is obliged to provide effective supervision (this includes appropriate referral and supervision as determined by the competency level of the OTA/OTT and the clinical or community setting).

Definitions

For the purposes of this document:

- (A) **Practise** “means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their profession. For the purposes of these principles and guidelines practice is not restricted to the provision of direct Occupational Therapy Assistants and Technician training/instruction.
- (B) **A supervisor** is a suitably qualified, registered and experienced OT. The supervisor is responsible for setting, encouraging and evaluating the standard of work performed by the Occupational Therapy Assistant/Technician. The supervisor is defined as one who ensures that tasks assigned to others are performed correctly and efficiently.
- (C) **Supervision** In terms of section 1 of the Ethical Rules of Conduct for Practitioners Registered under The Health Professions Act, 1974 “Supervision” means the acceptance of liability by a supervising practitioner for the acts of another practitioner. (Health Profession of South Africa, 2007). Quality supervision is a mutual undertaking between the supervisor (OT) and the supervisee (OT Assistant/ Technician) that –
- Fosters growth and development
 - Assures appropriate utilisation of training and potential
 - Encourages creativity and innovation

- Provides guidance, support, encouragement and respect while working towards the goal of the facility

(D) **Supervised Practice:** Is a registration category in which the practitioner so registered may not practice independently and must be supervised by a suitably qualified, registered practitioner.

LINE MANAGEMENT

The following section describes the supervision of OTT's and OTA's within the context of line management.

Levels of Supervision as Indicated for Different Clinical Settings and Auxiliary Staff Competency Levels

	Remedial / Acute		Rehabilitation	Maintenance	Promote	Preventive
Student/Trainee	Close	Close	Routine/General	Close	Close	
Entry level	Close	Close /Routine	Routine/General	Close	Close	
Intermediate level	Close	Routine	General	Routine	Routine	
Advanced level	Close/Routine	Routine	General	Routine	Routine (depends on type)	

(E) **Supervision is determined by complexity of programme and context - indications are broad guidelines only, repetition and experience will decrease supervision requirements.**

- The more acute the patient, the closer the supervision (remedial) needed
- Intervention for multi-disability / diagnoses, treatment resistant, or unusual cases, requires direct supervision and occupational therapist input (remedial and rehabilitative)
- The more repetitive and routine the programme, the less supervision needed once the staff member has proved his/her competency (maintenance)
- Supervision requirements as Appropriate for Different Experience / Performance Levels of Staff
- Supervision is described as relevant to direct services to client (i.e. treatment of client and contact with care providers)

(F) **Description of Programmes**

1. Remedial

- These types of programmes are typical for short-stay patients in psychiatric or general hospitals.
- Or short stay psychiatric units at general hospitals, or community centres.
- Aims of treatment are:
 - Reviewed, intervention adjusted, often on a daily basis.

- Treatment is aimed at the alleviation of Symptoms return to optimal health and prevention of disability.

Rehabilitative	<ul style="list-style-type: none">• Patients are in the rehabilitation phase of treatment. Routine rehabilitation programmes (protocols) may be implemented
Maintenance	<ul style="list-style-type: none">• Patients are in long-stay institutions or on programmes which are planned for a month or more at a time. The aim of treatment need not be varied often, and the person's condition does not change significantly; the person's present level of functioning needs to be maintained.
Promotive	<ul style="list-style-type: none">• The programmes may be offered in all settings and are geared to enhancing or improving mental and physical health and general coping skills.
Preventive	<ul style="list-style-type: none">• The programmes are geared towards protection of at risk groups / populations. The aim is to prevent disease or disorder and will include health promotion, improvement of living conditions, nutritional programmes, HIV/AIDS education, substance abuse, education, etc.

(G) Description of Occupational Therapy Personnel

1. Occupational Therapist (Supervisor)

- Must be a qualified Occupational Therapist registered with the Health Professions Council of South Africa (HPCSA),
- Will be required to supervise all categories of OTA/OTT

2. Occupational Therapy Assistant (OTA)

- Must be registered with Health Professions Council of South Africa (HPCSA)
- Must be supervised either by an OT or suitably qualified registered practitioner or a suitably experienced OTT

3. Occupational Therapy Technician (OTT) (Supervisee) who may have completed any of the following training options:

- Must be registered with Health Professions Council of South Africa (HPCSA)
- Must be supervised either by an OT or suitably qualified registered practitioner or a suitably experienced OTT

(H) Types of Supervision

Supervision occurs along continuum that includes:

1. Close supervision

Supervision is provided daily, on –site.

2. Routine Supervision

Weekly contact at place of work, with interim supervision occurring by the other methods, such as visits, telephonic and /or written communication.

3. General supervision

Monthly contact at place of work, with interim supervision occurring by the other methods, such as visits, telephonic and /or written communication.

CONCLUSION

The scope of this document does not allow for detailed description of administrative, educational and supportive / management functions. These are however considered to be an integral part of the supervisory process. The type and method of supervision and the number of hours of supervision to be provided is determined by the ability of the supervisee to safely and effectively provide those interventions delegated by the Occupational Therapist, i.e. the competency level of the supervisee, and the type of programme(s) offered by the clinical setting.

Direct on- site supervision is the preferred method of supervision and may never be totally replaced by other methods. Direct on -site supervision minimally requires observation of treatment, feedback, general discussion of treatment of each client, review of programmes and any other activities. Such a session may thus require a three-hour face to face contact session, particularly on sites where the supervisor is not in full time employment at the site, and this should be allowed for. Supervision of organisational and developmental aspects of performance may be done on a monthly basis, with well-established programmes; this may be done three-monthly (absolute minimum).