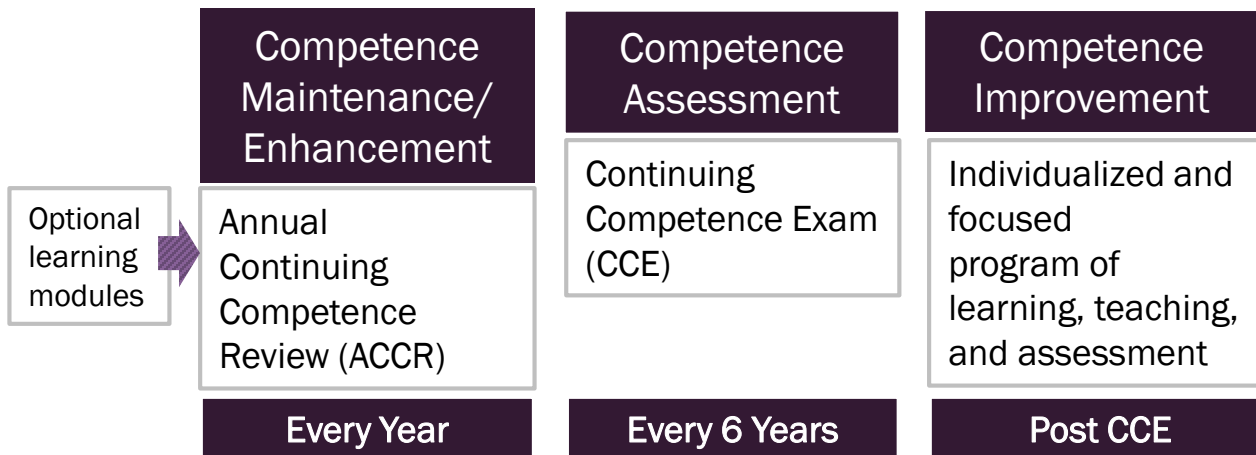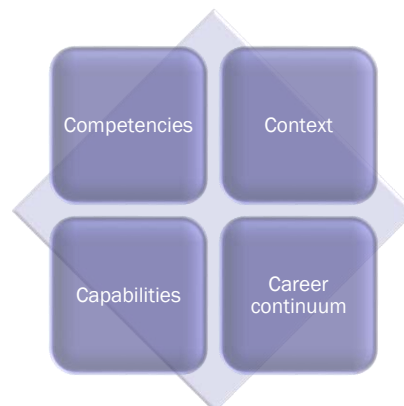# Monitoring Quality Practice

COTBC's Quality Assurance Program (QAP) supports and monitors occupational therapists' continued competence, to promote high practice standards throughout their careers. The program offers learning opportunities including assessment, to help occupational therapists explore the complex dimensions of competence and identify where changes and improvements may be needed. Ultimately, these changes will lead to improved quality of care and increased client safety. During this past year, occupational therapists completed the ACCR. A small number of occupational therapists participated in Competence Improvement.

Optional learning modules	Competence Maintenance/ Enhancement	Competence Assessment	Competence Improvement
	Annual Continuing Competence Review (ACCR)	Continuing Competence Exam (CCE)	Individualized and focused program of learning, teaching, and assessment
	Every Year	**Every 6 Years**	**Post CCE**

The QAP has three main components: Competence Maintenance/Enhancement, Competence Assessment, and Competence Improvement. As the program is built on a multidimensional understanding of competence, occupational therapists are encouraged to reflect and receive feedback on all four dimensions of competence:

• essential competencies,
• context of practice,
• individual capabilities, and
• career continuum.

COTBC

Monitoring Quality Practice, continued

Competence Maintenance/ Enhancement

Occupational therapists identified these transitions as the top three affecting their practice:

1. increases in complex issues (34.06%);

2. new policies and procedures (21.98%); and

3. organizational changes leading to less contact with peers and increased isolation (19.48%).

The ACCR is considered the heart of the QAP. Each year, occupational therapists receive objective and formative feedback regarding their gaps in understanding of new and emerging risks to client safety, and links to strategies and evidence to mitigate these risks. The ACCR combines learning with assessment. The aggregate data are also helpful to the College and other stakeholders involved in continuing professional development and supporting competence. The ACCR was not administered in 2016, as the Continuing Competence Exam was the continuing competency requirement for renewal that year.

The ACCR was the continuing competence requirement for renewing registration with the College in 2017. Occupational therapists could complete the ACCR anytime from mid-May to the end of June. There were 2285 occupational therapists who completed the ACCR. It takes one to two hours to complete the two parts, which are

described below. The data reported are based on 2284 of the 2285 participants.

1. Transitions and Supports

Occupational therapists need to be able to deliver safe and quality care throughout their careers, regardless of role, practice context, organizational change, or personal factors that may impact practice. In this section, occupational therapists are asked to review their currency hours, their confidence in demonstrating competence in each of their current practice roles, and their transitions and supports that may affect their competency both positively and negatively. By reflecting on these factors, receiving a summary of their responses, and building on the feedback provided, occupational therapists are encouraged to refine their career and professional development strategies.

Monitoring Quality Practice, continued

65.5% of occupational therapists identified at least 10 resources to help support their transitions and continuing competence. This is encouraging and demonstrates that registrants are planning to use several methods for their continuing professional development.

Transitions have both negative and positive impacts, depending on the resources available to support the transition.

Too great a transition load may create a risk to competence. Conversely, transitions trigger practice improvements and enhanced competence.

For example, occupational therapists receive strategies for transitions such as beginning their careers, moving to another area of practice, or approaching retirement. This strengths-based approach positions transitions as important triggers and opportunities for focused continuing professional development, rather than simply as risks to competence. By embracing adaptive strategies and crossing new thresholds, occupational therapists continuously improve their competence and expertise, and in turn the quality of occupational therapy care in BC. A few highlights from this year's data appear in this report.

Few occupational therapists have the luxury of performing three or fewer roles (16.11%), and the majority work full time. Some occupational therapists indicated that they may not have the currency hours to renew their registration, which would require a reentry program if the situation is not

resolved by the 2018 renewal deadline.

The top transitions identified continue to involve adjusting to significant changes in the workplace related to (a) increases in complex issues (34.06%), (b) new policies and procedures (21.98%), and (c) organizational changes leading to less contact with peers and increased isolation (19.48%). For the first time, occupational therapists were asked if they were adjusting to new best practices or evidence that impacted their practice, and 15.50% chose this transition, making it the fifth most common transition.

Transitions can have both a negative and a positive impact, depending on the resources available to support the transition. Occupational therapists were asked to identify such resources. Table 1 on the following page illustrates the results.

COTBC

Monitoring Quality Practice, continued

Table. Career Transition Resources for Occupational Therapists

Frequency of resources identified	n (2017)	% 2017 (N=2284)	% 2015 (N=2110)	% 2014 (N=2002)	% 2013 (N=1990)
Peer(s) in the field	1425	62	66	67	87
Information and resources	1293	57	60	60	90
Continuing education activities/events	1238	54	54	56	87
Current literature and best practices	1192	52	51	51	83
Networks for professional support	1060	46	47	47	69
Networks for personal support	987	43	45	44	54
COTBC resources	899	39	38	34	74
Expert(s) in the field	836	37	38	36	58
Opportunities to receive structured feedback from supervisor/peers	817	36	35	36	48
Support for professional development activities (e.g., time off/training funds)	779	34	35	36	64
Professional activities to keep up-to-date with new ideas	778	34	36	38	60
Opportunities to receive mentoring from others	744	33	33	35	46
Professional activities to stay connected with peers	708	31	34	35	57
Membership in a professional organization	705	31	32	34	70
Opportunities to mentor others (e.g., fieldwork education, peer coaching)	605	26	28	30	64
Quality Assurance/Continuous Quality Improvement processes	501	22	22	22	44
Opportunities to provide structured feedback to peers/staff	455	20	23	24	38
Formal written reviews of your performance	409	18	22	23	36
Other, please describe…	94	4	2	3	1

Occupational therapists identified a variety of resources to support their continuing professional development.

Less than 5% rely on 1–3 resources, and over 65% access at least 10, to assist them in managing their ongoing work transitions.
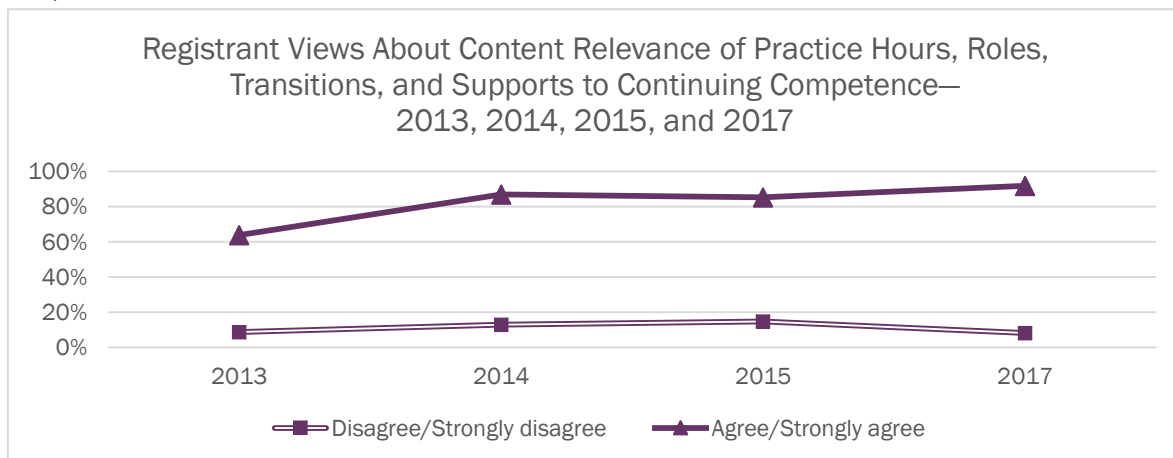
Monitoring Quality Practice, continued

| Competence Maintenance/ Enhancement |

To encourage commitment to act on the information gleaned, occupational therapists were asked to consider all the influences on their competence and list three strategies that they believed would have the most positive impact. Analysis of these responses is currently underway to identify common themes and patterns.

occupational therapists has remained relatively consistent, and the section has been considered very relevant to registrants over the years. In 2017, close to 92% agreed or strongly agreed that the content of this section was relevant to their continued competence.

The perceived value of this section for

Registrant Views About Content Relevance of Practice Hours, Roles, Transitions, and Supports to Continuing Competence— 2013, 2014, 2015, and 2017

2. Practice Quiz

In this part of the ACCR, occupational therapists are presented with cases and questions to test their ability to apply relevant legislation to clinical practice. The College does not see the individual results, so occupational therapists can test their understanding without repercussions. Occupational therapists are provided feedback on their answers and links to relevant resources, which encourages further learning to enhance competence. As in the previous years, the aggregate findings from the 2017 ACCR show support for using the ACCR to alert occupational

therapists to new or recent changes in legislation and best practices. The 2017 regulatory quiz focused on new legislation, and the mean score out of 10 was 7.1 compared with 6.7 in 2015, 9.3 in 2014, and 8.9 in 2013.

Registrant views remains positive and consistent, with 90.0% (2017), 90.8% (2015), and 90.1% (2014) agreeing or strongly agreeing that the ACCR feedback was helpful in clarifying regulatory or practice issues.
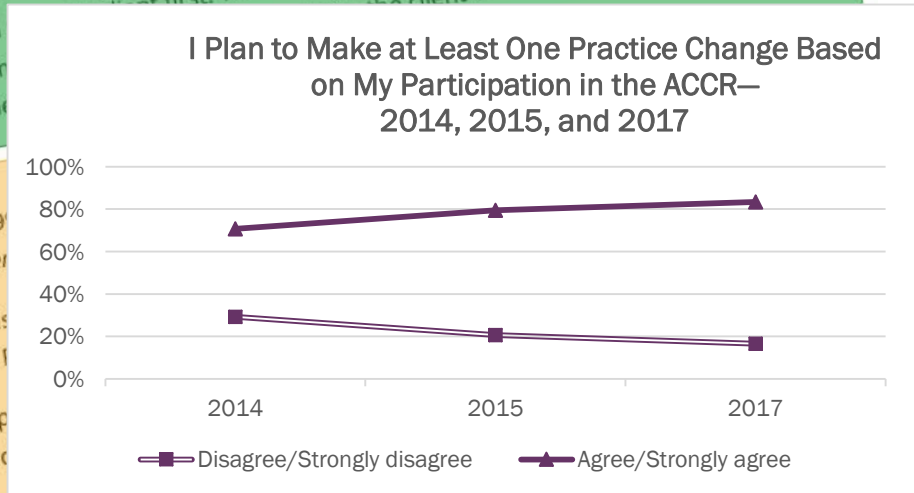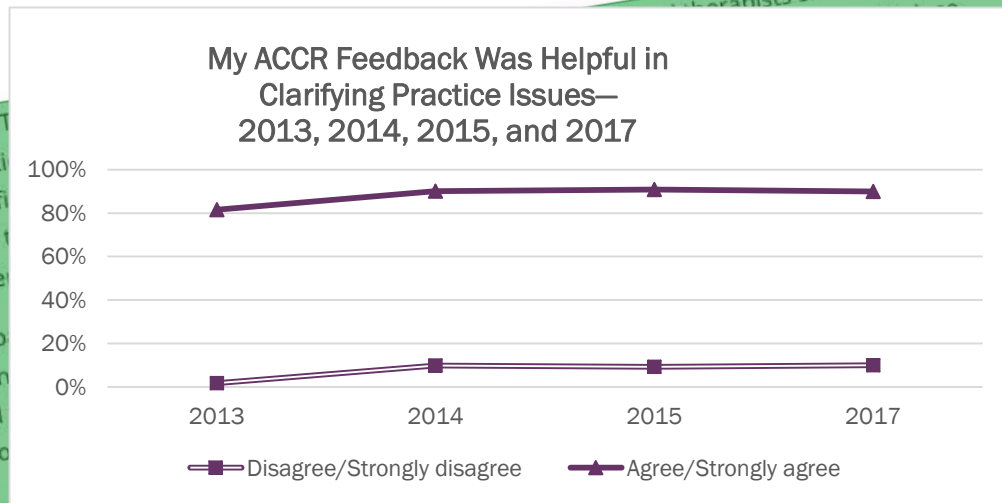
Monitoring Quality Practice, continued

Competence Maintenance/ Enhancement

The number of occupational therapists expressing an intention to change their practice based on the ACCR has increased each year, with 83.4% agreeing or strongly agreeing to do so in the coming year, compared with 79.4% in 2015 and 70.7% in 2014.
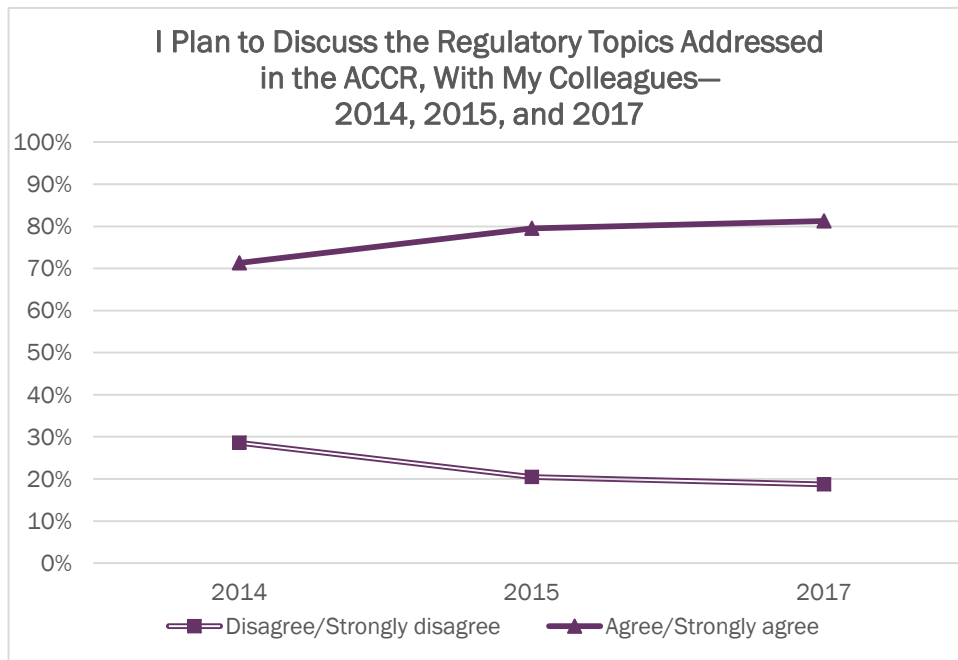

My ACCR Feedback Was Helpful in Clarifying Practice Issues— 2013, 2014, 2015, and 2017

I Plan to Make at Least One Practice Change Based on My Participation in the ACCR— 2014, 2015, and 2017

a and d are False ... personal informati... could cause signifi... the occupational ... daughter's lawyer...

b is True Occup... relevant person... disclosure and ... warrant), the o...

c is True Under the A... is abused or neglected, and (b) is unable ... designated agency". As it is unclear whether this situation exist... assistance from a social worker, or if one is not available, directly with the Public Guar...

e is False The recommendation to re-hire a private companion should follow careful reassessment including reflection on the client's own wishes, needs, and past responses. The occupational therapist should discuss the re-hiring of the personal companion ... t first. This respects the client's self-determination and choice (Code of Ethics – individual autonom... the client as much as possible in the process of giving consent even if the...

References :
Adult Guardianship Act, Part 3 (19...
/EPLibraries/bclawsnew/docume...
College of Occupational Therapis...
Columbia bylaws, 79(1). (p. 37). ...
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autonomy. (pp. 3&6). Retrieve...
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http://www.bclaws.ca/EPLibraries/bclawsnew/document/ID/...

Monitoring Quality Practice, continued

Competence Maintenance/ Enhancement

I Plan to Discuss the Regulatory Topics Addressed in the ACCR, With My Colleagues— 2014, 2015, and 2017

Legend: ■ Disagree/Strongly disagree ▲ Agree/Strongly agree (2014, 2015, 2017)

Occupational therapists want to discuss the topics in the ACCR with colleagues, which is encouraged. By doing so, occupational therapists can apply the regulatory cases to their own practice and discuss the feasibility of the various options presented.

It has become common knowledge that health professionals working in isolation, with few workplace supports or knowledgeable peers, are at risk of knowledge decay, and may prolong outdated and ineffective practices. Receiving regular feedback through the ACCR is one way in which the College reduces this isolation for occupational therapists.

In 2015, 73% of occupational therapists agreed or strongly agreed that the previous year's ACCR had helped to guide at least one aspect of their continuing competence, compared with 69% in 2014. In 2017, it had been two years since the last ACCR was administered, and 19.96% could not remember its effect. Another 11.00% had not taken the 2015 ACCR. Of the remaining, 61.38% agreed or strongly agreed that it had helped, with only 7.66% disagreeing or strongly disagreeing.

To date, learning modules are not a required activity in Competence Maintenance/Enhancement. A Communications learning module was developed for participants in Competence Improvement, and will be reviewed and adapted for the larger registrant base in 2018.

Monitoring Quality Practice, continued

Competence Assessment

Once every six years, occupational therapists in BC are asked to demonstrate that they meet the profession's high standards of practice and professional conduct by successfully completing the Continuing Competence Exam (CCE). The exam is an online test that uses cases and questions to assess occupational therapists' reasoning and decision-making on daily practice issues. This six-year check-in is one way in which the College assures the public that occupational therapists are keeping their practice up to date through their continuing professional development.

There were 1790 occupational therapists who completed the exam in 2016, representing 80% of the registrants. The remaining 20% were given nonclinical exemptions or deferrals to the next administration of the CCE, currently scheduled for 2022. Of the occupational therapists taking the exam, 27 did not make the standard (cut score) on their first attempt, and of these, 12 were unsuccessful on their second attempt and entered Competence Improvement.

Improvements to the item bank have begun, and the Quality Assurance Committee will be reviewing the blueprint, which will further inform the content of the next CCE.

> Evaluation and research priorities are currently being reviewed, and will help to advance the College's understanding of the linkages between assessment, practice, and improved client outcomes.

Competence Improvement

Occupational therapists who took the CCE twice and were unsuccessful in meeting the standard participated in Competence Improvement. Exam results served as a starting point for developing an individualized learning plan to help each occupational therapist address possible gaps or outdated practices, and make explicit his or her clinical reasoning and decision-making. The College took a comprehensive and supportive approach to Competence Improvement. Participants were asked to complete a practice profile, which helped them to explore various factors (e.g., transitions and available resources) that may have affected their performance on the CCE as well as their ongoing competence.

The information from this profile, along with the exam results, was used to draft a Practice Enhancement Plan for the occupational therapist to review and discuss with the QAP director. Following adjustments to the plan (if needed), the occupational therapist signed a learning contract to complete the plan according to the agreed-upon timelines. Each plan was to be completed within six months, based on one learning activity per month. Occupational therapists could complete the plan earlier than six months but no later than July 31, 2017, because this plan, along with the ACCR, were their continuing competence requirements for renewal.

The plans consisted of learning modules, case-based reflective exercises using established and published tools, reading programs, and comprehensive professional development planning. Participants were encouraged to seek out mentors to assist them in completing their plans, and this became a requirement if the participant's performance on a learning activity did not meet or exceed expectations.

Monitoring Quality Practice, continued

My QAP

The QAP is delivered using a Canadian-based server and password-protected secure online system. Development of the My QAP hub continued this year, and the first version is expected to launch early in 2018. In the hub, registrants will be able to access previous ACCR reports, current learning modules, and assessments, including all aspects of the exam. As all aspects of the QAP are tagged to the program's blueprint, in future versions of the hub, occupational therapists will be able to solicit individual feedback reports that illustrate their strengths and possible areas for improvement based on all their completed activities. Occupational therapists can also monitor their progress over time. Links to resources to enhance specific competencies and to support the other competency dimensions will also be available. By accessing the hub regularly, occupational therapists receive ongoing feedback and become active participants in their continuing competence journey.

Moving Forward

As the first full cycle of the QAP framework is completed, the College has learned much that can be added to the literature on continuing professional development and assessment. Evaluation will include further validity analysis of the tools used. This analysis must be balanced with the realities of feasibility for a small college, as well as the acceptability and educational value perceived by occupational therapists, regardless of the roles they hold in the profession.

Although the construct of continuing competence is complex and variable, improved practices and client safety issues require the College to continue to refine its efforts and engage other stakeholders in the process. The College looks forward to the next stage of development. ●

Feasibility of our program is increased due to the dedicated efforts of the
• Quality Assurance Committee;
• Exam Development Subcommittee (item writers);
• Exam Technical Panel; and
• learning module reviewers.

In addition, we would like to recognize those in the workplaces who support the program as continuing education providers, in both formal and informal capacities.

Thank you!