

Email of 12/16/2013

From: ACOTE online staff: sgraves@aota.org

To: Jan Kress

Subject: ACOTE Site Visit Decision

Dear Jan F. Kress,

At its December 2013 meeting, ACOTE reviewed the Report of On-Site Evaluation (ROSE) regarding the Occupational Therapy Assistant Program at Trinity Washington University, Washington, DC, and voted to Grant a Status of Accreditation for a period of 5 years. The Report of the Accreditation Council (RAC) is viewable at:
<https://acote.aota.org/programs/2514/report>

Area of Noncompliance	ACOTE Comment
<p><u>Standard B.5.27. Care Coordination, Case Management, and Transition Services:</u> The program must provide documentation of learning activities which enable the occupational therapy assistant student to describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.</p>	<p>There was no supporting evidence found in any course syllabi, learning objectives, or activities for this Standard. The program identified a lab focusing on professional development and professional standing, roundtable discussion regarding tri-state scope of practice, and a case-based interdisciplinary team project with nursing students. However, these examples do not describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.</p>
<p><u>Standard B.7.1. Impact of Contextual Factors:</u> The program must provide documentation of learning activities which enable the occupational therapy assistant student to identify the impact of contextual factors on the management and delivery of occupational therapy services.</p>	<p>The program clearly addresses the impact of contextual factors on individuals in terms of occupational performance and engagement. However, the impact on the management and delivery of services is not evident. The program identified the following activities for evidence which are related to service provision, but not management of services:</p> <ul style="list-style-type: none">- objective in syllabus for OTA 138 - Geriatrics "Understand the OT role in prevention and advocacy in gerontology";- aging well, social determinants of health, and cognitive impairment topics in OTA 138;- the focus on culturally competent care in OTA 138, OTA 238, and OTA 234; and- additional bulleted statements related to the

	<p>four population-based courses (geriatrics, mental health, adult rehab, and pediatrics) which the program identified as objectives, but which were not found as objectives in the course syllabi available to the reviewers.</p>
<p><u>Standard B.9.5. Professional Responsibilities Related to Liability Issues:</u> The program must provide documentation of learning activities which enable the occupational therapy assistant student to identify professional responsibilities related to liability issues under current models of service provision.</p>	<p>Evidence was not found in the course materials available for the reviewers that there are learning activities addressing professional responsibility related to liability issues. The program provided a bulleted list of examples to supplement the available course materials. However, the examples focus on other aspects of professional behavior, safety, and responsibility rather than liability. This bulleted list includes infection control, safe patient care, ethics, and confidentiality as addressed in OTA 110; ethical considerations in writing SOAP notes and electronic medical records as addressed in OTA 104; service provision in various health care settings and malpractice insurance as addressed in OTA 204; code of ethics, informed consent, use of splints, and use of mechanical and electrical modalities as addressed in OTA 210.</p>

A Plan of Correction addressing the cited areas of noncompliance is due on or before **February 14, 2014**. The report must be submitted through e-Accreditation (<https://acote.aota.org>). For each area, provide a description of the plan for bringing the program into compliance with the Standard, a projected time line, a description of the documentation to be submitted to demonstrate compliance, and progress on actions (if any) implemented to date.

The plan must include a schedule for correcting the cited areas of noncompliance within the following time limit:

- . 12 months if the program is less than 1 year in length;
- . 18 months if the program is at least 1 year in length, but less than 2 years in length; or
- . 2 years if the program is at least 2 years in length.

To avoid the potential for Probationary Accreditation status, it is strongly recommended that the program plan to correct all cited areas at least 4 months prior to the end of the allowable time limit.

Additional Comment:

Any institution or program that elects to make a public disclosure of the results of an ACOTE accreditation visit must accurately disclose:

- . Statements from the final report, the Report of the Accreditation Council - not the Evaluators' Report of On Site Evaluation.

. Complete information regarding ACOTE's findings (i.e., strengths, suggestions, areas of noncompliance, and ACOTE's final accreditation action). Strengths cited in the report may not be published without also publishing any cited suggestions or areas of noncompliance.

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