Professional Development and Professional Competency

**OTH 5722**

**Professional Development**

**Purpose**

To guide the process of professional development: self-reflection and self-assessment, identification of specific individual competencies for development, goal setting, and selection of educational, professional development and growth activities.

- [http://ot.phhp.ufl.edu/academics/mot/current-students/professional-development/](http://ot.phhp.ufl.edu/academics/mot/current-students/professional-development/)

“Tip of the Iceberg”

- **Content and Process:** OT theory & knowledge, OT skills & techniques
- **Personal Discovery:**
  - learning style
  - communication style
  - personality traits
  - beliefs & perceptions
  - biases
  - life experiences
  - values
  - philosophy of education
  - philosophy of illness
  - philosophy of caring

Professional Development is focused on:

- career development;
- achieving and maintaining excellence and gaining expertise;
- assuming new and more complex roles;
- implementing new information into practice (continuing competence).

Professional Development is Self-Directed and Individually Focused.
No one, at any given time in his or her career, has the entire breadth and scope of knowledge, skills, and attitudes to carry out chosen goals.

Professional growth, like human development, flows along a continuum that is not linear but bumpy, at times convoluted and unpredictable, and certainly only partially planned. Many choose to go with the flow, content to make the best of what befalls them. On the other hand, some may prefer to take a stronger role in shaping their career path.

Nevertheless, professional growth merely begins at entry-level education and fieldwork and then extends throughout a “career-time.”


**Development of a Professional**

- Student
- **Entry-level therapist**
  - Novice (1 – 3 years)
  - Advanced beginner (~5 years)
- Competent
- Proficient
- Expert

**Novice (1 – 3 years)**

- Works with uncertainty, but it increases stress level
- Problem-solving resembles “crisis management”
- Task-oriented and rigid
- Symptom oriented decreased holistic view of the client

**Advanced beginner (~5 years)**

- More global and holistic view
- Manages uncertainty better
- More adaptable
- More anticipation and flexibility

**OT entry-level Competencies**

The prerequisite knowledge, skills and attitudes to perform the processes of evaluation, intervention planning and implementation, and outcome measurement as they relate to occupation and participation.

**Threshold:** education based competencies; evaluation of fieldwork performance and NBCOT performance.
Continuing Competence

- The ability to transfer new knowledge to practice and the responsibility to implement “best practice”.

In-effective practice an ethical problem.

Threshold: up to date skills; job-specific abilities. Do I achieve client outcomes, client satisfaction, adhere to company policies and protocols, meet behavioral expectations, adapt to change (knowledge, new policies, etc.)?

Triggers for Professional Development

- What are the new expectations?
- What are the new responsibilities?
- What knowledge, interpersonal and personal skills are required?
- What types of critical thinking and reasoning skills are needed?
- Are there changes in technology, professional expectations or personal expectations that will effect my performance?

“What do I need to do to meet these changes?”

Development Planning

- Start with self-reflection and self-assessment
Where will you be in 3 years?

Where will you be in 5 years?

My Challenge to you!

• Identify one step you can take this semester that will move you toward your long term goal. Once you have that step identified, put together a plan for how you will make it happen. Professional development is self-directed!

• Master something new. Growth is what you and your career are all about. Growth only comes from learning something new. This is why you are here!

• Take responsibility for something everyone else is avoiding. When a person takes responsibility it is displaying a form of leadership. This is especially true when you solve a problem no one wants to tackle. Be a class leader!

• Add value to one thing. Exceed your (and everyone else’s) expectations on one thing this month. What a way to boost your confidence and make a contribution!

• Find a new person in your class to get to know, and learn at least one new thing from that person. You not only make new friends but can become aware of new opportunities for learning. A new perspective can change your attitude forever!

• Network and get to know others. Meet a student or professional from another discipline, and gain at least one new perspective on health care. Only good things will happen with new attitudes and perspectives. This an important professional skill to practice!

Assessment:

• Establish a base line for developing goals using internal and external feedback

• Internal: OTAS, formal method of self-assessment

• External or 360 degree approach: feedback from peers (colleagues), supervisors, instructors, mentors, and others.
Reflection on Assessment Experiences:

What did I learn about myself? What do I have (strengths) and what I need (weaknesses)? What more do I need to know?

- Strengths and weaknesses
- Personal attributes
- Personal and professional aspirations
- Job responsibilities and requirements
- Personal obligations

Self-Assessment - OTAS
Vision Statement

- Professional Vision Statement: summarizes aspirations
- Five Year Plan: entry-level years
  - 1 to 3 years
  - 3 to 5 years

- Type of job,
- level of responsibility,
- level of training or education,
- type of environment, and level of specialization.

3 year Vision Statement: Example

In 3 years I will be practicing in a rehabilitation setting. I will feel confident performing client-centered evaluations and designing appropriate intervention plans. I will study leadership and supervision skills to prepare for a supervision role in the department and to supervise students. I will begin pursuing a board certification in Gerontology.

Reflection: what do I need?

- What additional knowledge do I need?
- How will I develop critical reasoning for use in my practice?
- What additional interpersonal abilities do I need?
- Will I need to develop particular performance skills?
**Professional Goals: Measurement**

- How will I know that ……
- I have achieved (or made progress) meeting each goal?
- gained a new attitude, values or perspectives?
- gained needed experience, new strategies, knowledge or techniques?
- gained a new level of expertise or level of competence?

**Achieving your vision**

Specific and measureable
Important
Consistent
Attainable
Feasible
Performance focused
Observable
Measurable
Verifiable

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**Goal one:**
I will feel confident performing client-centered evaluations and designing appropriate intervention plans.

**Plan:**
- Seek out opportunities to learn from experienced colleagues and solicit feedback on performance.
- Attend professional presentations on site and at conferences.
- Organize self-study program to strengthen an area of weakness (dysphagia); specific readings and CE workshops.

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**Goal two:**
I will study leadership and supervision skills for an eventual leadership/supervisory role.

**Plan:**
- Apply to AOTAs Emerging Leaders Development program.
- Become a certified clinical educator (AOTA or Train the Trainer workshop)
- Attend a comprehensive workshop on leadership, and supervision CE courses and training programs.
- Be active in my community; use these opportunities to build my confidence and practice leadership and organizational skills.
Goal three:
I will begin pursuing a board certification in Gerontology.

Plan:
• Investigate required activities and experience needed to earn certificate
• Form a comprehensive plan, with deadlines, for the activities needed
• Organize and build my portfolio to document my expertise in Gerontology.

Vision Statement at 3 Years:
Example

• I will be proficient in the OT process. Measures of patient outcomes will reflect my growing expertise.
• I will be supervising students, techs and aides. I will have obtained a leadership position in my state OT association.
• I will accomplish board certification by the end of my 5th year in the profession.

Plan:
• To attend activities with a variety of health professionals; learn about the differing perspectives on health care issues.
• To meet and network with OTs that have more experience than me.
• Make a presentation to a professional audience.
• To gain more experience working with people that are different than me; race, religion & disability.
• Take a leadership role in an activity or activities that contribute to the potential clients or the OT profession.

Measures:
• I will be proficient in the OT process. Measures of patient outcomes will reflect my expertise.
  ▪ Be evaluated by an OT with 5 more years experience.
  ▪ Conduct an “audit” of the O/C patient reports.
  ▪ I will give an interdisciplinary presentation at my facility in Adult Dysphagia.
• I will be supervising students, techs and aids.
  ▪ Conduct an “audit” of student feedback.
  ▪ Complete AOTA’s fieldwork educators training program.
• I will have obtained a leadership position in my state OT association.
  ▪ Volunteer for task force or ad hoc committees in FOTA and/or the local OT forum.
  ▪ Run for elected office in AOTA.
  ▪ Volunteer for task force or committee with AOTA or NBCOT.
• I will accomplish my Board certification by the end of my 5th year in the profession.
  ▪ Submit documentation to AOTA.
  ▪ Revise resume and employment documents to reflect certification.
MOT Program:

- I will feel comfortable interacting and communicating with health professionals in other disciplines.

Plan:

Measures:

Clinical Rotations:

I will feel confident performing client-centered evaluations and designing appropriate intervention plans.

Plan:

Measures:
**Vision:** transition from student to novice OT

**Goal:** I will have a portfolio that documents my professional development activities.

**Measures:**
- **Specific:** Participate in activities to facilitate learning and growth, education and scholarly activities, and professional and community service.
- **Measurable:** I’ll know this goal is completed when I have submitted my portfolio to my mentor, and processed his/her feedback on my progress.
- **Attainable:** I have taken some classes, I have a mentor and web resources available, so I will easily be able to construct a portfolio.
- **Relevant:** This is important in order to document the professional development activities I engage in outside of the classroom, and to assist me to direct my career development.
- **Timely:** I will complete the first phase of this project and submit it by the due date in April, 2015.

**Portfolio Construction**

- Vision Statement Professional goals and development plan
- Self, peer and faculty evaluations using OTAS
- Performance evaluations by Clinical Educators

Documentation of participation in areas of:
- Learning and growth activities
- Professional service
- Community Service

**Documentation of participation in each category:**

- **Credentials:** education, certifications, licenses, professional memberships
- **Honors, Recognitions, Awards, and Achievements:** student awards and scholarships, residencies, fellowships, etc.
- **Professional Service:** national, state, university, college, local and community leadership and service activities.
- **Scholarly Activities:** publications, research activities, grants, presentation activities, performance evaluations, etc.
- **Educational Activities:** learning opportunities outside the formal classroom (attending or participating in lectures, presentations, conferences, workshops, etc.)
- **Community Volunteer Activities:** professional volunteer activities and community service.

**Summary and Reflection on MOT Student Learning Objectives**

- Chose a minimum of 3 objectives that you feel that you have made significant progress in mastering during the didactic part of the program.
- Chose a minimum of 2 objectives that you feel will you gain entry-level competency in during fieldwork.
Case Study:

- Newly graduated OT was unhappy with the feedback she received from her supervisor on her 6 month evaluation. She also sometimes questioned the approaches her some of the OTs working in her clinic took with some clients.

- She decided to discuss her feelings and frustrations with her Face Book friends. She described in detail some of the clients, referred to her colleagues and supervisor by name and speculated on the personal lives and lifestyles of several.

- She was fired for unethical conduct, and sanctioned by the state board and professional associations. She eventually faced legal action.

- She maintained that her communications were privileged “among friends” and these communications were written in during personal not work time.

Social media Rules to “live and practice” by:

- **No:**
  - Profanity
  - Discriminatory Language
  - Depiction of intoxication
  - Sexually suggestive language
  - Negative information about colleagues, employer, etc.
  - Violations of patient confidentiality
  - Pictures of clients, service activities, etc.

- **Potential Consequences:**
  - Diminished credibility
  - Perceptions of substance abuse
  - Perceptions of personal irresponsibility lead to perceptions of professional abilities
  - Legal actions: HIPPA and confidentiality violations, termination, suspension of license or certification, etc.
  - Erosion of trust:
    - client/therapist, among colleagues, FE/student, teacher/student, researcher/participant, etc.