

Defining Entrustable Professional Activities and Mentorship Structures in Acute and Critical Care Occupational Therapy

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Abstract

Background: This research aimed to define entry- and advanced-level Entrustable Professional Activities (EPAs) for occupational therapists (OTs) in acute and critical care. Defining EPAs across practice levels could help establish shared expectations, strengthen mentorship, and promote competency development.

Methodology: A qualitative design, implemented via an online survey, was used to gather insight from 14 acute care OTs with more than three years of experience and rehabilitation leaders recruited via social media and approved recruitment sites. Findings from this survey included both quantitative and qualitative data, analyzed using descriptive statistics and thematic coding, respectively.

Results: Entry-level themes included foundational evaluation skills, effective communication, and core patient safety behaviors. Expectations for safety-related EPAs varied, with some viewed as appropriate for new graduates and others for more experienced clinicians. Advanced level expectations centered on leadership, mentorship, and managing complex critical care support systems. Participants also reported inconsistent mentorship structures and varied timelines for progression across practice levels.

Discussion: Although this study did not finalize an EPA set, findings highlight common themes that can guide future EPA development, underscore the need for consistent language, and emphasize mentorship as essential to support safe, progressive skill development in this setting.

Keywords: entrustable professional activities, acute and critical care, occupational therapy, mentorship, competency development

Background

According to the U.S. Bureau of Labor Statistics (2025), acute care hospitals employed 28% of occupational therapists (OTs), making them the largest employers of OTs in 2024. The American Occupational Therapy Association (AOTA; 2023) recognizes occupational therapy's vital role within interprofessional teams in acute and critical care settings, addressing the needs of critically ill patients to improve their quality of survivorship through early mobilization and engagement in meaningful occupations. However, the AOTA (2023) also highlighted the need for further training programs in both entry-level occupational therapy education and post-professional development, providing mentorship, and offering continuing education to empower future and current acute care OTs to utilize evidence-based practice in delivering care and optimizing patient outcomes safely (AOTA, 2023; Margetis et al., 2021). The AOTA (2023) position statement on the role of OTs in critical care noted the importance of joint ventures among educators, clinicians, researchers, and leaders in establishing guidelines for advanced critical care practice and training. Currently, the AOTA offers a professional certificate and micro-credential in acute care, along with a more intensive one-year experiential learning program through OT fellowship programs, to equip OTs with the knowledge and skills needed to better serve patients in a focused practice area (AOTA, 2025).

The AOTA fellowship program, founded in 2012, is relatively new compared with fellowship and residency programs in other health professions (AOTA, n.d.; Bergstrom, 2024; Coppard et al., 2020). Program criteria and learning objectives were established based on the AOTA Standards of Continuing Competence to guide sponsoring

organizations with a framework for developing a fellowship program in a specific, focused area of practice (AOTA, 2025). The goal of the fellowship is to bridge the gap between entry-level competence and advanced clinical practice by providing a structured, intentional pathway through mentorship, skill refinement, and opportunities for practical application that help practitioners progress from generalist roles to specialized practice areas (AOTA, 2023; AOTA, 2025; Bergstrom, 2024; Coppard et al., 2020; Hansen et al., 2022; Paul, 2001; Silva, 2021). Multiple studies have identified mentorship as one of the most valuable aspects of an OT fellowship program, both for the fellow and the mentor, supporting professional growth and clinical skill development (Bergstrom, 2024; Chapman et al., 2019; Coppard et al., 2020; Hansen et al., 2022). Partnered with an experienced mentor, fellowship programs support generalist OTs by providing an individualized onboarding plan, structuring the learning process, and assessing the fellows' progress toward more advanced and specialized roles.

Problem Statement and Rationale

Entry level occupational therapy practice is defined as OTs with less than one year of clinical experience (AOTA, 1990). However, there is a notable gap in the literature and a limited number of tools that clearly define what successful progression looks like for an entry-level OT moving into a more specialized role (Bergstrom, 2024; Chapman et al., 2019; Coppard et al., 2020; Silva, 2021). This could be attributed to inconsistencies in defining entry-level competencies and the criteria for advanced-level practice in acute and critical care settings. Wallingford et al. (2016) found that OTs and students differed in their perceptions of the importance of specific entry-level competencies and how long it should take to demonstrate them. This disparity suggests

that without a shared language for defining competence, fieldwork expectations may vary between educators and students. Further, in a qualitative study on the transition from OT student to practitioner, the first year after graduation can be stressful and lead to a high burnout rate among entry-level OTs. Social support and belonging to a supportive organization with a clear, structured onboarding plan can help with this transition. Additionally, providing clear job responsibilities and mentorship can help bridge the gap in the transition from newly graduated OTs to competent entry-level practitioners (Sjoberg and Lexen, 2024).

Additionally, the AOTA (2025) has identified mentorship as beneficial to professional development as well as a crucial fellowship component and highlighted the need for mentors to undergo a comprehensive training and onboarding process; however, no dedicated mentor training program currently exists. In an acute care fellowship program, Bergstrom (2024) indicated the need for standardized guidelines and learning objectives to support effective mentoring and to promote skill development, equipping the fellow to handle advanced clinical tasks independently. Inconsistent mentor training and the absence of a formal evaluation process further limit structured learning and progress assessment (Bergstrom, 2024; Chapman et al., 2019).

In summary, there remains a significant gap in the literature regarding the definition of entry-level OT job responsibilities compared to advanced-level practice in the acute care setting. Further, mentorship has been identified as an essential component of fellowship programs for developing advanced practice and supporting entry-level OTs as they enter the workforce, however, there is a lack of guidelines and expectations for mentor training that effectively support entry-level OTs. This gap leads

to inconsistencies in the profession's expectations for entry-level OTs and provides limited guidance on how to facilitate their training and development in acute and critical care hospital settings.

Incorporating Entrustable Professional Activities in Clinical Practice

Hamad et al. (2023) argued that OT education must shift from traditional time-based teaching models to competency-based education to meet evolving health care demands, calling for a shared language, defined competencies, and adoption of entrustable professional activities (EPAs) to ensure graduates enter practice with observable, measurable, and consistent skills. EPAs have been widely used in healthcare education, particularly in medical education, in preparing medical students entering residency (Association of American Medical Colleges, 2025). EPAs are specific, observable, and measurable tasks or responsibilities that are essential for the day-to-day work of a healthcare professional (ten Cate, 2005). EPAs provide a framework for assessing whether a professional is ready to assume key responsibilities independently, bridging the gap between isolated competencies and real-world clinical performance (ten Cate, 2013). By emphasizing trust and supervision, EPAs give educators and supervisors an objective tool for evaluating a practitioner's readiness to safely and autonomously manage patient care.

The American Physical Therapy Association (APTA) has recently published a report on competency-based education in physical therapy (APTA, 2025). This framework includes 19 EPAs, along with domains of competence and competencies, that provide standardized outcomes that clearly define essential expectations for entry-level physical therapists. EPAs have similarly been developed in other healthcare

professions for safe and effective practice delivery, including medicine, pharmacy, and nursing (American Association of Colleges of Nursing, 2021; American Association of Colleges of Pharmacy, 2022; Association of American Medical Colleges, n.d.)

The purpose of this research was to define EPAs for entry-level competence and advanced-level practice in the acute and critical care setting. Clearly defined EPAs can provide a structured onboarding process for entry-level OTs working in the acute care setting. Identifying EPAs for advanced-level OTs will similarly support the progression of new-graduate OTs from generalist roles to advanced clinical specialists within acute and critical care fellowship programs. These EPAs offer a common language that helps both fellows and mentors understand the professional activities necessary for advancement throughout the fellowship program. Ultimately, the development of EPAs from entry-level to advanced practice will establish standardized expectations, strengthen mentorship, and promote skill development in acute and critical care occupational therapy.

Methodology

Research Design

This study employed a qualitative descriptive design, implemented via an online survey, to identify essential EPAs for both entry-level and advanced clinical occupational therapy practice in acute and critical care hospital settings. This research design was selected because it enables the direct capture of practice-based insights from clinicians, which aligns with the goals of exploratory descriptive qualitative research in healthcare (Hunter et al., 2019).

Survey Development

The study was conducted online, utilizing SurveyMonkey as the primary data collection tool. The survey was designed to gather information from experienced OTs and rehabilitation leaders on the professional activities they consider essential for entry-level and advanced-level OTs in acute and critical care settings. The survey also asked questions to examine the availability of mentorship and staff training, as well as the knowledge, skills, and behaviors expected of new graduates entering acute care practice. The survey was created by the researcher, in collaboration with their capstone mentor, following a careful review of recent professional literature. Perspectives of four experienced acute care OTs with more than 10 years of acute and critical experience were also sought to establish content validity, clarity, and flow of the survey questions. This expert review process ensured that the survey items accurately reflected the essential professional activities and competency expectations within the acute and critical care setting. The survey was comprised of 11 items, including multiple-choice, checkbox, Yes/No, and open-ended questions, to collect demographic information and comprehensive data. Table 1 outlines the survey questions and their corresponding themes.

Survey Participants

Occupational therapists, rehabilitation managers, and supervisors working in acute and critical care settings were recruited through email from approved recruitment sites within a single geographic region and social media posts. The survey was distributed simultaneously to both groups. Because of the survey's anonymity, no mechanism was in place to distinguish between participants recruited from clinical sites

and those who participated via social media. The geographic origin and practice context of all participants cannot be fully verified. This population was selected for their knowledge and experience in acute care settings. They provided valuable insights into the essential professional activities expected of entry- and advanced-level therapists, which aligned with the study's purpose. Inclusion criteria for survey participants limited the sample to OTs and rehabilitation leaders who had worked in acute and critical care settings for at least three years. Three years of experience were selected because this is the minimum requirement set by the AOTA for pursuing an AOTA advanced certification (AOTA, n.d.). The goal was to collect sufficient data from at least 15 participants to achieve saturation, based on Hennink and Kaiser's (2022) finding that qualitative studies with homogeneous populations typically reach saturation within nine to 17 interviews.

Risk and Consent

Consent was achieved before participation in the survey. Those recruited through email received the consent form directly from their site's rehabilitation manager or supervisor, while participants recruited through social media accessed the consent form through a link or QR code in the study flyer. In all cases, the consent form also appeared on the survey webpage before any questions were presented, and participants proceeded only after reviewing this information. The study involved minimal risk (i.e., no greater risk than what individuals encounter in everyday life). Participants could skip any question they did not wish to answer, and no identifying information was collected to maintain anonymity.

Data Collection

Following Institutional Review Board (IRB) approval (IRB # 25-1126-109-FL), the researcher provided the approved recruitment email script and a copy of the adult consent form to the rehabilitation manager or supervisor at each participating recruitment site. The manager or supervisor distributed these materials to eligible staff members through the facility's internal email listserv. To ensure that all contact information remained protected within the recruitment site's secure system, the researcher did not have direct access to staff email lists. Additional participants were recruited through social media postings and the AOTA general forum. These postings included a digital flyer with links to the consent form and the online survey. The flyer described the purpose of the study, inclusion criteria, the number of survey questions, the estimated time to complete the survey, and the voluntary nature of participation. No personal contact information was collected at any point, and participation remained fully anonymous.

The survey required approximately 10–15 minutes to complete. Upon survey completion, responses were exported from SurveyMonkey into a Microsoft Excel file. All data were stored in an encrypted folder on the student investigator's password-protected laptop. Access to the data was limited to the researcher and their capstone mentor.

Data Analysis

Data were analyzed using a combination of qualitative thematic analysis and descriptive statistics. Quantitative data from Yes/No, multiple-choice, and checkbox questions were analyzed using descriptive statistics generated in Microsoft Excel.

Frequencies and percentages were calculated to summarize participant practice settings, hiring experience, valued entry-level knowledge and skills, and available support and mentorship opportunities. For professional activity classification questions, proportions of respondents identifying each activity as entry- or advanced-level were calculated and reported. These descriptive summaries provide a quantitative overview of perceived competency expectations in acute and critical care practice.

Thematic analysis using Dedoose was applied to qualitative data from open-ended survey responses. The researcher, in collaboration with their capstone mentor, followed the thematic analysis guidelines highlighted by Braun and Clarke (2006): data familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report. Dedoose was used to organize codes, compare responses across participants, and identify patterns related to onboarding expectations, competency checklist, timelines, and processes for developing advanced competence and mentorship structure. Responses to open-ended questions on additional entry-level and advanced-level EPAs were analyzed and summarized thematically. Selected quotations from participants were presented to exemplify the themes and to highlight the range of viewpoints. Findings from quantitative and qualitative analyses were integrated to identify common themes that may inform the development of a future set of EPAs for entry- and advanced-level acute and critical care OTs.

Results

The survey results are presented in the following sections. A total of 14 participants completed the survey via SurveyMonkey, and the response data were

exported into Microsoft Excel for analysis. The findings are presented for each survey question and its corresponding themes, as outlined in Table 1.

Table 1

Survey Questions Themes and Definition

Theme	Definition	Example Survey Items
Participant Characteristics	Describe the participants practice setting and hiring experience with new graduates	Hospital units treated (e.g., emergency department, intensive care unit, neurology); hiring experience
Expectations for Entry-level Competence	Identifies the knowledge, skills, and professional behaviors expected of new graduate OTs	Interview expectations; valued entry-level skills
Onboarding Procedure and Competency Assessment	Examines the facility's process for onboarding new graduate OTs and use of a competency checklist.	Onboarding process and timeline; competency skills checklist
Progression to Advanced-Level Competence	Identifies timelines and processes for a new graduate OT to progress to advanced-level competence	Timeline and process for achieving advanced-level competence
Mentorship	Identifies the availability and structure of mentorship programs for newly hired OTs	Mentorship availability; mentor-mentee process
EPAs for Entry-level and Advanced level OTs	Explores classification of EPAs based on expected level of practice within the acute and critical care setting.	EPA skill-level ratings; Open-ended items regarding additional EPAs

Note. EPA = Entrusted Professional Activities.

Participant Characteristics

All 14 participants reported a variety of acute and critical care units where OTs practice at their facilities. The most frequently reported areas were the Medical-Surgical

Unit (92.86%) and the Medical Intensive Care Unit (92.86%), followed by the Emergency Department, Cardiology, Neurology, Oncology, and Orthopedics (each at 85.71%). Moderate representation was seen in the Surgical Intensive Care Unit (64.29%) and Obstetrics and Gynecology (57.14%). The least common settings were Trauma (42.86%), Neonatal Intensive Care Unit (42.86%), Psychiatry/Behavioral Health (35.71%), Pediatrics (28.57%), Burn (21.43%), and Transplant Unit (21.43%).

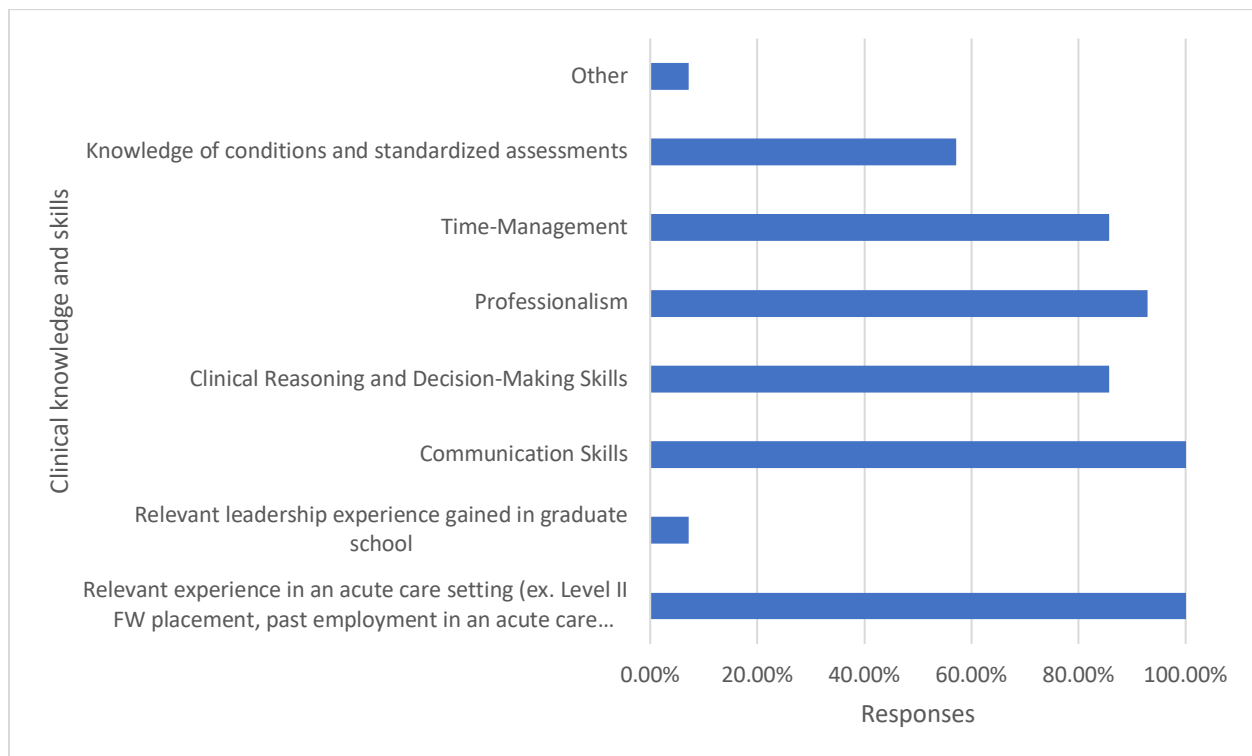
In response to “Within the last 5 years, how many new OT graduates have you been involved in hiring?”, participants reported varying levels of involvement. Half of the respondents (50%, $n = 7$) had hired 1-5 new graduates, while 21.43% ($n = 3$) had hired 6-10 new graduates. The remaining 28.57% ($n = 4$) reported no involvement in hiring new OT graduates, and no participants indicated hiring more than 10.

Expectations for Entry-level Competence

As shown in Figure 1, all participants ($n = 14$) identified relevant acute care experience and communication skills as highly valued attributes in response to “What key clinical knowledge and skills do you expect or value in a recent OT graduate to demonstrate during the hiring interview?” Professionalism (92.86%, $n = 13$), clinical reasoning and decision-making skills (85.71%, $n = 12$), and time-management skills (85.71%, $n = 12$) were also considered important. Knowledge of conditions and standardized assessments were identified by 57.14% of respondents ($n = 8$), while leadership experience and receptiveness to feedback were each mentioned by a single respondent (7.14%). An additional response included was “receptive to feedback.”

Figure 1

Clinical Knowledge and Skills Valued for Recent OT Graduates During Hiring Interviews



Onboarding Procedures and Competency Assessment

All 14 participants responded to the survey items on onboarding procedures and competency assessment. Most (71.43%, $n = 10$) reported that their facility uses a competency checklist to onboard newly hired entry-level OTs, while the remaining 28.57% ($n = 4$) reported no checklist is used. Of the 10 participants using a competency checklist, nine responded to the open-ended question asking them to describe the key skills, knowledge, or behaviors assessed in their checklist. Thematic analysis was used to generate codes and summarize the key skills, knowledge, and behaviors assessed in the participant's facility onboarding checklist (see Figure 2). Understanding of the occupational therapy evaluation process emerged as the most common theme across the nine responses. For this study, the researcher defined occupational therapy

evaluation as the process that involves obtaining the occupational profile (e.g., chart review, client and caregiver interviews), analyzing occupational performance through both standardized and non-standardized assessments and occupational analysis, and synthesizing and documenting the evaluation findings to develop client-centered goals and recommendations (AOTA, 2020b). Four of the nine participants who responded noted that “chart review” and “documentation” as key measured skills. Other themes that emerged included patient safety, with the following sub-themes: patient handling, fall prevention, management of lines and tubes, emergency responses, and monitoring of vital signs; communication skills for both patients and the interprofessional team; occupational therapy treatment intervention planning and implementation; discharge planning; and interprofessional collaboration. One participant expressed a negative sentiment regarding this question, citing a lack of formal processes, inconsistent use of the competency checklist, and outdated onboarding materials: “We have a very outdated one... not standardized in any way. Each employee approaches it differently and some don’t use it at all... no process for handoffs between onboarding therapists....”.

Figure 2

Word Cloud of Skills, Knowledge, and Behaviors in Onboarding Competency Checklists



Note. The word cloud was generated in Dedoose Version 10.0.59 using participants' open-ended responses describing the skills, knowledge, and behaviors assessed in their facility's competency checklist. Word size reflects the relative frequency of terms across the nine responses and provides a visual summary of commonly referenced concepts

Progression to Advanced Level Competence

When asked whether their facility has a process to advance a new graduate OT from entry-level to advanced-level competence, 12 participants responded, and thematic analysis was used to generate codes from these responses (see Figure 3). Four participants noted at least one year of clinical experience is needed to be competent “on all floors” in the hospital; two participants reported three months, and one participant noted “4-6 weeks depending on their ability to learn the setting and become proficient in the areas they are treating”. Three participants mentioned that ICU competence can take up to two years of experience. One participant noted that specialized settings have their own set of competencies and require three to five years of experience. Four participants observed that progression also varies depending on the

OT's readiness and prior experience. Another common theme was that progression typically begins in general medical-surgical units before advancing to intermediate care and ICU settings.

Figure 3

Word Cloud of Timeline for Achieving Advanced-Level Competence



Note. The word cloud was generated in Dedoose Version 10.0.59 from the 12 participants' responses describing their facility's timeline for advancing new graduate occupational therapists from entry-level to advanced-level competence. Word size reflects the relative frequency of concepts mentioned across responses and provides a visual summary of the most referenced ideas.

Mentorship Availability and Structure

In response to the item "Is mentorship available for an entry-level OT practitioner?", mentorship was available to 78.57% of survey participants ($n = 11$), whereas 21.43% ($n = 3$) reported it was unavailable at their facility. Feedback on facilitating the mentor-mentee OT relationship was varied. 11 participants responded, and three skipped this question. Of the 11 participants, seven specifically described structured mentor pairing, especially during onboarding, with ongoing informal mentorship available as needed. Responses varied regarding how long formal

mentorship lasts, with two participants specifically indicating it lasts for the first four weeks. Most answers indicated that informal mentorship was needed, based on leadership or the new OT's request, or for guidance on challenging or specialty cases.

EPAs for Entry-Level and Advanced-Level OTs

A list of 15 preliminary EPAs, identified through a literature review and expert opinion, was presented as a set of checkboxes. Participants were asked to classify each EPA as either an entry- or advanced-level skill for OTs practicing in acute care (see Figure 4 and Table 2). An EPA was classified as entry- or advanced-level if at least 80% of the participants agreed on that classification. EPAs falling below this threshold were considered to reflect variability in practice expectations rather than clear consensus.

Table 2

Entrustable Professional Activities for Entry-Level and Advanced-Level OTs

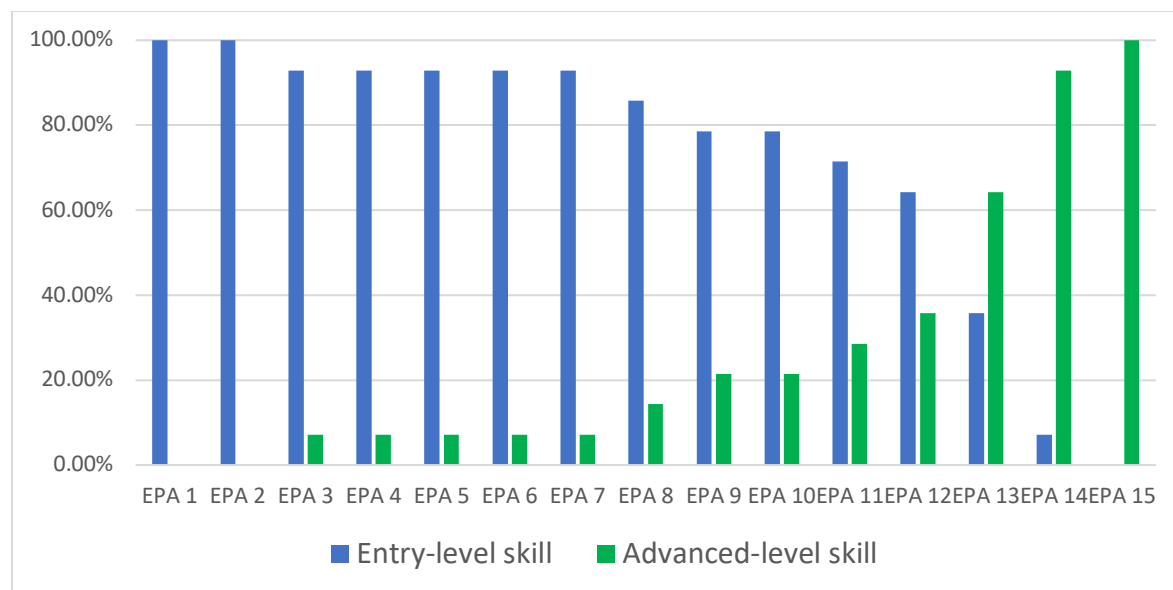
EPA	Definition
EPA 1	Document the evaluation report and treatment intervention results clearly, accurately, and concisely.
EPA 2	Develop, implement, and modify client-centered and occupation-based intervention plans that promote engagement and functional outcomes.
EPA 3	Synthesize comprehensive client information from multiple sources for the occupational profile.
EPA 4	Select, administer, analyze, and interpret appropriate screening and assessment tools to determine barriers and/or supports to the patient's occupational performance.
EPA 5	Modify the intervention plan and determine whether to continue or discontinue services based on the client's progress and current needs.
EPA 6	Educate patients, families, and the interprofessional team.
EPA 7	Collaborate effectively within the interprofessional team to ensure patient safety, advocate for clients' needs, and coordinate care across disciplines

EPA	Definition
EPA 8	Interpret and apply clinical data, including lab values, imaging, pharmacological profiles, and surgical histories, to inform clinical reasoning and intervention planning
EPA 9	Recognize and respond to an urgent or emergent change in status.
EPA 10	Assess and manage patients with acute or multi-system conditions.
EPA 11	Recognize indicators of medical instability, terminating sessions appropriately, and escalating care as needed.
EPA 12	Supervise others (rehab aide, technicians, and OTA) to ensure safe and ethical delivery of patient care.
EPA 13	Demonstrate timely response to clinical emergencies by recognizing deterioration, supporting or leading rapid response or resuscitation efforts, and contributing to airway and hemodynamic management within scope.
EPA 14	Demonstrate ability to manage and integrate knowledge of critical care support systems (e.g., mechanical ventilation, ECMO, hemodynamic monitoring, and invasive lines) to ensure safe and effective therapy delivery.
EPA 15	Demonstrate leadership and mentorship in the critical care environment through supervision of junior staff, contribution to team learning, and integration of evidence-based practice in decision making

Note. EPA = Entrusted Professional Activities

Figure 4

Entrusted Professional Activities for Entry-level and Advanced-level OTs



Note. EPA numbers (EPA 1 – EPA 15) correspond to the entrustable professional activities defined in Table 2.

Documenting the evaluation report and treatment intervention (100%, n = 14), development and implementation of client-centered and occupation-based intervention plans (100%, n = 14), synthesizing client information for the occupation profile (92.86%, n=13), selecting and interpreting assessment tools (92.86%, n=13), modifying intervention plan (92.86%, n=13), patient and family education (92.86%, n=13), and interprofessional collaboration and client-advocacy (92.86%, n=13) were universally considered as entry-level expectations. Interpreting and applying clinical data for intervention planning was identified as an entry-level skill by 85.71% (n=12). Other EPAs have slightly more variability in responses. These included several safety-related EPAs, such as recognizing and responding to urgent changes in medical status and assessing and managing patients with acute or multi-system conditions, which were noted by 78.57% (n=11) as entry level skills. Identifying indicators of medical instability, terminating sessions, and escalating care when necessary were reported by 10 participants (71.43%). Supervising others, such as rehabilitation aides, technicians, and occupational therapy assistants, also elicits varied responses and was considered an entry-level responsibility by nine participants (64.29%). In contrast, demonstrating leadership and mentorship skills (100%, n = 14) and managing critical care support systems (92.86%, n = 13) were considered advanced-level occupational therapy skills in acute and critical care settings. There was variability in responses concerning providing active, timely responses to emergency situations and resuscitation efforts (64.29%, n = 9).

When asked what other key professional activities they would expect from entry-level OTs, a participant mentioned the need for adequate time management to meet the

facility's established productivity standards. Another participant stated, "Demonstrate strong ethical awareness and responsibility towards their patients." Seven participants noted no further suggestions.

In response to the follow-up question, "Are there any other key professional activities you would expect from advanced-level OTs?", nine participants answered, while five skipped the question. Of the nine, four had no additional suggestions. The others mentioned leading quality and performance initiatives, mentorship, "excellent clinical reasoning," and participating in multi-disciplinary rounds. Two participants noted pursuing specialized clinical skills and certifications that depend on patient diagnosis and patient population.

Discussion

The purpose of this study was to define a common language to distinguish entry-level from advanced-level OT practice in acute and critical care settings. The findings offer preliminary insight into which professional activities OTs and rehabilitation leaders consider entry-level versus advanced. Results also suggest there are areas where consensus was less clear.

Entry-Level Expectations

Three themes emerged across new graduate hiring expectations, onboarding, and the EPA classification checklist: foundational occupational therapy evaluation skills, communication, and patient safety. OT evaluation skills include the OT's ability to conduct accurate and thorough chart reviews, perform both standardized and non-standardized assessments, document findings, and synthesize and apply clinical knowledge and skills to develop client-centered treatment interventions. Chart review,

documentation accuracy, and the administration of appropriate assessment tools were repeatedly identified in the survey as key skills and behaviors evaluated during new graduate onboarding. These findings echoed in the EPA expectations checklist, where documentation of the evaluation report, synthesis of client information, and administration and interpretation of appropriate assessment tools were consistently viewed as entry-level professional activities.

Communication skills across multiple contexts, including patient and caregiver education and collaboration with the interprofessional team, was another predominant theme identified in the study. Participants emphasized the high value placed in strong communication skills among new graduates during the hiring process. Collaboration and coordination of care with the interprofessional team were also identified as essential entry-level expectations.

Lastly, most participants also viewed patient safety as an important professional activity. Sub-themes in this category included patient handling, fall prevention, management of lines and tubes, emergency responses, and monitoring vital signs. Professional activities related to this theme, such as recognizing and responding to urgent changes in medical status, assessing and managing patients with acute or multisystem conditions, identifying signs of medical instability, ending sessions, and escalating care when needed, were all basic expectations but varied in how they were expected to be performed as entry- or advanced-level skills.

Advanced Level Expectations

In contrast, demonstrating leadership and mentorship skills and managing critical care support systems were regarded as advanced-level occupational therapy skills in

this setting. Participants also noted that advanced practice involves specialized clinical skills and certifications to treat specific diagnoses or populations, especially in highly specialized or intensive care units. These findings suggest that foundational occupational therapy evaluation and treatment are essential activities for new graduates, whereas leadership and mentorship are considered more advanced.

Variability in Entry- and Advanced-Level Expectations

Several patient safety-related EPAs were generally viewed as entry-level, but with some variability. Recognizing and responding to urgent changes in medical status, managing patients with acute or multi-system conditions, identifying indicators of medical instability, and escalating care when necessary were considered entry-level tasks. Supervising others, such as rehabilitation aides, technicians, and occupational therapy assistants, also elicited varied responses and was regarded as an entry-level responsibility. There was also variability in responses regarding the provision of active, timely responses to emergency situations and resuscitation efforts, which were considered advanced-level skills.

Mentorship Structure

Most participants reported that their organizations offer new graduates opportunities to pair with an experienced clinician as a mentor. However, responses varied in the length of these structured mentorships, with most occurring during the onboarding process. Some participants also have more informal, as-needed mentorship opportunities based on the new OT's request or leadership's assessment of need.

Progression Timeline from Entry-Level to Advanced Level Practice

The length of time varied and dependent on onboarding status; four weeks was also specifically mentioned as a timeline for onboarding. As for the timeline to transition from entry-level to advanced-level, there was a variety of responses, with 6 months to a year as the most predominant answer from general medical-surgical units as a starting base, with ICU settings as the most advanced level. Specialized units require a different set of competencies and training, as noted by some participants.

Interpretations

There was strong consensus, with >90% of participants in agreement that foundational OT evaluation processes and communication are entry-level skills, aligning with the AOTA Fieldwork Performance Evaluation tool (AOTA, 2020a), which measures the entry-level competence of OT students. These expectations also reflect the *Occupational Therapy Practice Framework, 4th edition* (AOTA, 2020b), which outlines chart review, assessment selection, documentation accuracy, and synthesis of client information as key parts of the occupational therapy evaluation process.

Communication was also highlighted across survey questions on hiring preferences, new graduate expectations, and EPA classification. This finding highlights the vital role that OTs play on the interprofessional team providing patient care in this setting (AOTA, 2023), and it reinforces that interprofessional collaboration and patient/caregiver education are essential activities for delivering effective, coordinated services, especially in the fast-paced world of acute and critical care. The findings of this study and these AOTA documents emphasize that communication and the foundational

occupational therapy evaluation process are professional activities that are vital for new graduates to perform effectively and safely in the acute care setting.

Safety-related EPAs received mixed responses, particularly those involving recognizing medical instability, responding to medical emergencies, and supervising others. These findings suggest that expectations for entry-level OTs differ across various hospital systems, likely influenced by factors such as patient demographics, acuity, onboarding procedures, and staff training. These variations may lead some institutions to expect higher-level professional activities from new graduates, while others reserve these activities for OTs with more experience and specialized training. Without a shared understanding of which professional activities should be entrusted to entry-level versus advanced-level OTs, entry-level OTs may receive inconsistent guidance and supervision, depending on their facility's structure and onboarding process. These inconsistencies highlight the need for a common language, grounded in standardized EPA expectations, to support entry-level competence in acute and critical care practice.

Advanced-level expectations centered on leadership, mentorship, and managing complex critical care support systems, which are commonly found in hospital critical care units. These findings show that advanced practice in acute and critical care involves not only specialized clinical skills but also the ability to guide others, promote team learning, and apply evidence-based practices. This aligns with the goals of AOTA fellowship programs to develop professional identity, leadership abilities, and scholarship (AOTA, 2025). The classification of managing complex critical care support

systems further highlights the specialized nature of high-acuity practice and the need for additional training and experience before entrustment of these professional activities.

Finally, structured mentorship emerged as important for supporting the progression from entry- to advanced-level practice. While most participants mention having access to mentorship in their setting, there is variation in the structure and length of these mentorships for new graduate OTs. This variation indicates that although mentorship is crucial for supporting new graduate OTs, their experience of support may differ across facilities.

Implications for Clinical Practice

A common language and standardized expectations for entry- and advanced-level activities are essential for preparing new graduates to deliver safe care in high-acuity settings. Inconsistencies in safety-related EPAs highlight the need for standardized expectations to support entry-level OTs' progression in this setting. Countries such as Australia and the United Kingdom have already established entry-level occupational therapy competencies (AOTA, 2024; Intensive Care Society, 2024; Occupational Therapy Board of Australia, 2018) that define the professional expectations for safe, ethical, and effective practice.

These entry- and advanced-level themes can guide development of future EPA frameworks in acute and critical care settings. Foundational occupational therapy evaluation, communication, and patient safety are viewed as essential activities to develop in entry-level practitioners to ensure entrustment in direct patient care. Meanwhile, leadership and mentorship are identified as advanced-level competencies, providing a clear pathway for professional growth, and supporting the development of

clinical ladders within acute and critical care occupational therapy practice. Together, these themes show how EPAs can be structured to reflect progressive skill development while ensuring that practitioners at all levels deliver safe patient care.

Implications for an Acute and Critical Care Fellowship Program

Mentorship is widely recognized as one of the most valuable aspects of an occupational therapy fellowship program, supporting professional growth and the development of advanced clinical skills (Bergstrom, 2024; Chapman et al., 2019; Coppard et al., 2020; Hansen et al., 2022). The findings of this study reinforce the importance of structured mentorship in facilitating the transition from entry- to advanced-level practice. However, the variation in the structure and duration of mentorships for new graduate OTs across hospital systems suggests that new graduates may receive inconsistent levels of support during this clinical transition. Some organizations offer structured, time-bound mentorship during onboarding, while others depend on informal, as-needed guidance, which may not provide the consistency needed to develop complex clinical reasoning and safety-related competencies in this setting. This variability emphasizes the need for standardized mentorship models that align with EPA-based expectations and ensure that all new graduates receive the support necessary to progress safely and confidently in high-acuity environments.

Limitations

There are several limitations to consider when interpreting this study's findings. First, the sample size included 14 participants, which may limit the generalizability of the results. Given limited demographic information about the participants, the perspectives captured in this study may not fully reflect the diversity of practice patterns across

regions or institutions. Second, although recruitment sites were located within a single geographic region, the survey was also distributed via social media, and it was not possible to determine which participants were recruited through each channel. As a result, the geographic and institutional diversity of the sample is unknown, limiting the ability to characterize the representativeness of the findings fully. The survey's validity and comprehensiveness also warrant consideration. The survey was developed by the researcher with guidance from their capstone mentor and other experienced clinicians. While expert input was sought, this process may have introduced researcher bias in how EPAs were framed, selected, and categorized. It is possible that the survey did not fully capture the breadth of entry-level and advanced-level professional activities across all acute and critical care contexts. Finally, the survey format limited the depth of participant responses, as structured questions did not allow participants to elaborate beyond the options provided.

Recommendations

The descriptive findings of this study highlight the need for developing a shared, standardized language to define core entry- and advanced-level skills to support safe, evidence-based care in acute and critical care practice. Implementing an EPA-based framework, aligned with other health professions and occupational therapy associations outside the country, could help integrate essential acute care competencies into occupational therapy curricula and establish common performance expectations between academic programs and fieldwork sites, supporting students in achieving entry-level competence. Furthermore, clearly differentiating entry-level from advanced-level skills would support a more structured onboarding process for new graduates and

OT fellows, enabling organizations to tailor clinical activities and provide targeted mentorships as therapists progress toward advanced practice. Future research with larger, multi-state samples across diverse hospital systems would help develop more generalizable EPAs.

Conclusion

Developing core EPAs in the acute and critical setting may clarify essential activities for entry-level competence and advance practice. A shared language and structured mentorship could support sites in structuring onboarding and mentorship and create a structured pathway for new graduates to be entrusted with the delivery of safe patient care. While this study did not produce a final set of core EPAs, the descriptive findings lay important groundwork for future EPA development and offer insight into competencies, responsibilities, and mentorship needs that can shape clinical progression in this setting.

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