



## **Competency Review and Evaluation – Condensed Glossary of Terms**

\*No direct College definition available. Working definition provided. (References on page 4)

**Assigning**<sup>1</sup> – Allocating responsibility for the delivery of particular aspects of practice, aspects that are not controlled acts as defined in the RHPA, to a non-registrant (an individual not registered with the College of Occupational Therapists of Ontario).

**Capacity**<sup>2</sup> – The ability of an individual to understand the information that is relevant to making a specific decision; and to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

**Care Protocol**<sup>3</sup> – Any care map, clinical pathway or protocol that has been developed and approved for client use.

**Client**<sup>4</sup> – The client (also referred to as the “patient” in the RHPA) is the individual (or group of individuals) or the client’s authorized representative, who occupational performance issue(s) has resulted in a request for occupational therapy service. It is the client to whom the OT has a primary duty to apply the principles of practice.

**Competency**<sup>4</sup> – A complex interaction and integration of knowledge, skills and professional behaviours and judgement. It embodies the ability to generalize or transfer and apply skills and knowledge from one situation to another.

**\*Conflict**<sup>6</sup> – A potentially controversial situation; a clash between the client’s preferences and the OT’s or other stakeholder’s view of the client’s best interests or professional (ethical, regulatory and legal) responsibilities.

**Conflict Resolution**<sup>7</sup> – The process whereby a conflict between parties is settled – includes principled negotiation based on mutual understanding, respect and effective communication using a problem-solving approach and documenting to ensure common understanding.

**Conflict of Interest**<sup>8</sup> – When the therapist has a relationship or interest that could be seen as improperly influencing the therapist’s professional judgment or ability to act in the best interest of the client. Conflicts of interest may be real or perceived.

**Confidentiality**<sup>9</sup> – To respect, secure and protect the privacy of personal and often sensitive information about clients. To share such information only with the appropriate authority and with the quantity and content shared reflecting a principle of “need to know”.

**Controlled Acts**<sup>10</sup> – Activities and procedures set out in Section 27 (2) of the *Regulated Health Professions Act, 1991* (RHPA) where risk of harm to the client has been identified as significant. Controlled Acts can only be performed when the health professional has the authority to do so, either through legislation or delegation.

**Delegation**<sup>11</sup> – A term given specific meaning in the RHPA. Delegation is a formal process by which a regulated health professional who has the authority and competence to perform a procedure under one of the controlled act transfers the authority to perform that procedure to others. Occupational Therapists may receive delegation for some acts under certain conditions.

**Dual Practice**<sup>12</sup> – When a registrant practices as an occupational therapist and also as another regulated or unregulated practitioner.

**Essential Competencies**<sup>4</sup> – As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO): the essential competencies describe the knowledge, skills and abilities that are required occupational therapists to practice safely, effectively and ethically. They constitute the platform for entry to practice requirements and continuing competencies.

**Ethical Conduct**<sup>13</sup> – Professional behaviour that adheres to a set of values and principles. The Code of Ethics is the set of values and principles providing registrants with information about the College's expectations of ethical conduct. It describes the boundaries of acceptable professional practice.

**\*Ethical Issue**<sup>14</sup> – A situation where a registrant's response has the potential to violate one of the values or principles of ethical conduct. An ethical dilemma is posed when applying one or more of the values or principles would lead to opposing behaviours – the OT must consciously weight the values and principles and apply professional judgment to determine the best course of action.

**Harm**<sup>4</sup> – Includes psychological and physical harm.

**Performance Indicators**<sup>4</sup> – The performance indicators are ways in which the occupational therapist can state specific behaviours to describe and support how the standard has been met.

**Practice/Service**<sup>15</sup> – The overall organizational and specific goal-directed tasks related to the provision of occupational therapy, including direct client care, research, consultation, education or administration.

**Professional Boundaries**<sup>4</sup> – Professional boundaries are behavioural limits established and maintained to protect the professional and therapeutic nature of the relationship. Professional boundaries include separating and containing the occupational therapist's needs discretely from the client and maintaining the focus on the client's best interest.

**\*Risk**<sup>17</sup> – Potential for harm. May includes physical, psychological, social, emotional, privacy, environmental, activity-related or client-related factors.

**Professional Scope of Practice**<sup>18</sup> – Defined in the OT Act (1991) as “the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self care, productivity and leisure”. The scope is broad and includes interventions considered to be in the public domain (and therefore may also be in the scope of practice of another profession). Registrants must be able to define and communicate the parameters of their own practice (their scope, clients, and limitations of practice). Professional scope of practice also refers to the legislative authority to perform specific controlled acts.

**\*Personal Scope of Practice** – Defines one’s own knowledge, skill and judgment to perform a specific task, ethically, competently and safely.

**Stakeholder**<sup>4</sup> – Someone who has a stake in the outcome of a decision involving the client. Examples of stakeholders include family member, other health care team members, physicians, insurance company, legal representative, etc.

**Standard**<sup>4</sup> – Existing and generally accepted expectation of practice, according to the consensus of informed members (occupational therapists in Ontario).

**Support Personnel**<sup>21</sup> – Is an individual who is not registered with the College of Occupational Therapists of Ontario and to whom a registered occupational therapists may assign tasks related to delivery of OT services. This definition does not apply to students.

**Transparency**<sup>20</sup> – Full disclosure, which ensures integrity within the client-therapist relationship and requires clear, open and thorough communication.

## References

1. Assigning of Service Components to Non-Registrants: Practice Guideline (March 1996)
2. A Guide to The Health Care Consent Act and Substitute Decisions Legislation for Occupational Therapists (September 1996)
3. Practice Guideline: Client Records (January 1999)
4. Standards for Occupational Therapy Assessment (May 2007)
5. Reference not available
6. Promoting Quality Practice, Professional Obligations and Conflict Resolution (May 1998)
7. Promoting Quality Practice, Professional Obligations and Conflict Resolution (May 1998)
8. Principled Occupational Therapy Practice (June 2002)
9. Principled Occupational Therapy Practice (June 2002)
10. Principled Occupational Therapy Practice (June 2002)
11. Guideline on the Controlled Acts and Delegation (June 2000)
12. Position Statement on Dual Practice (June 2000)
13. Code of Ethics, June 2002
14. Definition not available
15. Code of Ethics, June 2002
16. Principled Occupation Therapy Practice (June 2002)
17. Definition not yet available
18. Occupational Therapy Act (1991)
19. Definition not available
20. Principled Occupational Therapy Practice (June 2002)
21. Practice Guideline: Support Personnel ( September 2004)