



College of Occupational
Therapists of Ontario

PRINCIPLED OCCUPATIONAL THERAPY PRACTICE

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PRINCIPLED OCCUPATIONAL THERAPY PRACTICE

*Store at Tab #3 of your Registrant Resource Binder
This document replaces the 1996 Guiding Principles of Practice
Aussi disponible en français*

Introduction

The *Regulated Health Professions Act* acknowledges occupational therapists as autonomous practitioners. Regulation of the profession also requires that OTs practice according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner.

The practice environment has changed dramatically over the last decade. There are many factors contributing to today's more complex and challenging practice environments. A constant shift toward independent practice brings added responsibility for managing one's own practice. Institutional and organizational settings also continue to shift toward management styles that offer fewer opportunities for OTs to network and gain support from supervisors and peers. The public's expectation for accountability grows stronger. New technologies, a growing evidence base, changing funding mechanisms and increasing demands on limited resources also add to the complexity of today's work environment.

Occupational therapists are obligated to use professional judgement. The *Principles*, as set out in this document, are intended to strengthen professional accountability by clarifying expectations about client-therapist relationships. The objective of this document is to provide guidance so that practice is in keeping with the philosophy and intent of the College mandate.

Professional judgement requires both the awareness and application of knowledge. It is the OT's responsibility to become familiar with their professional responsibilities (which the College attempts to identify in its publications) and apply them accordingly. Lack of awareness with respect to these responsibilities is not an accepted explanation for one's actions.

Although each area of practice has its own unique characteristics and issues, the principles that guide practice are constant and apply equally well across all environments. The College has intentionally established regulations, standards, and guidelines that support these principles and also apply broadly to the practice of occupational therapy.

Principles that are taken directly from College regulations are noted and the relevant documents are referenced with each section of the document. Review of other pertinent documents for further

information and clarification is encouraged. All documents listed as College Resources are available on-line at www.coto.org.

What is Principled Practice?

Principled practice refers to the application of principles in practice. *Principles* are defined as *fundamental truths, laws or doctrines that are used as a basis of reasoning or action; they serve as the basis for personal rules or a code of conduct* (Oxford Dictionary, 1996).

The principles of occupational therapy are based on the fundamental beliefs and values of the profession (*Enabling Occupation*, CAOT, 1997). While the principles of occupational therapy have not previously been distinctly identified, they are inherent within the profession's code of ethics, (*Code of Ethics*, COTO, reprinted 2002) competencies of practice (*Essential Competencies*, ACOTRO, 2000) and theoretical framework (*Enabling Occupation*, CAOT, 1997). Within a regulated profession, the principles are also reinforced through regulations and guidelines. A list of key principles of safe, effective practice have been identified following review of the literature and trends in practice, as identified by the College. The following list of principles serves as a guide to promote principled practice and is not intended to be definitive or exclusive.

Principles of Occupational Therapy Practice

The Code of Ethics, (COTO, revised 2002) is one of the College's most important documents as it outlines the values and principles that define professional conduct and practice. As stated in the Code of Ethics, these values and principles provide a foundation that the College relies on for Quality Assurance, Complaints and Discipline activities. These expectations are further defined throughout a variety of College documents as a way of reinforcing them and assisting registrants in meeting them in practice. The following description broadly defines the key principles.

Accountability

As regulated professionals, occupational therapists are required to clearly demonstrate that they serve the client's best interest. Accountability means the therapist is responsible for his or her actions. Therapists have an obligation to account for and explain their actions. A consciously competent therapist is aware of his or her strengths and limits, knows the guidelines and rules, makes appropriate choices consciously and deliberately, and is able to explain why he or she took a particular course of action.

Professional Boundaries

A professional-client relationship is an unequal relationship and the therapist is responsible for establishing and maintaining professional boundaries with their clients. The professional is in a position of power because of the knowledge they hold and the client's need for that knowledge. In order to ensure a trusting relationship the professional must not misuse or abuse the position of power by crossing boundaries. In order to maintain healthy trusting professional relationships therapists must ensure their own competence, integrity and dependability.

Informed Consent

Informed consent of the client promotes free choice. It supports an honest, client-centred approach that helps to ensure the client's best interests are served. Consent is defined as the client's permission to proceed with an agreed upon course of action. Informed consent requires that the person making the

decision receive all the information that a reasonable person in the same circumstances would require in order to make a decision, including alternative options and responding to any requests for additional information about the matter.

Confidentiality

Occupational therapists are entrusted with personal and often sensitive information about their clients. The therapist has a responsibility to respect, secure and protect the privacy of this information. Even when sharing with those individuals who have the appropriate authority to receive it, the quantity and content of information provided should reflect a principle of a “need to know” basis only.

Effective Communication

Clear communication is core to the development of the client-therapist relationship. It is considered a competency of practice for the therapist to utilize a communication process that promotes shared understanding with those with whom they interact. Effective communication involves the establishment of a feedback process and includes appropriate use of verbal, non-verbal and written communication.

Transparency

Transparent practice requires full disclosure, which ensures integrity within the client-therapist relationship and requires clear, open and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client’s ability to become involved as an informed participant. The therapist is responsible for ascertaining the nature and extent of information to be shared and with whom it needs to be shared.

Conflict of Interest

A conflict of interest arises 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 may present in different ways and if identified, whether they are real or perceived, need to be addressed.

Application of the above principles is critical for successful relationships with clients. It can be challenging, however, to understand the specific behaviours that are associated with these principles. The following guidelines provide further interpretation of the principles and describe behaviours the College believes demonstrate their application in practice. The intent of this document is not to create new obligations, but rather to assist members in identifying, managing and balancing existing professional obligations.

GUIDELINES FOR PRINCIPLED PRACTICE

These guidelines represent behaviours related to the delivery of occupational therapy service. While they are particularly relevant to clinical practice, their application is not restricted to this type of practice. All occupational therapists need to determine how these behaviours apply to their own practice.

1.0 Professional Accountability

- 1.1 An OT is accountable for his or her own practice and is responsible for his or her actions.
- 1.2 The best interest of the client is the core of service delivery.

PRINCIPLED OCCUPATIONAL THERAPY PRACTICE

- 1.3 An OT is responsible for ensuring his or her own competence. The onus is on the individual therapist to seek out and utilize needed assistance and resources on an on-going basis, to remain competent and provide quality care.
- 1.4 An OT is responsible for defining his or her own scope of practice, including determining the extent to which he or she practices within the scope of the profession and the extent that legislation, regulations, standards, competencies, guidelines and policies related to the practice of the profession apply to his or her practice.
- 1.5 An OT is responsible for maintaining knowledge of relevant national and provincial statutes, as well as professional regulations, essential competencies, standards, guidelines and employer policies that relate to the delivery of occupational therapy services he or she provides.
- 1.6 An OT must recognize the parameters of his or her professional competence and avoid going beyond the limitations of his or her knowledge and skills. For clients whose needs fall outside the domain of the OT's competence, assistance and resources must be sought out and utilized to provide the required services, or the client must be referred to appropriate professional services.
- 1.7 An OT will not provide interventions to clients until he or she has appropriately sought and received reports, evaluations and/or information from other professionals (e.g., medical reports) that are necessary for safe and effective service delivery.

Current as opposed to dated client information, except for historical or comparative purposes, is to be used when formulating the results of an assessment, making recommendations or developing treatment plans. Any client information that has been gathered by another source and is to be relied upon by the OT will be verified.

- 1.8 Where the most appropriate services for a client are not available or fundable within the sponsoring agency, it is the OT's responsibility to make the client and the referral source aware of the limitations on the OT service and to present suitable options and make appropriate recommendations.
- 1.9 An OT will refer/recommend the client to other services as the needs and interests of the client dictate.
- 1.10 An OT, having agreed to assist a client, must provide services appropriate to the client's needs and must not discontinue necessary services without an acceptable reason or making reasonable and proper arrangements in consultation with and agreeable to the client for the continuation of such care. Acceptable circumstances for discontinuing services include:
 - i. if the client requests the discontinuation
 - ii. if alternative services are arranged
 - iii. if the client is given reasonable opportunity to arrange alternative service
 - iv. if services to the client have been discontinued without consultation with the registrant (e.g., the primary clinical client is discharged from the institution prior to the OT completing his or her planned intervention)

- v. if the client can no longer meet agreed upon terms of payment and all reasonable attempts on the part of the registrant to facilitate such payment have been unsuccessful
- vi. if the client has been given reasonable opportunity to achieve set client goals
- vii. if the facility providing services has exhausted the resources allocated to those services¹.

Discontinuation may also be appropriate if the client threatens or violates the OT in a manner such that his or her safety is at risk.

- 1.11 An OT will not perform any controlled act (as defined by the RHPA) without proper delegation from a regulated health professional authorized to carry out the act. An OT will only accept delegation for those controlled acts that are appropriate for an occupational therapist. For further reference see the College *Guideline on the Controlled Acts and Delegation*.
- 1.12 A supervising OT retains responsibility for OT services provided by non-OTs (regulated or unregulated). This involvement of non-OTs must be made clear to the client. Consent must be obtained from the client when involving non-OTs in the OT process.
- 1.13 An OT who employs or supervises other professionals or students will promote continuing learning by such individuals.
- 1.14 An OT is responsible for planning, directing and reviewing the provision of any services for which he or she is accountable or that are presented by the OT to the public as OT services.
- 1.15 An OT must be aware of and able to apply the best available and current evidence applicable to the services provided by the OT. In conjunction with quality research, service should occur within a framework of what is considered to be best practice. This involves utilizing a process of reflective practice and considering related literature, consensus of OT peers and/or emerging research.
- 1.16 An OT shall not claim the utility of a test, device or procedure other than that which can be supported through generally accepted means.
- 1.17 An OT must utilize a multi-dimensional approach for client evaluation, recognizing the client as a multifaceted individual. This should take into account the context in which the client is to function in the future, as well as individual variations related to cultural, socio-economic, and ethnic or disability related factors. This most likely will require the use of a selection of evaluation tools.

An OT must be familiar with the reliability and validity of standardized and non-standardized evaluation tools and utilize appropriate evaluation tools for the identified purpose. Additionally, the OT interprets the results of the evaluation in the light of all the information known about the client.

When using standardized tools, the OT must be familiar with the characteristics of the population on which the norms are based. If a standardized tool is administered in a non-standardized way or if the client's characteristics are not consistent with the normative data, the normative data should not be used. In this event, the results of the evaluation may be utilized for a descriptive analysis of the patient.

¹ *Professional Misconduct Regulation #6*

- 1.18 An OT and his or her client will work jointly to develop individualized OT plans which set out goals and specific outcome measures and are consistent with the abilities and circumstances of the client and the available resources.
- 1.19 When considering whether to initiate service, an OT takes into account all of the client's desired outcomes/goals and literature support/scientific evidence.
- 1.20 The onus is on the OT to recognize situations in which he or she must use professional judgement to resolve an ethical and/or practice concern.
- 1.21 An OT who is aware of misconduct of a minor nature or what appears to be a lack of sensitivity, knowledge or experience by another OT or other professional will informally attempt to resolve the issue with this professional.

If the violation does not seem amenable to an informal solution, or is of a more serious nature, the OT will formally assist the client to seek appropriate assistance (e.g., at an emergency department), and to contact the employing agency or the appropriate regulatory College. Unless the violation is such that there is a legal requirement for the OT to report to another body, the OT will ensure appropriate client consent is secured (see further details in section 3.0 Confidentiality).

College Resources:

Professional Misconduct Regulation, 1993
Standards of Practice, 1996
Essential Competencies of Practice, 2000
Code of Ethics, 1996, revised 2002
Practice Guideline: Assigning of Service Components to Non-Registrants, 1996
Guideline on the Controlled Acts and Delegation, 2000
Practice Guideline: Supervision of Student Occupational Therapists, 1996
Practice Guideline: Client Records, 1999

2.0 Transparency

- 2.1 An OT must practice in an open, professional, and objective manner. This involves recognizing any potentially competing expectations of the client and other stakeholders (family, team members, payer), including self-interest.
- 2.2 An OT will not misrepresent his or her role or competence to the client. The OT will represent his or her knowledge, skills and abilities in a clear, open manner having considered the knowledge and expectation of the intended audience.

An OT will provide information about his or her credentials if requested, including the means of contacting the College and obtaining College documents.

- 2.3 Advertising materials (e.g., public statements, announcements of services, publicity, and promotional materials and activities) must list the name of the OT as listed on the College's public register. Degrees and job title may also be listed.

Specialization and certification cannot be advertised (e.g., paediatric OT). This prohibition does not include government conferred status such as ADP authorized or registered capacity assessor.

Descriptions of practice, experience and education (e.g., training in NDT, member of Canadian Association of Rehabilitation Professionals, service with a focus on children) are permitted, so long as they do not amount to an assertion of specialist status, in that they support the public's ability to make an informed choice.

- 2.4 Advertising materials must be clear, factual, and not misrepresent the services provided. Assertions made in advertising must be able to be supported by acceptable and, whenever possible, published scientific evidence. Limits and uncertainties must be identified; partial disclosure of relevant facts is not acceptable.
- 2.5 Advertising materials must not include testimonials or imply sponsorship or endorsement (e.g., practice related products [wheelchairs, bath seats], or quality of service). A list of clients, where the client has given permission, may be used only to indicate the range of clientele. To avoid the impression of sponsorship or endorsement, vendors or organizations may only be listed on materials for the purpose of indicating they have provided funding for an educational event/activity.

Advertising that includes the evaluation outcomes of the OT's practice, but does not identify individual clients as the source of the information, may be included.

- 2.6 If including a reference to fees, advertising materials must set out all the costs of services and products that are included in the fee. It would be misleading to set out a fee for only part of a product or service, knowing that most clients would then have to purchase additional products or services at an additional fee.
- 2.7 Advertising materials must not falsely imply the sponsorship or certification by an organization unless the services provided by the OT are under the direct auspices of the organization.
- 2.8 Advertising materials must not create false or unjustified expectations of favourable results.
- 2.9 Advertising materials must not intend, or be likely, to appeal to a client's fears, anxieties or emotions concerning the possible results of the client's failure to obtain the offered services.
- 2.10 Advertising materials must not compare the quality of services offered to those services offered elsewhere.
- 2.11 The OT will not pay or give anything of value to a representative of the media (press, radio, etc.) in anticipation of or in return for professional publicity in a news item.
- 2.12 It is the OT's responsibility to take reasonable steps to ensure projection of correct information in any media that the OT has addressed.

College Resources:

Professional Misconduct Regulation, 1993
General Regulation, Part V, Advertising, 2001
Code of Ethics, 1996, revised 2002
Standards of Practice, 1996
Essential Competencies of Practice, 2000

3.0 Confidentiality

- 3.1 An OT is responsible for maintaining the confidentiality of all personal information, as required by law or regulation.

An OT will not verbally or in writing release any confidential client information to another person or agency without the appropriate consent of the client or their legal representative or as required or authorized by law ².

- 3.2 Confidentiality is not considered breached unless identifying information is released. Removal of the client's name alone may not be sufficient. Also, if non-identifying information can be linked to identifying information (e.g., a client identification number) then there may be a breach of confidentiality.
- 3.3 The client has the right to be told at the onset of service, if it is not obvious from the circumstances, that information shared with the OT may be shared with others (e.g. others on the health care team). The client should know that the OT is required to maintain a written record of the OT's service provision. The client should know who might reasonably see the information.
- 3.4 In the event the OT perceives that there is clear and imminent danger to a competent adult client (e.g., elder abuse), *on receiving the consent of the person*, the OT will take reasonable personal action or inform responsible authorities (e.g., police, client's physician). In the event that consent is not given, the OT must respect the decision of the client and provide support to the client until the criteria for service discontinuation are met, or the danger is resolved.

Where the OT perceives that there is clear and imminent danger to an incompetent client, the OT has a duty to intervene appropriately, with the substitute decision maker's consent where possible, and without the substitute decision maker's consent if necessary.

All abuse, even if only suspected, involving children under the age of 16 must be reported in accordance with the *Child and Family Services Act (CFSA)*, March 2000. (See the College guide to this legislation for further details.)

An OT must report all cases of sexual abuse by a regulated health professional (verbal, behavioural and physical as defined by the RHPA), to the College of the abusing professional. In the event of sexual abuse by a non-regulated provider an OT will report the information to an appropriate authority (e.g. supervisor, employer) if the client consents (and possibly without consent if others are at significant risk – see 3.5 Duty to warn).

- 3.5 In the event an OT has reason to believe that a client will seriously harm another individual or themselves, the OT has a duty to take reasonable steps to inform a third party (e.g., police, person at risk, client's physician). In these situations the OT may be able to act without client consent if the common law (judge made law) duty to warn applies. The OT would need to consider the particular nature of the risk posed by the client (usually the duty to warn applies to risks of serious physical harm), the predictability of the future behaviour giving rise to the risk (was there a clear threat? Does the person have the means to carry out the threat?), and the ability to identify the subject of

² Professional Misconduct Regulation #9

the threat (e.g. is a person or class of persons at greater risk than the average member of the public?).
An OT will normally seek legal advice if there is time.

College Resources:

Professional Misconduct Regulation, 1993
Standards of Practice, 1996
Code of Ethics, 1996, revised 2002
Practice Guideline: Client Records, 1999
Guide to Child and Family Services Act, March 2000 (CFSA), 2001
Mental Health Act, 1990

4.0 Professional Boundaries

- 4.1 An OT is responsible for establishing and maintaining professional boundaries with clients. This includes separating and containing the OT's needs discretely from the client and maintaining the focus on the client's best interest.
- 4.2 The integrity of the clients with whom an OT works shall be respected at all times. This includes respecting and supporting the choices of his or her clients, regardless of whether they conflict with the OT's professional and personal values and beliefs (e.g., what is best for the client) unless the client's choices conflict with the OT's ethical, regulatory, and legal responsibilities (e.g., Section 3.5).
- 4.3 An OT must continually recognize his or her own needs and values and potentially influential position with such people as clients, students and subordinates. An OT will not exploit a trust relationship with clients, students, and/or subordinates.
- 4.4 All clients and other individuals must be approached with respect.
- 4.5 An OT, due to the significant and often lasting effects of the power imbalance inherent within the OT/client relationship, is responsible for setting and maintaining professional boundaries. The client's willingness to participate or consent will not be accepted as a defence.
- 4.6 An OT should never enter into a personal relationship (e.g., dating, sexual relationship) or violate professional boundaries with a current client, or someone with whom the client has a significant personal relationship (e.g., child's parent).
- 4.7 It is advisable for an OT to avoid personal relationships with clients being treated by colleagues, or clients in the same service/area of practice, especially if the OT is privy to the client's personal information.
- 4.8 On recognition of the potential for professional boundary violations by either the OT or the client (e.g., feelings of attraction, excessive personal disclosure), it is the OT's obligation to discuss the issue with the client, and if unable to resolve it, transfer the client to another therapist. It is recommended that the OT document the interaction.
- 4.9 Prior to entering into a relationship with a former client or someone with whom the client has a significant personal relationship, the OT must consider the policy behind the Regulated Health Professions Act and applicable ethical principles and professional standards, and may wish to seek advice from peers familiar with the situation and/or the College.

An OT should use professional judgement to consider:

- i. the duration, nature and intensity of the professional relationship between the OT and client (e.g., long term intervention versus a single intervention).
- ii. the client's vulnerability (dependence of the client on the OT [i.e., transference]) and the client's subsequent ability to perceive the OT as an equal.

In some cases, the passage of time may be a mitigating factor. Prior to entering into any relationship however, the OT must thoughtfully and carefully consider the implications.

College Resources:

Regulated Health Professions Act, 1991
Sexual Abuse Prevention Guidebook, 1996
Code of Ethics, 1996, revised 2002
Professional Misconduct Regulation, 1993
Standards of Practice, 1996
Essential Competencies of Practice, 2000
Health Care Consent Act, 1996
A Guide to the Health Care Consent and Substitute Decisions Legislation for Occupational Therapists, 1996

5.0 Effective Communication

- 5.1 Subject to the consent of the client, the OT will ensure that there is a clear, mutual understanding of the OT plan by all stakeholders involved with the client (e.g., the client, other professionals, care givers, referral source, payers).
- 5.2 When working with other professionals, the OT shall do so in a co-operative manner to meet client goals. Using professional judgement, when appropriate the OT will attempt to abide by and participate in the implementation of team decisions.
- 5.3 An OT, on referring a client to another OT, professional or agency, after gaining the client's consent, will promptly supply all information necessary for the receiving professional or agency to begin serving the client.
- 5.4 When more than one OT is to be involved on an on-going basis with the same client, it is essential that the OTs communicate and clearly delineate their individual responsibilities. This is to occur in collaboration with the client(s) and intermittently through the course of service delivery.
- 5.5 An OT should not discuss in a disparaging way the competency, quality of service provided or methods used by another professional or an agency without deliberation and thoughtful consideration of all issues. Prior to offering a professional opinion about the competency or services provided by another OT, another professional and/or another agency, an OT should consider:
 - i. If he/she has sufficient information
 - ii. the quality of that information
 - iii. his/her competence in evaluating the information

- iv. the potential impact on the client
 - v. who has requested the opinion and for what purpose.
- 5.6 An OT will make the client aware of the OT conclusions, opinions and recommendations arising from an assessment within a reasonable time, unless sharing the information is reasonably expected to cause serious harm to herself or himself, or another individual. The OT will maintain a record of the client's response, whenever feasible.
- 5.7 An OT is responsible for clarifying the nature of his or her relationship and role with all involved parties with whom he or she comes into contact.
- 5.8 An OT will fully inform the client of the purpose and process of any testing/assessment and how the results will be used prior to its administration.
- 5.9 An OT clearly documents the use of both standardized and non-standardized assessments, and indicates how they were used.
- 5.10 Documentation of the systematic approach utilized and the clinical reasoning/rationale for the decision(s) reached is important.

College Resources:

Professional Misconduct Regulation, 1993
Standards of Practice, 1996
Essential Competencies of Practice, 2000
Code of Ethics, 1996, revised 2002
Regulated Health Professions Act, 1991
Sexual Abuse Prevention Guidebook, 1996

6.0 Informed Consent

- 6.1 An OT must respect the client's right to know the specific nature of the services being provided both initially and on an on-going basis. This is to support transparent OT practice, to facilitate open and honest communication, and to promote the setting of realistic client expectations.

It is recommended that either at or before the initial meeting with a client, the OT communicate at least the following information:

- i. the purpose of the service to be provided
- ii. the potential benefits and limitations of the OT service and other aspects of obtaining informed consent
- iii. the scope of the referral
- iv. the payer of the services
- v. the potential extent of confidentiality maintained
- vi. to whom verbal or written reports/documentation will be shared

vii. the OT's accountability to the College of Occupational Therapists of Ontario.

An OT will honour the right of the client either to consent or refuse to consent to participate in OT services. An OT respects client choice and provides sufficient information to allow the client to make an informed decision.

- 6.2 An OT will comply with consent legislation where it exists, and adhere to the principle of informed consent for all OT services provided to the client.
- 6.3 An OT should first presume that a person is capable of making a decision. If there is evidence to believe otherwise, the *Health Care Consent Act, 1996* should be followed (see the College's Guide to the Act). Even if another individual is required or able to provide consent for the client, an OT should inform and involve the client in the process as much as possible.
- 6.4 Informed consent must relate to the service being proposed, be voluntary, and not have been obtained through misrepresentation or fraud. Consent is considered informed if the client understands and appreciates the nature of the treatment/service, the expected benefits of the treatment/service, the material effects, risks, and side effects of treatment/service, alternative courses of action, and the likely consequences of not having treatment/service.
- 6.5 Client consent or an appropriate legally binding request (e.g., a summons) or legal authority to disclose must exist prior to releasing any client information ³.
- 6.6 An OT will confirm an agreement (written if appropriate) with all clients as early as possible in the relationship, as to the general nature and extent of services to be provided. Services departing from the initial agreement must have the prior approval of the client.
- 6.7 Client consent may be obtained verbally or in writing, or in rare cases, by implication. An OT will document that consent for a detailed assessment, a treatment program or other significant intervention was obtained.

College Resources:

Professional Misconduct Regulation, 1993

Standards of Practice, 1996

Essential Competencies of Practice, 2000

Code of Ethics, 1996, revised 2002

Health Care Consent Act, 1996

A Guide to the Health Care Consent and Substitute Decisions Legislation for Occupational Therapists, 1996

7.0 Conflict of Interest

- 7.1 In the delivery of OT service and in order to meet the best interests of the client, an OT must identify who the other stakeholders are. Using professional judgement the occupational therapist establishes the expectations of each stakeholder separately. In the process of determining the parameters of his or her role, the OT identifies and manages the competing interests of the different stakeholders, as well as professional self-interest.

³Professional Misconduct Regulation #9

- 7.2 An OT will not allow the pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgement and skill.
- 7.3 An OT will not become involved in fraudulent or unethical activity related to his or her professional practice. On appreciation of potential involvement in such activity, an OT will act professionally. If the situation remains unclear, the OT will seek advice from peers, a legal representative and/or the College.
- 7.4 An OT will make every effort to avoid dual relationships (e.g., treatment of family or friends) that could impair his or her judgement or increase the risk of exploitation.
- 7.5 An OT will only provide professional services (especially for a fee) to family and friends if no other professional is available to provide the required service. In such cases there must be full disclosure of all potential issues to all involved stakeholders. A thorough and objective intervention must occur.
- Care should be taken to provide only appropriately limited advice to family and friends if a complete assessment is not undertaken.
- 7.6 Advertising information can be distributed or posted (e.g., mailed, e-mail, website, journal/newsletter) generally to the public. Advertising cannot be individualized to persons believed to need care (e.g. targeted audience, an individualized letter) other than those specifically requesting information on their own initiative. Personal or telephone solicitation is not permitted. Announcements (e.g., a reminder of an upcoming appointment, change of address or phone number) may be provided to existing clients.

College Resources:

Professional Misconduct Regulation, 1993
General Regulation, Part V, Advertising, 2001
Code of Ethics, 1996, revised 2002
Standards of Practice, 1996
Essential Competencies of Practice, 2000

8.0 Glossary of Terms

The following definitions are intended to clarify the College interpretation of the following commonly-used terms and provide some additional context for their use in this document.

8.1 Client

The client (also referred to as ‘the patient’ in the RHPA) is the individual (or group of individuals) whose 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.

8.2 Client-Centred Practice

A value within the practice of occupational therapy. Demonstrated through respect for clients; client involvement and direction in decision-making; advocacy with and for clients’ needs; and recognition of clients’ experience and knowledge (modified, Enabling Occupation, CAOT, 1997).

In addition to their involvement with clients, OTs also work with families, staff, students, employers, groups, agencies, organizations and/or businesses to serve client needs.

8.3 Competence

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.

In relation to a Discipline proceeding, Subsection 52(1) of the Health Professions Procedural Code defines incompetence as "...professional care of a patient [that] display[s] a lack of knowledge, skill or judgment or disregard for the welfare of the patient of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member's practice should be restricted".

The College has established a regulatory framework that is founded on the concept of professional competency. To review the framework further, see *On the Record*, Spring 2001 (available on-line at www.coto.org).

8.4 Conscious COMPETENCE Model

A concept that defines intentional behaviour focusing on OT competence and serves as the basis for the College's Quality Assurance Program. For a full description of the model, refer to the Quality Assurance Program Introduction.

8.4 Controlled Acts

Thirteen (13) controlled acts are set out in Section 27 (2) of the Regulated Health Professions Act, (RHPA) 1991 (e.g. communicating a diagnosis, performing an internal procedure). Controlled acts are activities and procedures where risk of harm to the client has been identified as significant. Controlled acts can only be performed by a regulated health practitioner authorised to do so under his or her profession-specific Act, or by an individual to whom the controlled act has been delegated by an authorised regulated health professional. The College has a Practice Guideline on Controlled Acts and Delegation.

8.6 Dignity

Client dignity is preserved through the recognition of and respect for the unique value of each client within the therapeutic relationship.

8.7 Essential Competencies

As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the essential competencies describe the knowledge, skills and abilities that are required for an occupational therapist to practice safely, effectively and ethically. They constitute the platform for entry to practice requirements and continuing competencies.

8.8 Integrity

Within the context of the client-therapist relationship, integrity relates to the sense of confidence and belief that the service provided by the occupational therapist is in the best interest of the client.

Honesty and respect form the basis of integrity within the client/therapist relationship. Clients are regarded as active and valued participants within the therapist/client relationship and as individuals are neither violated nor controlled.

8.9 Power Imbalance

The knowledge that occupational therapists possess about health care conditions and other private information about the client, the need of the client for professional services combined with therapists' ability to recommend or deny various treatments, places therapists in a position of power. As recognized professionals, occupational therapists should be aware of the power imbalance between themselves and their clients.

8.10 Practice/Service

These two terms are used interchangeably and refer to the overall organizational and specific goal-directed tasks related to the provision of occupational therapy, including direct client care, research, consultation, education or administration.

8.11 OT/Occupational Therapist/Registrant

A member of the College of Occupational Therapists of Ontario.

8.12 Respect for Professional Boundaries

Setting and observing professional boundaries by the occupational therapist is critical to ensure the trust the client places in the occupational therapist is not betrayed. Therapists must exercise good judgement in order to manage professional boundaries. Violation of these boundaries is an abuse of power.

8.13 Sensitivity to Diversity

Diversity is defined by, but not limited to, the client's culture, race, sexual orientation, spirituality, life experiences, age, and temperament. The recognition and respect of diversity is an essential component within the client/therapist relationship.

8.14 Trust

Trust is a firm belief in the reliability and truth of something. In a professional relationship it is a confidence in the knowledge, skills, abilities, behaviour and judgement of the professional. It is the client's trust in the OT's professionalism that automatically accords power.

References:

Association of Canadian Occupational Therapy Regulatory Organizations, *Essential Competencies of Practice for Occupational Therapists in Canada*. Toronto: College of Occupational Therapists of Ontario, 2002.

E. Townsend, Ed., *Enabling Occupation: An Occupational Therapy Perspective*, Ottawa: Canadian Association of Occupational Therapists, 1997.

College of Occupational Therapists of Ontario, *Code of Ethics*. Toronto: COTO, 1996, revised 2002.

D. Thompson, Ed., *The Oxford Dictionary of Current English*, Oxford University Press, 1996.

Notes

