Introduction

The purpose of this document is to ensure occupational therapists (OTs) in Ontario are aware of the minimum expectations for the supervision of Student Occupational Therapists, Student Occupational Therapist Assistants, and students from other health professions. These Standards apply to students seeking work experience in occupational therapy practice. As one component of their responsibility and commitment to the profession of occupational therapy, OTs actively participate in the education of student occupational therapists through fieldwork supervision. In the interest of public protection and the ongoing development of the profession of occupational therapy, the College of Occupational Therapists of Ontario supports OTs as student supervisors and emphasizes their supervisory responsibility for safe and ethical practice. In assuming the role of student supervisor, the OT remains fully accountable and responsible for the quality of care provided to clients.

Application of the Standards for the Supervision of Students

- The following standards describe the minimum expectations for OTs when providing supervision to students.
- The performance indicators listed beneath each standard describe more specific behaviours that demonstrate the standard has been met.
- While it is not expected that all performance indicators will be evident all the time, it is expected that they could be demonstrated if requested.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.
- It is expected that OTs will be able to provide a reasonable rationale for any variations from the standard.

In the event of any conflict or inconsistency in these Standards for the Supervision of Students with any other College standards, the Standards with the most recent issued or revised date prevail.

College publications contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College Standards are developed in consultation with OTs and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. Ontario Regulation 95/07: Professional Misconduct establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.
Overview of the Standards for the Supervision of Students

1. Accountability
2. Competency
3. Supervision of Students
4. Consent
5. Use of Title
6. Record Keeping
7. Professional Boundaries
8. Risk Management
9. Controlled Acts
10. Role Emerging Placements

1. Accountability

To ensure public protection, OTs are accountable for the occupational therapy services provided by students under their supervision. OTs will balance the need to encourage students’ autonomy and learning with a level of supervision appropriate to the occupational therapy components assigned, and the knowledge, skill and clinical reasoning of the students. OTs are accountable to the College for the supervision and the assignment of tasks to students.

Standard 1

*The OT supervising students will assume professional responsibility and accountability for the safe, appropriate, and ethical care provided by students.*

**Performance Indicators**

An OT will:

1.1 Have knowledge of the student’s level of skill, experience and confidence through communication with the student and the educational institution, prior to involving students in providing services to clients;

1.2 Assume responsibility for assessing the current and ongoing competence of the student to perform assigned occupational therapy service components;

1.3 Ensure sufficient orientation and training is provided to the student prior to assigning service components to facilitate safe and ethical care;
1.4 Only assign service components the student is competent to perform considering client’s status and environmental factors to ensure that client safety will not be compromised;

1.5 Determine accountability for the student’s assessment and evaluation, when more than one OT is working with the student;

1.6 Monitor how the client is progressing and responding to the assigned service components being provided by the student and discuss any concerns with the client;

1.7 Put strategies in place to assist with balancing the student supervision requirements with the client care requirements.

2. Competency

To provide a valid learning experience and evaluation of the student, the OT must have the competency to perform the assigned OT service components. OTs who move into a new area of practice must determine if they have an appropriate level of competence and experience to facilitate student learning. OTs may consider sharing responsibility for student supervision, if appropriate, when providing student supervision for the first time.

Standard 2

The OT will have a minimum of one year of occupational therapy practice experience and have the competency to supervise any activity that is assigned to a student.

Performance Indicators

An OT will:

2.1 Have practised occupational therapy for at least one year prior to offering student placement;
2.2 Determine if they can provide a suitable learning experience for students;

2.2.1 Ensure they have a sufficient level of competency within their current area of practice prior to supervising students;

2.2.2 Reflect on their ability to teach and mentor students;

2.2.3 Ensure they can allocate the necessary time for student supervision;

2.3 Seek the support of a supervisor, professional practice leader, or other experienced OT, if needed.

3. Supervision of Students

In preparing the student for direct client service, OTs may consider activities such as: discussing client factors, providing appropriate education materials, and practising assessments/intervention sessions prior to involving them in client care. OTs may also utilize strategies such as direct observation, case conferencing, and debriefing following the student’s direct activity with the client.

Standard 3

The OT will provide students with an appropriate level of supervision based on the student’s competence, level of education, and the type of occupational therapy service that the student will perform.

Performance Indicators

An OT will:
<table>
<thead>
<tr>
<th>3.1</th>
<th>Understand the student’s progression within the educational curriculum, including:</th>
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<tbody>
<tr>
<td>3.1.1</td>
<td>the student’s program requirements and expectations;</td>
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<td>3.1.2</td>
<td>the student’s current learning needs, previous clinical experiences, perceived weaknesses, and strengths;</td>
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<td>3.2</td>
<td>Orient the student to the facility and organizational policies, the client caseload/workload, and each assigned client/task;</td>
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<td>3.3</td>
<td>Evaluate and ensure that the duties assigned are appropriate to the student’s knowledge, skills, clinical reasoning, level of education, and experience;</td>
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<td>3.4</td>
<td>Ensure a written learning contract is in place outlining a learning process/plan appropriate to the student’s level of knowledge, skills and abilities;</td>
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<td>3.5</td>
<td>Determine and apply a process of observation, instruction, evaluation and feedback, in keeping with current level of education or the expectations of the program for all assigned occupational therapy service components;</td>
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<td>3.6</td>
<td>Have a supervisory process in place for when the supervising OT is not physically present or available;</td>
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<td>3.7</td>
<td>Identify student performance issues and take appropriate action leading to a resolution of the situation;</td>
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<tr>
<td>3.8</td>
<td>Adjust the level of supervision for students taking into consideration the client’s condition, abilities and experience of the student and the risk of the assigned activity.</td>
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### 4. Consent

OTs will comply with the Standards for Consent for all occupational therapy services provided by any student under the OT’s supervision. Clients should be made aware that some service components may be provided by a student. The OT must ensure client consent for student involvement is obtained prior to the student engaging in the delivery of any occupational therapy service.
Standard 4

The OT will comply with the Standards for Consent when assigning occupational therapy service components to students.

Performance Indicators

An OT will:

4.1 Prior to involving students, obtain informed consent from clients or their substitute decision-makers (SDM) for the student to provide occupational therapy service;

4.2 Clarify the responsibilities of the OT and the student and provide clients/SDM with specific information about the role and activities the student will perform.

5. Use of Title

Using a title that prominently identifies the role of the student in oral and written communication ensures accurate representation of the student and prevents the public from misinterpreting the accountability of the student. The approved title “Student Occupational Therapist” or “Student OT” ensures the clear identification of the student role.

Standard 5

The OT will ensure students under their supervision use the approved title.

Performance Indicators

An OT will:

5.1 Ensure a student of occupational therapy under their supervision will only use the title “Student Occupational Therapist” or “Student OT” or “Étudiant(e) en Ergothérapie” or “Étudiant(e) en Erg.”

Note: Placing the title “Student” in front of “Occupational Therapist” immediately identifies the student role to the public.

5.2 Ensure that students from other professions under their supervision present their student title clearly and transparently to clients, other professionals, and stakeholders.
6. Record Keeping

OTs will comply with the Standards for Record Keeping ensuring documentation performed by students includes their name and identifies them as a student in the clinical record.

Standard 6

The OT will maintain professional accountability for record keeping and documentation of occupational therapy service provided by students in accordance with the Standards for Record Keeping.

Performance Indicators

An OT will:

6.1 Document the client’s consent to receive components of their occupational therapy service from the student in the clinical record;

6.2 Ensure the assignment of occupational therapy service components to the student is documented noting the student’s full name and student title in the clinical record;

6.3 Ensure the student is informed of record keeping expectations including College standards and any practice setting specific policies and procedures;

6.4 Review student documentation to ensure it reflects an accurate clinical analysis, client progress, safe and ethical recommendations/results, and administrative accuracy and compliance;

6.5 Co-sign student documentation or record keeping where client service has been provided.

7. Professional Boundaries

OTs are responsible for establishing and maintaining professional boundaries while interacting with students. All students should be respected and treated in a professional manner. OTs have a responsibility to provide an objective evaluation for the student and therefore must take care to ensure relationships with students remain professional.

OTs have a responsibility to ensure students understand the expectations regarding professional boundaries when providing occupational therapy services to clients. When a student is providing occupational therapy service, the OT must be aware of student-client interactions and ensure professional boundaries are maintained.
Standard 7

The OT will ensure that professional boundaries are maintained in the supervision of all students and in accordance with the Standards for Professional Boundaries.

Performance Indicators

<table>
<thead>
<tr>
<th>An OT will:</th>
<th>Establish and present clear roles and responsibilities at the beginning of the placement for the OT supervisor and the student;</th>
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<tr>
<td>7.1</td>
<td>Establish and maintain professional boundaries with students;</td>
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<tr>
<td>7.2</td>
<td>Be aware of the potential for boundary violations in personal, private, social or prolonged interactions (for example, where part of the occupational therapy placement takes place in the OT’s home office, or when prolonged contact occurs in placements where driving to the client’s home occurs);</td>
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<td>7.3</td>
<td>Manage communications that may lead to a boundary crossing, such as sharing of personal information;</td>
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<td>7.4</td>
<td>Demonstrate respect for the student as a future professional and colleague by ensuring tasks assigned meet the student’s learning needs, not the personal needs of the supervisor;</td>
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<td>7.5</td>
<td>Avoid supervising students with whom there has been a prior relationship, for example, family or friends, which may result in a conflict of interest;</td>
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<td>7.6</td>
<td>Not develop a personal friendship or a romantic relationship with a current student;</td>
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<tr>
<td>7.7</td>
<td>Ensure the student understands expectations regarding professional boundaries when interacting with clients.</td>
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</table>
8. Risk Management

OTs are responsible for minimizing and managing any potential risk of harm to the client and student during the delivery of occupational therapy services. Issues of safety and risk management should be considered when determining an appropriate ratio of students to occupational therapists.

Standard 8

The OT will ensure that risks are managed to minimize any potential risk of harm to the client, the student, the supervisor and others in the provision of occupational therapy service.

Performance Indicators

An OT will:

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<td>8.1</td>
<td>Discuss the risks and benefits associated with assigning service components to the student with stakeholders as necessary to ensure safe and quality client care. Stakeholders may include the supervisor, manager, professional practice leader, employer, client/family, other team members, etc.;</td>
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<tr>
<td>8.2</td>
<td>Identify potential risk indicators, safety concerns, and high-risk situations that the student may encounter;</td>
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<tr>
<td>8.3</td>
<td>Evaluate the student’s skill and ability to handle high-risk situations, determine and adjust the appropriate amount of supervision necessary to minimize risk;</td>
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<td>8.4</td>
<td>Manage, communicate and discuss the risks for each client, before assigning service components to the student;</td>
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<tr>
<td>8.5</td>
<td>Develop an action plan with the student to address potential issues of risks related to safety;</td>
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<tr>
<td>8.6</td>
<td>Discontinue student assignment if client safety or the quality of occupational therapy services are compromised;</td>
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<tr>
<td>8.7</td>
<td>Contact the student’s university program if the student displays unsafe or risky behaviours that cannot be addressed by the supervisor, or if the supervisor has ongoing performance concerns regarding the student.</td>
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</table>
9. Controlled Acts

The Guide to Controlled Acts and Delegation outlines the controlled acts that may be performed by, or delegated to, OTs. Delegation is a term used in the Regulated Health Professions Act, 1991 (RHPA) to describe the transfer of the legal authority to perform a controlled act or a component of a controlled act to a person, regulated or unregulated, who is not normally authorized to perform the act.

Students are not permitted to perform any controlled acts independently. Students can only perform controlled acts under the direct supervision of an OT, including controlled acts that have been delegated to the OT.

OTs have direct access to the controlled act of psychotherapy and access to the controlled act of acupuncture by exemption. Delegation of these acts is not required. Student OTs may be included in the delivery of controlled acts as part of their student placement. OTs must use their clinical judgement to determine when or if it is appropriate for students to be included in the performance of a controlled act.

Standard 9

The OT may include the student occupational therapist in the performance of a controlled act that has been delegated to the occupational therapist, or to which the OT has direct access.

Performance Indicators

An OT will:

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<td><strong>9.1</strong></td>
<td>Be competent to perform the controlled act, prior to involving a student in the performance of any controlled act;</td>
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<td><strong>9.2</strong></td>
<td>Ensure the delegator is informed that the student will be involved in performing the controlled act (if the controlled act has been delegated to the OT);</td>
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<tr>
<td><strong>9.3</strong></td>
<td>Determine the student’s competence, confidence and experience prior to including the student in performance of the controlled act;</td>
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<tr>
<td><strong>9.4</strong></td>
<td>Be responsible and accountable to ensure the student can provide safe and ethical care when including the student in the performance of a controlled act;</td>
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<tr>
<td><strong>9.5</strong></td>
<td>Ensure they provide direct supervision to the student during the performance of the controlled act.</td>
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10. Role Emerging Placements

A role emerging placement is in a setting that does not typically provide occupational therapy services. In this type of placement, the student is coordinated and supervised by an off-site OT who is not employed in the setting. OTs may supervise a student who is providing occupational therapy services in a role emerging placement. While the supervising OT is accountable for the occupational therapy services being delivered, the student can be assigned to an on-site supervisor who is not an OT to address on-site concerns.

Clinical vs. Non-Clinical

Placements can be categorized as clinical or non-clinical. A clinical placement is a placement where there is direct client contact. A non-clinical placement is a placement where there is no client contact. OTs need to consider how the standards of practice apply to a clinical or non-clinical role emerging placement.

Prior to accepting a student in a role emerging placement, the OT should determine the type of occupational therapy service that will be provided. For example, there may be higher risks associated with students providing direct service to clients where there has been no pre-established OT role, than a non-clinical placement where there is no direct client interaction.

The OT agreeing to supervise a student in a clinical role emerging placement must assess the level of risk to clients and the amount of supervision that can reasonably be provided. Important issues to consider include safety, record keeping, and consent. The supervising OT should clarify these issues through discussion with the student, site supervisor, educational institution and the organization where the emerging role placement will occur.

Standard 10

The OT, when supervising a student occupational therapist in a role emerging placement, will collaborate with the placement site, student, and educational institution to ensure there is appropriate accountability for the delivery of safe, effective, and ethical occupational therapy.

Performance Indicators

An OT will:
Consider the following factors:
- Their own knowledge, skill and experience in supervising students;
- Their own knowledge, skill and experience in the area of practice of the role emerging placement;
- Their level of comfort and ability to adapt to the less structured nature of supervision in a role emerging placement;
- Their comfort with the potential risks related to supervising students while not being on-site;
- Their ability to communicate with students and other disciplines and professions from a distance;

10.1 Meet with the student and on-site supervisor at the beginning of the placement to outline appropriate roles and expectations for the student within the occupational therapy scope of practice;

10.2 Identify how consent will be obtained if the OT is not on-site;

10.3 Develop a communication and supervision plan with the student including any on-site supervisors;

10.4 Identify who will manage the clinical records and personal health information generated by the student, as necessary, for the required retention period;

10.5 Determine a plan to co-sign student documentation or record keeping where client service has been provided;

10.6 Consider the student’s skills and confidence when determining the level and amount of supervision required;

10.7 Develop a plan with the on-site supervisor to address emergency situations or issues of safety involving the student and provide a secondary contact in the event that the off-site OT supervisor is not available.
References

Legislative References:

*Occupational Therapy Act, 1991*

*Regulated Health Professions Act, 1991*

College References:

Essential Competencies of Practice for Occupational Therapists in Canada, 3rd ed. (2011)


Standards for Consent (COTO, 2017)

Standards for Record Keeping (COTO, 2016)

Standards for Use of Title (COTO, 2017)

Standards for Professional Boundaries (COTO, 2015)