



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

Standard

# Standards for Occupational Therapy Assessments

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## Introduction

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The *Regulated Health Professions Act, 1991* (RHPA) acknowledges occupational therapists as autonomous practitioners. Regulation of the profession also requires that occupational therapists practise according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment. Although each area of practice has its own unique characteristics and issues, the principles that guide practice are constant and apply across all environments.

Assessment is core to the delivery of occupational therapy services. It serves as the foundation for all subsequent clinical decisions, professional opinion, intervention and recommendations. Completion of an occupational therapy assessment involves a comprehensive and consistent process, whether it is condensed into one visit or continued over several. The following standards and guidelines apply to all types of occupational therapy assessments; they are based on core occupational therapy principles and the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. These standards and guidelines are also applied according to the type of service provided and the needs of the individual client.

The public views assessment as an important aspect of health care service. This may be explained by the critical gate-keeping role that assessment plays in determining the individual's need for services (health and non-health). Public concern about the assessment process and/or results is also revealed through the complaints process. Concern about the quality of assessments and assessment reports has been one of the more frequent issues raised with the College.

The purpose of these standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

College publications contain practice parameters and standards which should be followed by all Ontario occupational therapists in the care of their clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## Definitions

Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention”, (Christiansen & Baum, 1992, p.376). Assessment is an ongoing, fluid process throughout service delivery that may be applied in a variety of settings. The nature of assessment is dependent on numerous factors, including the assessment environment, the purpose of the assessment, client condition and available resources. OTs need to apply the best available evidence throughout the assessment process and draw on their clinical experience to determine the best means of assessing their client and determining how to utilize the findings.

Throughout all steps of the assessment process, effective communication is very important. Effective communication involves the establishment of a feedback process and includes the appropriate use of verbal, non-verbal and written communication with the client and identified stakeholders (Guide to the Code of Ethics).

In determining how best to describe standards of the assessment process, the College adapted the five stage process described in the McMaster Model for Functional Assessment Evaluation (Strong, 2003). The stages of this assessment model describe the key processes are applicable for either a condensed or comprehensive assessment process. The titles of each stage of the process have been changed from the McMaster model to more appropriately reflect a generalized assessment process, rather than a specific functional abilities evaluation. While the process is described as a chronological progression of steps, it is expected there will be frequent overlap and fluid movement between the steps of the process.

Occupational therapists can also consult with the Canadian Practice Process Framework (CPPF).<sup>1</sup> Stage three of this framework, titled “Assess/Evaluate” directs occupational therapists to assess, consult, analyze data, and make recommendations within the assessment process (Townsend & Polatajko, 2013). Similarly, competency 4.4 of the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition, suggests therapists, “Assess the occupational performance, engagement, and enablement needs of clients”<sup>2</sup>. It is also understood that assessment is an ongoing process that reoccurs throughout the delivery of service. Reassessment is part of the occupational therapy process and requires that each stage of the assessment process be revisited. Within an integrated system of health service delivery, it is also common for an occupational therapist to conduct an assessment as part of a team.

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<sup>1</sup> The CPPF is a dynamic and fluid process framework that guides occupational therapists through eight key action points (Townsend & Polatajko, 2013). These action points influence the therapeutic relationship and are fundamental to providing client-centered, occupational enablement in a systematic manner.

<sup>2</sup> Performance indicators 4.4.1 and 4.4.3 within Unit 4: Utilizes an Occupational Therapy Process to Enable Occupation directly pertain to the assessment process.

## Application of the Standards for Occupational Therapy Assessments

- The following standards describe the minimum expectation for each stage of the assessment process.
- The performance indicators listed below each standard describe more specific behaviours that demonstrate that the standard has been met.
- There may be some situations where the occupational therapist determines that a particular performance indicator is not relevant to an assessment due to client factors and/or environment factors.
- It is not expected that all performance indicators will be evident all the time, but could be demonstrated if requested.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is also expected that occupational therapists will be able to provide the rationale for any variations from the standard.

# Overview of the Standards for Occupational Therapy Assessments

## Stage 1 – Initiation

- A. Assessor Preparation
- B. Screen the Referral
- C. Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent

## Stage 2 – Assessment of the Client

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

## Stage 3 – Analysis

- A. Evaluate Information
- B. Clinical Reasoning

## Stage 4 – Documentation

## Stage 5 – Use of Information

- A. Share Information with the Client
- B. Share Information with other Stakeholders

## Stage 1: Initiation

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### 1.A Assessor Preparation

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#### Standard

*The occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements and determine his/her own competency to practise within this scope prior to accepting referrals for assessment.*

#### Performance Indicators (Assessor Preparation)

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An occupational therapist will:

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| <b>1.A.1</b> | Recognize parameters of his/her professional competence (knowledge, skill and ability), including any limitations;   |
| <b>1.A.2</b> | Clearly represent his/her role and competence to all stakeholders;   |
| <b>1.A.3</b> | Determine the social, cultural and economic factors of the client population relevant to his/her practice and service delivery;  |
| <b>1.A.4</b> | Determine legislative, regulatory and organizational requirements relevant to his/her practice and service delivery;   |
| <b>1.A.5</b> | Determine that he/she has the resources, including necessary training, needed to deliver the services offered (e.g. assessment tools, equipment, time, human resources); and |
| <b>1.A.6</b> | Manage potential risks to clients, self and others, in relation to the service to be provided.   |
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## 1.B Screen the Referral

### Standard

*The occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate, prior to, or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment.*

### Performance Indicators

An occupational therapist will:

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|-------|--|
| 1.B.1 | Distinguish the client from other stakeholders and determine if there are any actual, potential, or perceived conflicts of interest;                           |
| 1.B.2 | Determine if the purpose and expected outcome for the assessment is appropriate;   |
| 1.B.3 | Determine if any established inclusion or exclusion criteria for the assessment/service apply;   |
| 1.B.4 | Review relevant background information that has been provided;   |
| 1.B.5 | Determine if it is safe to proceed with the assessment and manage risks as necessary (e.g., infection control, professional boundaries, physical environment); |
| 1.B.6 | Confirm accuracy/currency of information provided about the client on the referral;  |
| 1.B.7 | Determine and communicate the outcome of the screening (accept or decline request for service); and  |
| 1.B.8 | Offer alternatives and/or options for service, when needed.  |

## 1.C Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent (refer to the Standards for Consent)

### Standard

*The occupational therapist will identify the stakeholders and clarify the occupational therapy roles and responsibilities. The occupational therapist will ensure there is informed consent from the client.*

*(Note: informed consent is an ongoing process to be re-evaluated throughout the assessment process).*

### Performance Indicators (Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent)

An occupational therapist will:

**1.C.1** Consider and establish professional boundaries;

**1.C.2** Clarify the occupational therapist's role in relation to other stakeholders;

**1.C.3** Establish informed consent for assessment including discussing the following with the client:

- a) The scope of the referral and who the payer is (or confirming the financial arrangements if the client is paying directly),
- b) The purpose and nature of the assessment including whether information will be obtained from other individuals or site visits,
- c) The legal authority (e.g., voluntary, contractual, legislative provision) for conducting the assessment,
- d) The identity and professional qualifications of individuals who will be involved in the assessment, (e.g., other team members, etc.),
- e) The potential benefits and limitations of completing the assessment,
- f) The risks associated with completing or not completing the assessment,
- g) The expected outcome of the assessment, how the information will be used, and with whom it will be shared,
- h) The option of the client to withdraw consent at any time during the process,
- i) Where appropriate, the option of the client to select another occupational therapist to perform the assessment,

**1.C.4** Establish informed consent for collection, use and disclosure of personal information; and

**1.C.5** Establish transparent communication appropriate to clients and stakeholders needs.

## Stage 2: Assessment of the Client

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In the process of assessing the client, the occupational therapist may use a combination of skilled observation, interview, record review, as well as standardized or non-standardized tools and methods. In order for an assessment to be complete, the following factors need to be addressed/included:

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

### 2.A Determine Approach to Assessment

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#### Standard

*The occupational therapist will consider and apply assessment methods that are client-centred, evidence-based and supported by clinical judgement and experience.*

#### Performance Indicators (Determine Approach to Assessment)

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An occupational therapist will:

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| 2.A.1 | Be familiar with the concepts of reliability and validity, normative data, interpretation, etc., as they relate to non-standardized and standardized tools relevant to the proposed assessment; |
| 2.A.2 | Identify the occupational performance issues to be assessed based on information gathered;  |
| 2.A.3 | Select a theoretical approach and related assessment methods and tools that are appropriate for the client (e.g., age, diagnosis, environment, etc.);   |
| 2.A.4 | Remain current with related evidence and occupational therapy practice;   |
| 2.A.5 | Engage the client and other stakeholders in a collaborative approach regarding the assessment process; and  |
| 2.A.6 | Respect client choice.  |
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## 2.B Gather Information and Collect Data

### Standard

*The occupational therapist will use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues in relation to the request for service.*

### Performance Indicators (Gather Information and Collect Data)

An occupational therapist will:

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|--------------|---|
| <b>2.B.1</b> | Use tools/methods that acknowledge the client as a multi-faceted individual;  |
| <b>2.B.2</b> | Identify any risks and/or contraindications of using the selected tools or methods of assessment with the client;   |
| <b>2.B.3</b> | Gather subjective and objective information from the client and other relevant sources;   |
| <b>2.B.4</b> | Make reasonable efforts to ensure currency and accuracy of information collected from other sources (see privacy legislation and other applicable legislation); and |
| <b>2.B.5</b> | Determine the reliability and validity, as well as consider the norms for any standardized tools used.  |

## Stage 3: Analysis

Following the collection of information, the occupational therapist consolidates and analyzes the information in order to formulate an opinion that guides further actions and recommendations. This analysis will include consideration of related theory, evidence, clinical judgment, clinical experience and the perspective of client(s) and other stakeholders.

- A. Evaluate Information
- B. Clinical Reasoning

## 3.A Evaluate Information

### Standard

*The occupational therapist will ensure he/she has sufficient pertinent information to proceed with analysis.*

### Performance Indicators (Evaluate Information)

An occupational therapist will:

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| <b>3.A.1</b> | Interpret information only if it is within the occupational therapist's own competence (knowledge, skill and ability);   |
| <b>3.A.2</b> | Evaluate the importance and relevance of each piece of information;  |
| <b>3.A.3</b> | Identify gaps in information and identify the need for further information gathering; and  |
| <b>3.A.4</b> | Determine, when gaps in information are identified, whether the assessment can be properly completed, and whether the assessment represents a fair and appropriate evaluation. |

## 3.B Clinical Reasoning

### Standard

*The occupational therapist will form an opinion and/or make recommendations based on a synthesis of the information and in relation to the request for services.*

### Performance Indicators (Clinical Reasoning)

An occupational therapist will:

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|--------------|--|
| <b>3.B.1</b> | Analyse all relevant information collected about the client using logic, rationale, and a balance of subjective and objective information as a basis for clinical reasoning; |
| <b>3.B.2</b> | Identify the strengths and limitations of the person, environment and occupation, and their influence on occupational performance issues;                                    |
| <b>3.B.3</b> | Develop recommendations based on the analysis of the information gathered, including the need for occupational therapy services; and   |
| <b>3.B.4</b> | Determine the resources needed and their availability in relation to the recommendations.  |

## Stage 4: Documentation

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Occupational therapists will maintain a record of the occupational therapy services provided. Documentation of the assessment should be included in the record. In many cases, the occupational therapist will be required to prepare a formal report of the assessment process and findings. This formal report may be in addition to the client record unless it includes all the required information of the assessment. Documentation of the assessment process should be in keeping with the College's Standards for Record Keeping.

### 4.A Documentation

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#### Standard

*The occupational therapist will maintain documentation that includes consent, assessment procedures used, results obtained, and analysis and opinion/recommendations. The documentation will reflect client-centered practice and clinical reasoning.*

#### Performance Indicators (Documentation)

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An occupational therapist will:

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| 4.A.1 | Document in a manner that is complete, accurate, concise and reflective of the assessment;  |
| 4.A.2 | Use language that is clearly understandable for the intended audience;  |
| 4.A.3 | Document sources and methods used to gather information;  |
| 4.A.4 | Retain raw data from standardized tools;  |
| 4.A.5 | Document rationale for opinions and recommendations in relation to the request for service;   |
| 4.A.6 | Document client participation in, and limitations of the assessment process (including discussions with the client and any advice given to the client) in the assessment process; and |
| 4.A.7 | Ensure assessment documentation is accurate and complete prior to applying his/her signature.   |
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## Stage 5: Use of Information

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The occupational therapist decides how and when to share assessment information with the client and/or other stakeholders, having determined the intended purpose for the information and in compliance with privacy legislation and client autonomy.

- A. Share Information with the Client
- B. Share Information with Other Stakeholders

### 5.A Share Information with the Client

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#### Standard

*The occupational therapist will ensure that relevant assessment information is communicated (e.g., results, opinions, recommendations) to the client in a clear and timely manner, unless doing so could result in harm to the client and/or others. The occupational therapist will provide opportunity for clarification and feedback from the client.*

#### Performance Indicators (Share Information with the Client)

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An occupational therapist will:

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| <b>5.A.1</b> | Share information verbally and/or in writing in language that the client can easily understand;  |
| <b>5.A.2</b> | Offer contact information and opportunity for questions and clarification;   |
| <b>5.A.3</b> | Discuss implications of the assessment information with the client;  |
| <b>5.A.4</b> | Refer to current legislation regarding procedure to withhold all or part of the client's record when sharing information could result in harm to client or others; and                 |
| <b>5.A.5</b> | Take reasonable steps to ensure assessment results are communicated to clients by a third party, when the third party is responsible for this process. Any steps should be documented. |
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## 5.B Share Information with Other Stakeholders

### Standard

*The occupational therapist will ensure that all information shared with other stakeholders is provided with informed client consent. The occupational therapist will share the information in a timely and relevant manner for the intended use.*

### Performance Indicators (Share Information with Other Stakeholders)

An occupational therapist will:

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|--------------|---|
| <b>5.B.1</b> | Confirm informed client consent for intended use and sharing of assessment information with stakeholders (there may be some exceptions where consent is implied under the circle of care concept under the <i>Personal Health Information Protection Act, 2004</i> ); |
| <b>5.B.2</b> | Share information with stakeholders using a method that maintains privacy and security of the information;  |
| <b>5.B.3</b> | Specify if there are any parameters/limitations on the interpretation and/or use of the information being shared; and   |
| <b>5.B.4</b> | Take reasonable measures to ensure that any OT assessment information issued on behalf of the OT contains relevant and accurate information.  |

## Practice Examples

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1. An occupational therapist has been contracted by a local community care agency to provide an assessment of a client's activity of daily living skills in the client's home. When the occupational therapist arrives for the scheduled appointment, the client states that they are too tired to take part in an actual physical assessment, but would be able to tell the occupational therapist what activities they are not able to complete independently. The occupational therapist feels pressured to make recommendations as the case manager is demanding a report as soon as possible. What is the best course of action for the occupational therapist to take?

### Discussion

#### Issue: Identifying the Limitations of the Assessment

Occupational therapists are faced with many differing circumstances that affect the assessment process. Assessments of clients with pain and fatigue can be one of these challenges. According to the Standards for Occupational Therapy Assessments, occupational therapists “will consider and apply assessment methods that are client-centered, evidence-based, and supported by clinical judgment and experience”. Occupational therapists will also “use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues, in relation to the request for service”.

In situations such as this, occupational therapists should use clinical judgment and experience to determine when and how to approach the assessment in a safe manner. In some cases, a person may not be capable of participating fully in a physical or cognitive assessment due to their medical or physical status. It is important for the occupational therapist to consciously determine how best to approach and conduct an assessment where the process requires modification or deviation from their normal or standard assessment process. This rationale and decision-making process should be communicated to all stakeholders involved in a transparent manner. In this case, the case manager should be informed of any limitations and risks associated with the assessment that affected the actual assessment and the outcome. There may also be circumstances when occupational therapists may not be able to form an opinion, as they have been unable to gather sufficient subjective and objective information to complete the analysis. For example, in many situations, relying only on the subjective information provided by a client would not maintain the minimum standard of the practice of the profession. Again, transparent communication would be the expectation.

2. An occupational therapist works part-time in a hospital and also has a part-time independent private practice. Through the private practice, a referral is received to complete an assessment for home renovations for a client who is already being treated by this occupational therapist in the hospital. What should this occupational therapist consider?

## Discussion

### Issue: Screening for Conflicts

According to the Standards for the Prevention and Management of Conflict of Interest, the occupational therapist must consider all issues related to actual, potential, or perceived conflicts of interest. In the above scenario, there is certainly both an appearance of, and an actual conflict of interest, as the occupational therapist stands to financially gain from involvement with a client that is known through work at the hospital. However, assuming this occupational therapist has the appropriate skill and competence, they may in fact be the most appropriate professional to provide this assessment because of in-depth knowledge of the client and their needs.

According to the Standards for Occupational Therapy Assessments, the occupational therapist must screen each referral to determine who the client is and determine whether the request for service is appropriate. An evaluation of conflicts of interest is part of the screening process when deciding whether or not to accept a referral. For the above scenario, this evaluation involves taking the time to understand:

- all the conflicts of interest, perceived and actual;
- the stakeholders involved and their requests;
- any legislation or policies that might impact the occupational therapist's ability to accept the referral (e.g., the hospital may have a policy on conflict of interest or the referral source may have a policy or criteria for selecting an assessor);

And to determine:

- whether you can provide the level of objectivity required for the assessment;
- what aspects of the client's personal health information is relevant and how it will be accessed, used, shared and disclosed;
- whether the client and all stakeholders agree to those parameters;
- whether there will be any ongoing involvement or future intervention required and how that will be managed, etc.

The referral source and possibly the hospital should be advised of the other relationships and be given an opportunity to consider their appropriateness from its own perspective.

It is important to be transparent with necessary stakeholders about any dual relationships by communicating with the hospital employer about future involvement with current hospital clients. This is by no means an exhaustive list of what must be considered, but it does present some of the issues that can impact effective service delivery and quality of care.

3. A law firm sends an occupational therapist working in private practice a referral by mail with no prior notification. The lawyer is seeking a professional opinion regarding an individual. No actual clinical assessment is requested. The lawyer has requested the occupational therapist review

and comment on the enclosed orthopedic surgeon's report and a five-minute long surveillance video of an individual in a grocery store. In the referral letter, the lawyer asks whether, based on the information on the tape, this individual could return to work. What is the best course of action for the occupational therapist to take?

## Discussion

### Issue: Screening Referrals

The issue of reviewing surveillance material often comes up for the Practice Resource Service. According to the Standards for Occupational Therapy Assessments, the occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate prior to or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment. Also, the occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements, and determine own competency to practice within their scope prior to accepting referrals for assessment. Occupational therapists have a professional obligation to recognize the parameters of their professional competence and to screen/prepare before accepting referrals to ensure they have the competence and experience to provide the requested services.

There are a number of important considerations before even accepting a referral such as in the above scenario. Consider:

- the nature of the request, who is seeking the information and who the lawyer is working for;
- any relevant legislation that applies to this request (i.e., long-term disability insurance, auto insurance, Workplace Safety and Insurance Board, etc.) and the correlation between the legislation and what is being asked of you;
- your knowledge of the legislation in question, your experience, competence and ability to provide an ethical and sound expert opinion given the information provided to you;
- the appropriateness of the request based on the information provided to you and any limitations associated with providing an opinion on this type of information.

Consideration of all relevant issues when screening referrals reinforces a conscious decision-making approach to practicing within scope. With detailed screening, public protection increases and quality of care is enhanced. After screening, clearly communicating any limits of scope or service to stakeholders and primary clients would be the College's expectation. Occupational therapists, especially those working in the private sector, should be clear and transparent when communicating the boundaries of their services before accepting referrals. For example, in the above scenario, the occupational therapist does not have enough information to express an opinion on the issue as the request is for conjecture on the future abilities of the client. Networking with peers who have experience dealing with atypical referral scenarios can provide support and resources to validate or improve screening skills (also refer to the College's Practice Guideline: Use of Surveillance Material in Assessment).

4. An occupational therapist who works in a team setting has submitted subjective observations, objective data, analysis and recommendations from an assessment that are to be included in a larger report that contains contributions by other team members. The occupational therapist has been told that the team leader for the case will “cut and paste” needed sections from the original submission to ensure there is no duplication in the report for the client and to make sure the entire report makes sense. What is the occupational therapist’s responsibility in this situation?

## Discussion

### Issue: Accuracy and Completeness of Documentation

Integrated delivery of health care services has many benefits to offer the client if it is well managed. One difficulty with this type of reporting is maintaining the integrity of the occupational therapy information in a report. It is particularly important that the client understands which health care professional is responsible for which portion of the assessment. The occupational therapist is accountable for the occupational therapy service provided, so it is therefore important to be able to clearly distinguish what part of the report reflects occupational therapy service.

While a report may contain information that is gathered by other health care professionals, the occupational therapist needs to ensure the record includes the required information. This includes verification that the record accurately reflects the service provided and the opinions and recommendations of the occupational therapist, as well as the reasoning for any opinions or recommendations expressed.

The occupational therapist would be required to ensure that the assessment documentation that reflects the occupational therapy service is accurate and complete and has not been altered prior to applying a signature.

The occupational therapist should make every effort to ensure their portion of the report will not be altered in the future.

## Glossary

<b>Care-Protocol</b>	This term is intended to capture any care map, clinical pathway or protocol that has been developed and approved for client use.
<b>Client</b>	The client (also referred to as “the patient” in the RHPA) is the individual (or group of individuals) or the client’s authorized representative, whose occupational performance issue(s) has resulted in a request for occupational therapy service. It is the client to whom the occupational therapist has a primary duty to apply the principles of practice.
<b>Client-Centred Practice</b>	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.
<b>Competence</b>	<p>Being competent refers to the practice at a skill level of an individual, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements:</p> <ol style="list-style-type: none"> <li>1. Context of practice</li> <li>2. Capability of individual (e.g., physical, cognitive, affective), and</li> <li>3. Competencies demonstrated by an individual<sup>3</sup></li> </ol> <p>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 judgement 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<sup>4</sup>”.</p>
<b>Essential Competencies</b>	As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the <i>Essential Competencies of Practice for Occupational Therapists in Canada</i> , 3rd edition, describes the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for occupational therapy practice in Canada for both clinical and non-clinical work. Their purpose is to guide and support occupational therapists, develop quality assurance and continuing competence programs, develop and monitor entry-to-practice, and develop and monitor standards of practice.
<b>Guidelines</b>	Guidelines are statements that describe recommended practice. They are not mandatory, but support prudent practice.

<sup>3</sup> College of Occupational Therapists of Ontario. (2011). *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition

<sup>4</sup> *Regulated Health Professions Act* (1991), c. 18, Sched. 2, s. 52 (1); 2007, c. 10, Sched. M, s. 40 (1).

**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 and as individuals are neither violated nor controlled.

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