



College of Occupational  
Therapists of Ontario

# PRESCRIBED REGULATORY EDUCATION PROGRAM

STANDARDS: WHAT ARE THEY?  
WHAT DO THEY MEAN TO MY PRACTICE?

## TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>1</b>
The Role of the College	1
Topics in this Module	2
References	3
<b>SECTION 1–BACKGROUND INFORMATION</b>	<b>3</b>
Legislation and Regulations	4
Standards of Practice	5
How a Standard is Developed?	6
How a Standard is Structured?	6
<b>SECTION 2–HOW STANDARDS SUPPORT THE PROFESSION?</b>	<b>8</b>
College resources	10
<b>SECTION 3–APPLYING THE STANDARDS TO PRACTICE</b>	<b>10</b>
Working with specific pieces of legislation	11
Standards support OTs in communicating their scope and requirements	11
<b>SECTION 4–MANAGING CHALLENGES</b>	<b>12</b>
Reflective practice exercise: Standards of practice	14
<b>SECTION 5–PRACTICE SCENARIOS</b>	<b>15</b>



# STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

## INTRODUCTION

The College of Occupational Therapists of Ontario (the College) expects occupational therapists to meet its standards of practice, which support OTs in providing safe, ethical and effective care. The College assists OTs in achieving these standards and ensures that they are maintained. Through the Quality Assurance Program, the College develops tools to support continuing competency and competency improvement as well as ensuring adherence to the standards. When the College publishes a new standard, it is expected that all OTs practising in Ontario become familiar with the standard and apply it in their practice.

This module defines a standard of practice and examines how it differs from other College publications. It addresses how the College develops standards and describes the crucial role that Registrants can take in the development of these documents. The module also offers examples and scenarios that demonstrate how standards support OTs in everyday practice, particularly in challenging situations.

### The Role of the College

The College is a self-regulating body that protects the public by setting registration requirements, regulating OTs and supporting professional competency. The College is governed by a Council, consisting of OTs practising in a variety of settings and members of the public who are appointed by the Ontario government. The *Regulated Health Professions Act, 1991* (RHPA) and *Occupational Therapy Act, 1991* permit OTs to regulate themselves at an arm's length from the provincial government.

Self-regulation is not the same as professional autonomy. Self-regulation is a broader concept than an OT simply being responsible for his or her practice. It can be considered a collaborative process between the College and the OT, as both have a responsibility and mandate to ensure safe, effective health care for the public.

The College is charged with overseeing the practice of OTs to minimize risk to the public; developing standards as required by legislation, to support OTs in understanding their professional obligations and to clearly communicate the minimum expectations of the profession.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

It is not the role of the College to promote professional interests, advocate on issues, lobby or act on behalf of special-interest groups. Professional bodies, such as the Ontario Society of Occupational Therapists and the Canadian Association of Occupational Therapists serve these needs. However, the College works collaboratively with the Ministry of Health and Long-Term Care on key issues and Ministry mandated objectives, and is active in responding to Ministry's requests. The College also supports the profession by guiding OTs on practice issues that relate to safety, ethics and standards through its standards of practice and other resources.

### Topics in this Module

**Section 1: Background information.** Section 1 defines a standard and explores the differences between standards, guidelines, regulations and legislation. It outlines how the College develops standards and the key role that Registrants can take in the consultation process.

**Section 2: What standards mean to the profession.** Section 2 details the positive influence that standards can have in practice settings, supporting both clinical and professional practice. It defines the difference between best practices and standards of practice, and alerts the reader to College resources.

**Section 3: Applying the standards to practice.** Section 3 examines the role of professional practice leaders, educational facilities, professors and managers in applying the standards. Examples illustrate the decision-making process.

**Section 4: Managing challenges.** Section 4 addresses situations outside everyday practice experience. It explores conflicts and discrepancies between legislation or policies and College standards, and reviews the role of the manager or practice leader in supporting the implementation of, and adherence to the standards. This section also identifies opportunities for OTs to stay current with College information.

**Section 5: Practice scenarios.** The scenarios are designed to promote self-reflection and conscious decision-making regarding legislation and self-regulation. To answer the questions, Registrants will be asked to review the standards and determine which standard statement applies and what actions are appropriate to take in a given scenario. The standards should be kept available as a reference.

### Learning Objectives

After completing this module and practice scenarios, OTs should be able to:

1. demonstrate an understanding of practice standards and how they affect practice;
2. demonstrate knowledge of how the College develops standards;
3. demonstrate an understanding of the differences between standards, guidelines, regulations and legislation;
4. demonstrate knowledge of their obligation to apply the standards to practice; and
5. describe the impact of standards on practice environments and list ways that standards can be implemented.

## References:

*Regulated Health Professions Act, 1991, S.O. 1991*

*Ontario Regulation 95/07 Professional Misconduct, 1991*

*College of Occupational Therapists of Ontario. Guide to the Health Care Consent and Substitute Decisions Legislation for Occupational Therapists, September 1996 and Errata January 2002*

*General Regulation, Ontario Regulation 226/96, April 2001*

*College of Occupational Therapists of Ontario. Code of Ethics, June 2002*

*College of Occupational Therapists of Ontario. Essential Competencies of Practice for Occupational Therapists in Canada, 2nd Edition, June 2003*

*College of Occupational Therapists of Ontario. Guide to the Personal Health Information Protection Act., November 2004*

*“Practice Standards – New Framework Designed to Clarify Expectations.” College of Occupational Therapists of Ontario: On the Record, Fall 2005*

*College of Occupational Therapists of Ontario. Standards for Infection Control, December 2006*

*College of Occupational Therapists of Ontario. Standards for Occupational Therapy Assessments, May 2007*

*College of Occupational Therapists of Ontario. Standards for the Prevention of Sexual Abuse, June 2007*

*College of Occupational Therapists of Ontario. Standards for Consent, July 2008*

*College of Occupational Therapists of Ontario. Standards for Record Keeping, July 2008*

Many of the references listed above can be located on the College website at [www.coto.org](http://www.coto.org).

## SECTION 1: BACKGROUND INFORMATION

Under the *Regulated Health Professions Act, 1991* (RHPA), c. 18, Schedule 2, the Health Care Procedural Code (Code) prescribes the framework for College work. The Code states the roles and duties of College Committees and defines the professional’s obligations. Under the Code, Section 3(1), the College has the following objectives for its standards of practice.

- 1) To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession
- 2) To develop, establish and maintain standards of knowledge and skill, as well as programs to promote continuing evaluation, competence and improvement among the members
- 3) To develop, establish and maintain standards of professional ethics for the members

The government, through legislation, required the College to develop a range of documents that communicate practice requirements (regulations), minimum expectations (standards) and prudent practice (guidelines). These College documents serve to increase an OT’s ability to make informed, conscious decisions that meet or exceed College expectations. Consciously referring to these documents reflects a mindful approach.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

In 2005, Council approved a new framework that requires College publications to fall within one of five categories:

1. Legislation
2. Regulations
3. Guidelines
4. Standards of practice
5. Advisory statements / guides and position statements / briefing notes

### Legislation and regulations

The government sets out general rules that health care professionals must follow to ensure public protection. In contrast to the standards, legislation and Acts are law. The College references many pieces of legislation in its documents and expects Registrants to be aware of the legislation that is relevant to their practice area.

Regulations are considered secondary legislation because they are subordinate to Acts; a regulation cannot exist without enacted legislation. An example of a regulation is Ontario Regulation 95/07 (professional misconduct). This regulation is a secondary piece of law to the *Occupational Therapy Act, 1991*.

Legislation and regulations are the “musts” of practice. The government develops these laws to address the areas of greatest potential for risk of harm to the public. They are legally binding and without exception.

### Guidelines

These documents describe recommended practice and are not mandatory. They are developed and communicated to support prudent practice and provide education on the application of standards and laws. For example, a guideline might be published in conjunction with a standard to help distinguish minimum expectations from desirable practice.

Guidelines can be especially beneficial in emerging or distinct areas of practice in which common practice or consistent approaches have yet to be defined and articulated. OTs should use professional judgment when applying guidelines to their practice. As with standards, a clear rationale for deviating from a guideline is prudent practice.

Council has determined that some guidelines require a higher level of professional accountability. For example, the College replaced its *Client Records* guideline with the *Standards for Record Keeping*.

## Standards of practice

The College defines standards as existing and generally accepted expectations of practice, according to the consensus of informed members. These vital tools reflect a consensus on common, consistent approaches to practice issues. Standards support OTs in providing safe and ethical care, while also supporting public protection.

Standards represent minimum expectations, not best practices, as some have thought. Typically, best practices focus on clinical practices related to specific client care protocols or industry standards.

Sometimes, the requirements of a standard reflect specific legislation. If this is the case, the expected minimum practice is defined by law. An example of a College standard that reflects legislation is *Consent*.

The standards allow for practice variations. In situations which actions are taken that differ from expected practice, a documented rationale and sound decision-making process should support the variation.

The College expects OTs to become familiar with and practise according to the standards. OTs are held accountable to the standards when engaging in the Quality Assurance (QA) Program. Accountability to the standards is also taken into consideration if a complaint is made against an OT.

### *Written and unwritten standards*

Standards can be either a written or unwritten expectation. Registrants are held to both forms of standards.

Unwritten standards are the generally accepted expectations of practice, but are not documented and may be highlighted during a complaint or discipline process. During this process, an expert in the field provides confirmation that the practice performed by the OT is an acceptable and common practice amongst the profession. For example, Ontario OTs do not have a written standard that addresses the need to develop treatment plans that include measurable goals and outcomes for specific client populations. Most OTs however, follow an agreed-upon plan of care, which could be considered an unwritten standard. The expert OT may agree that the plan of care for a specific client is appropriate given the situation, client, environment and the occupation.

Written standards, such as standards of practice, communicate the minimum expectations of the profession. Currently, College standards cover the following topics:

- Assessment
- Infection control
- The prevention of sexual abuse
- Consent
- Record keeping

Written standards support Registrants in understanding their accountability and obligations in meeting the standards of practice. They also provide a framework for decision-making.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

### How a standard is developed

The College is legislated to develop standards of practice and clearly communicate minimum expectations. To develop standards, the College first needs to confirm that the standards are the minimally acceptable expectation for the profession.

Registrant feedback confirming that the standards are clear and consistent with current practice is vital. Registrants are encouraged to contribute to this process and make their views known during the consultation phase. This activity could be part of a professional development plan. Providing feedback is an opportunity for all OTs to contribute to setting the standards for the profession.

### Here are the steps in the process:

- 1) **The need and purpose is identified.** When the College identifies the need to provide direction on a topic or issue, its first step is to understand the intent or purpose behind the direction and determine what level of accountability (policy statement, guideline, standard, regulation) is required for the specific topic.
- 2) **The key messages are developed.** The issue is analyzed by such methods as stakeholder consultation, environmental scanning and benchmarking. This process allows the College to develop the key messages which the publication needs to convey, with input from practising OTs. Based on consultations and Committee discussions, a recommendation is made to Council on the key messages.
- 3) **The standard is developed, and Registrants are consulted.** The appropriate staff and Committee draft the content according to the key messages, practice knowledge and information obtained during the initial exploration process. When the draft is completed, Council is asked to approve the draft for circulation to stakeholders for feedback. (Stakeholders include Registrants, professional associations and other regulatory bodies, including OT regulatory bodies across Canada.) When feedback is received, each comment is considered and the final changes are incorporated into the standard.
- 4) **Council's approval is sought.** Council is informed of the stakeholder feedback before being asked to approve the final document. Input from Registrants provides confirmation and insight for Council, ensures that the standard reflects acceptable practice and is meaningful and central to the issues raised.
- 5) **The standard is distributed to all Registrants.** After Council approves a standard, it is published on the College website and a hard copy is distributed to all Registrants. When a new standard is published, OTs are expected to review the document, reflect on their own practice in light of the new standard and make any necessary changes or adjustments to their practice in consultation with their employers.

### How a standard is structured

A standard is comprised of statements that provide a general guide of expectations. Each standard statement is followed by a list of performance indicators.

A standard statement sets out the professional basis of practice. Each standard statement provides a clear expectation of behaviour, knowledge and/or skill. Most begin with, "The occupational therapist will..." followed by an outline of what is expected for specific components of the overall standard.

Here is a standard statement from the College's *Standards for Occupational Therapy Assessments*.

### 1.A Assessor Preparation

#### STANDARDS

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

Performance indicators are core, measurable behaviours that demonstrate how each standard statement is met. Not all performance indicators will be present or relevant in every situation.

For situations in which an OT chooses to act differently than outlined in a performance indicator, the OT is expected to use his or her clinical or professional judgment, know the rationale behind the decision and be prepared to address the deviation from the standard statement. OTs may find it prudent to document deviations from a standard in the client record or in a risk management file because an individual's memory may not always be perfectly reliable. Such documentation can become important should the situation lead to legal proceedings.

The following performance indicators are from standard statement 1.A Assessor Preparation in the *Standards for Occupational Therapy Assessments*.

#### Performance Indicator (Assessor Preparation)

An occupational therapist will:

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

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

### SECTION 2: HOW STANDARDS SUPPORT THE PROFESSION

Standards have three objectives:

1. Describe professional obligations and accountability
2. Articulate the behaviours that an OT should exhibit when providing service
3. Facilitate the communication of minimum expectations to other stakeholders

#### 1. Describe professional obligations and accountability

Standards are written to ensure that all Registrants are aware of their professional obligations and accountability. As self-regulated professionals, OTs have made a public commitment to uphold the standards of the profession. The profession holds OTs to these standards.

For example, in the College's *Standards for Record Keeping*, standard statement 1.12 states that it, "is an expectation that OTs document that they received informed consent from the client." Therefore, the College expects an OT to document in the client record that he or she obtained informed consent. The notation should refer to the discussion with the client and the information provided to the client.

OTs are held to the standards when engaged in a College proceeding such as Competency Review and Evaluation, a component of the QA Program. Through the QA process, OTs have the opportunity to implement practice changes to ensure that they are meeting the standards of practice. If it is identified that an OT is not meeting the standards, the OT has an opportunity to change his or her practice to reduce the likelihood of receiving a complaint or disciplinary action. The QA Program is a proactive approach to ensuring that OTs meet the standards of practice and provide safe, ethical and competent care.

The College is required to respond to any complaint about an OT's practice. When a complaint or report is made, the College reviews it and may decide that the issue needs to proceed to the appropriate Committee. The College and respective Committee(s) will consider the relevant standards and regulations related to the allegation. The Committee(s) considers if an OT has met the standards of the profession or performed in a manner considered to be professional misconduct.

Following a review of the Registrant's practice, the relevant Committee will consider if the OT has met the minimally accepted standards of the profession. This expectation is defined in *Professional Misconduct Regulations O.Reg 95/07*, Section 1(2). It is considered professional misconduct, "to contravene, by act or omission, a standard of practice of the profession or to fail to maintain the standard of practice of the profession."

## 2. Articulate the behaviours that an OT should exhibit when providing service

Standards can be applied in a variety of ways to assist OTs in providing ethical, safe and competent care.

The College's *Standards for Occupational Therapy Assessments* states that, "OTs will ensure that relevant assessment information is communicated to the client in a clear and timely manner unless doing so results in harm." This expectation can be applied in a variety of settings and with different processes. For example, an OT working in a hospital may verbally communicate the assessment results and recommendations to a client. In situations involving a third party, such as a school or insurance company, the OT may provide the results in a written report and be expected to take reasonable steps to ensure that the third party communicates those results to the client.

## 3. Facilitate the communication of minimum expectations to other stakeholders

Written standards provide explicit, clear direction on the expectations to which the OT is held accountable. Key stakeholders – including employers, managers, supervisors and clients – have the opportunity to learn about these expectations by referring to the standards on the College website.

Communicating and sharing the standards support an OT's efforts in ensuring that the standards of practice are consistent with practice-setting policies and practices. Access to a standard of practice enables OTs and other stakeholders, including the client, to appreciate both the limitations and options of how OTs are expected to act and manage their practice.

For example, the College's *Standards for Record Keeping* states, "The occupational therapist will take responsible measures to ensure client confidentiality and security of client information in order to prevent unauthorized access." On reading this, a client can expect that an OT will ensure the physical security of his or her records.

The following scenarios apply this standard statement to two different situations.

1. *An OT is practising in an open-concept facility where client records are accessible to staff and visitors. Client records are maintained in an open cabinet in a high-traffic area. The OT shares the standard's expectation with the manager, and measures are taken to lock the filing cabinets and move them to a secure area.*
2. *An OT who owns and operates a clinic notes that the staff do not log off the computer when they complete an assessment report and when they finish at the end of the day. She highlights the relevant performance indicator and posts the standard for the staff to read. As well, she incorporates this requirement in the clinic's policy manual.*

This scenario demonstrates how the College's *Standards for Infection Control* can influence a practice setting.

*An OT is working for a community agency serving home care clients, including those with hepatitis B. The OT notes that during the interventions she provides, the approach to managing the risk of infection is inconsistent. She has experienced a number of issues related to equipment use and cleaning that are not addressed in the agency's policy. She reviews the Standards for Infection Control with the agency supervisor. The supervisor agrees to incorporate the relevant principles in the standard into the existing agency policy. Procedures are amended to reflect the new expectations, and the staff adopt a consistent, safer approach to infection control.*

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

### College resources

The following College initiatives support OTs in understanding and applying the standards of practice.

- *Practice Resource Service* - OTs are invited to phone or email the College to raise issues, seek clarification or ask questions related to interpreting and implementing a new standard.
- *Newsletters and articles* - These College resources address common issues raised by Registrants.
- *QA Program* - The program helps OTs apply the standards through its Self-Assessment Tool, PREP Modules and Competency Review and Evaluation.
- *Education sessions* - Held across the province, these learning opportunities address new standards and issues that might arise with their application in practice settings.
- *Website* - The standards of practice are at [www.coto.org](http://www.coto.org). Click on *Resource Room* and then *Practice Standards / Guidelines / Position Statements*.

### SECTION 3: APPLYING THE STANDARDS TO PRACTICE

Standards are applied to practice in many ways and often in a specific manner, according to the type of practice. For example, standards can be applied in clinical situations in which OTs need guidance and direction on how to proceed with an assessment. The College's *Standards for Occupational Therapy Assessments* outlines processes, College expectations and related actions or behaviour. The OT conducting the assessment considers the expectations and determines how to meet the standard in his or her specific situation.

It is expected that OTs will use their clinical and professional judgment to determine how best to apply the standards, while considering the scope of the referral and the client's specific needs. For example, applying the College's *Standards for Infection Control* with a client who has hepatitis B will differ if the referral is for wound care or vocational planning. The OT would consider the performance indicator: "Demonstrate current knowledge of infection control risks, concerns, and expectations in the external environment that may have implications upon his or her practice circumstances." The key words here are "practice circumstances." The level of knowledge required to provide safe care varies depending on several factors, including the level of direct client contact.

In the following scenario, consider the expectation for identifying potential risk and implementing strategies for managing professional boundaries.

*For three months, an OT has provided services to a 26-year-old client referred to the Assertive Community Treatment (ACT) Team to support the management of chronic depression and anxiety. On several occasions, the client states that she only wants to see this particular OT for occupational therapy. Following a group session, the client asks the OT his marital status. After considering different conversations with the client, the OT identifies warning signs that the relationship may be, or has the potential to be, crossing professional boundaries. In addition to consulting his manager, the OT refers to the College's Standards for the Prevention of Sexual Abuse. In standard statement 1, he notes his obligation to identify the risk and implement strategies for the management of boundaries.*

*After reviewing specific performance indicators, the OT recognizes his responsibility to clearly communicate the scope of the relationship with the client and to avoid exploiting the relationship for personal gain. (He recognizes that he feels flattered.) While feelings of flattery are not themselves a problem, the conscious or unconscious behaviours that may result can be. For example, the OT could unconsciously encourage more comments or spend more time with the client.*

*The OT consults with his manager and determines that he can continue to provide objective, fair treatment. He decides to have an open discussion with the client to communicate his professional obligation and implement behaviour strategies to re-establish the professional relationship and boundaries.*

*The manager and OT discuss the possibility of having to terminate the professional relationship if the client's behaviour does not change. They recognize the need to plan for a possible change in provider.*

### **Working with specific pieces of legislation**

OTs need to consider legislation which is relevant to their practice when applying the standards to their practice area. For example, an OT working in a hospital must consider requirements related to accepting a referral under the *Public Hospitals Act*. An OT in the child health sector must be mindful of the *Child and Family Services Act* requirements to report suspected child abuse.

The performance indicators in the standards of practice often describe behaviours that are reproducible and consistent with relevant legislation. For example, in the *Standards for Occupational Therapy Assessments*, performance indicator 1.B-6 articulates that OTs need to, “confirm the accuracy/currency of information provided about the client on the referral.” This indicator is consistent with the *Personal Health Information Protection Act, 2004* (PHIPA) that OTs are expected to confirm referral information for accuracy and make or have changes made as appropriate.

### **Standards support OTs in communicating their scope and requirements**

OTs working in industry, such as the auto insurance sector, can face challenges regarding scope of practice and record keeping practices. These OTs work with people who are not health care professionals and who may not be fully aware of the role, scope of practice and professional requirements for OTs. Claim adjusters, for example, may send referrals that are inappropriate for occupational therapy or might not be aware of the professional requirements for assessment and documentation. These factors can lead to situations in which the referral source does not understand the reason why an OT has declined a referral. For record keeping, OTs in the auto sector are often sent letters from legal representatives requesting a copy of records or for reports to be released without a signature. The College's *Standards for Occupational Therapy Assessments, Standards for Consent* and *Standards for Record Keeping* can provide guidance on these issues. OTs can ask the parties to review the standards online to facilitate their understanding of practice limitations and requirements.

### **Independent practice and agencies or facilities where policies do not exist**

Standards offer support and direction for OTs working independently or in rural or remote areas where networking and collaborating with other OTs on practice issues may be difficult. Standards can also be used as a framework for developing policies and procedures in a new environment, clinic or facility. In addition, standards are often used for setting benchmarks for quality assurance practices such as chart

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

reviews (*Standards for Record Keeping*) and establishing protocols such as maintaining professional boundaries (*Standards for the Prevention of Sexual Abuse*). OTs working independently can utilize the standards when developing their private-practice policies and procedures.

### Management and leadership positions

Standards are beneficial for OTs in leadership and management roles, and they benefit other professionals supervising OTs. As an OT in a leadership or management role, it is important to refer to the standards to guide the development of the practice setting's policies and procedures. For example, the clinical practice leader could refer to the College's *Standards for Record Keeping* when providing input on the development of an electronic documentation system or when writing new policies for the use of abbreviations and acronyms when documenting in a client record.

Managers and leaders can facilitate the use of the standards by referring to them in chart reviews, mentoring programs, discussions, research and quality assurance programs. In performance evaluations, they can use the specific behaviours described in the performance indicators to provide direction and expectations. For example, a manager would refer to the *Standards for Record Keeping* in addition to the facility's policies to provide an OT with constructive feedback and concrete expectations for documentation. To support the OT in enhancing his or her record keeping skills, the manager may consider asking the OT to engage in a self-evaluation of his or her records, with the support of the practice leader. By referring to the performance indicators in the *Standards for Record Keeping*, the OT can identify required changes to his or her documentation and record keeping practices.

### Education

The role of an educator or clinical preceptor is to support students by introducing them to the standards and ensuring that students meet the standards in clinical practice. Professors, teaching institutions and training programs also rely on the standards of practice when providing education and skills training to upcoming or registered OTs. Continuing education trainers can also benefit by ensuring that any material they present are consistent with the behaviours expressed in the performance indicators.

Consider an OT delivering a course on splinting. The course should cover the risks associated with fabrication and the use of certain splints. The OT would be expected to communicate the risks, limitations and benefits of the use of the splint, as outlined in the *Standards for Consent*.

## SECTION 4: MANAGING CHALLENGES

### Conflicting policies and procedures

OTs sometimes find themselves working for employers with policies and/or procedures that are inconsistent with the minimum expectations described in the standards. It is unacceptable for OTs to default to such agency or facility policies. OTs are obliged to practise responsibly and according to College standards and regulations. As such, they are expected to explore the issue with the manager or practice leader and come to an agreement that supports the standard of practice. If such an agreement is not possible, it would be prudent of the OT to document any actions that he or she took to resolve the conflicting expectations and the outcome in a risk management file. In an extreme situation the OT may need to leave the position.

The following scenario describes a conflict and how an OT would manage it.

*An OT works at a pediatric clinic that has limited storage space. The clinic owner decides to dispose of records after seven years of terminating service. The OT approaches the owner to inform him of the conflict between this policy and her professional obligations. (The Standards for Record Keeping, performance indicator 7.1 articulates that records must be kept for at least 10 years from the latter of the date of the last entry in the record or the date 10 years after the day on which the client reaches or would have become 18 years old.) A staff meeting is called to develop a record retention and storage plan. Policies are drafted that are consistent with the legislative requirements and standards of practice of the different health care professionals who work at the clinic.*

The reflective practice exercise on page 14 can help you identify any conflicts between College standards and your practice setting policies and/or expectations, and to plan actions to address them.

### **The supportive practice environment**

For OTs to practise confidently and professionally, they need support at the practice level for College standards and regulations. When a conflict exists between a practice setting policy and a College standard, the OT needs to identify the conflict, and then articulate the discrepancy and his or her professional obligation with the manager or director. Finally, the OT needs to advocate for change.

In the following example, an OT would be expected to take responsibility for his or her practice process and find alternative ways to meet the expectations set out in the standards of practice.

*An OT working in a school health program receives the College's new Standards for Consent. The OT compares the school board's standard consent form to standard statement 8 and performance indicators 8.1 and 8.2 that describe what should be documented when obtaining consent. The OT notes that the parent's consent to disclose the assessment report to the teachers is not documented on the consent form, as is required by the standard. The OT advocates to the program manager to have the form include that the parents provided informed consent to release assessment information and recommendations to the child's teacher. In the interim, the OT contacts the parents to obtain consent for the release of information to a specific teacher.*

A supportive practice environment helps the OT meet the standards by allowing the OT to provide input into the development of consent forms and other resources.

OTs can access and download the standards on the College website, [www.coto.org](http://www.coto.org) or request the standards by phoning the College at (416) 214-1177 or 1-800-890-6570.

**STANDARDS: WHAT ARE THEY?  
WHAT DO THEY MEAN TO MY PRACTICE?**

**Reflective practice exercise: Standards of practice**

The follow template can support Registrants in identifying any inconsistencies with the College's standards and their practice setting policies.

Title of standard: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Standard statement number	Performance indicator	Inconsistencies with practice setting policies	Action to be taken: Who, what, where and when

## SECTION 5: PRACTICE SCENARIOS

The following scenarios and questions give you an opportunity to apply the concepts from this module. They are not intended to test your knowledge, but to allow you to evaluate whether you understand the relevant principles.

When reviewing the scenarios, consider that the actions that the OT takes depend on factors such as safety/risk management, client choices and the OT's education. The experience, roles and actions of other stakeholders also impacts conscious decision-making. A scenario in a PREP module cannot provide all the possible factors and variations of practice. PREP Modules are a tool to promote discussion, encourage critical thinking and reflective practice. They do not replace the need to refer to relevant legislation and practice standards and apply professional judgment.

Although this exercise may be completed independently, you are encouraged to work with your colleagues, create a networking group, meet with OT friends or link to web-based resources. Experience and feedback shows that discussing material with others reinforces learning and improves the ability to resolve the scenarios.

The following steps are recommended to complete the practice scenarios.

### 1. Have the following standards available as a reference:

- Occupational Therapy Assessments
- Infection Control
- Prevention of Sexual Abuse
- Consent
- Record Keeping

2. Review any relevant references, focusing on the issues identified.

3. After considering each option, select the one you believe to be most correct.

4. Note the reasons for your selection in the margins of the booklet.

5. Discuss your answers with your study group. Focus on the underlying principles.

6. Record your answers on the sheet provided. Even if you complete the exercise with others, you will need to submit your responses individually.

7. When you have completed the practice scenarios, submit your responses by the due date through one of the following methods:

- Online: Visit [www.coto.org](http://www.coto.org) for a link to the survey.
- Fax to Matrix at the number provided in the cover letter. Please do not include a cover sheet.
- Mail to Matrix at the address provided on the cover letter.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

### Scenario A

Since graduating four years ago, Jane, an OT, has practised in the mental health unit of a large hospital. For four consecutive days, several OTs working in orthopedics have been unavailable for work, causing a severe staffing shortage on the surgical floor. The director of rehabilitation calls Jane and asks her to take on some of the new orthopedic cases.

Which standard statement(s) in the *Standards for Occupational Therapy Assessments* would Jane consider when determining her professional obligations in providing competent care?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

What initial action is the **best** option to take to ensure that the clients receive safe, competent services?

1. Jane would inform the director that she only has mental health experience, and would not be competent to provide the services required in orthopedics and decline the referral. Then, for her own records, Jane should document the discussion.
2. Jane should inform the director of her lack of specific knowledge in orthopedics and then find an OT in her department to help the director. For her own records, Jane should document the discussion and actions she took to resolve the situation.
3. Jane should inform the director of her lack of experience in orthopedics, but describe the specific skills and general limitations of service she can provide. As well, Jane should access resources to support her competency.
4. Jane should accept the referral because OTs are not trained to practise as specialists. They are expected to provide all of the services required in a hospital.

### Scenario B

Chris is an OT providing contracted service to a long-term care facility. He does a cognitive assessment in which the client draws several pictures, including a picture of a clock indicating the current time. The OT completes an assessment report that includes a description of the pictures, his opinion and rationale, and the limitations of the assessment process. Chris signs the report and submits it within two weeks of conducting the assessment. He shreds all of his rough notes, the standardized scoring sheet and the pictures that the client drew.

What performance indicator(s) from the *Standards for Record Keeping*, standard 3 apply in this scenario?

Performance indicator(s): \_\_\_\_\_

Which statement **best** identifies and addresses the issue in this scenario?

1. OTs retain all raw data from standardized tools.
2. OTs ensure that the assessment documentation is accurate and complete before signing and releasing it.
3. The *Standards for Record Keeping* states that OTs can destroy rough notes.
4. All OT reports must be submitted in a timely manner.

### Scenario C

Sylvia, an OT, works in a facility that uses a client-centred, goal-directed approach to care. During family meetings, the multi-disciplinary team frequently prepares joint consolidated reports detailing the goals and recommendations, as well as the rationale for the recommendations. Following an individual review of the report, each team member signs the last page where their contact information is listed for the client's reference. One copy of the report is given to the client, and one is filed in the client record.

What performance indicator(s) from the *Standards for Record Keeping*, standard statement 3 apply in this scenario?

Performance indicator(s): \_\_\_\_\_

In this scenario, which of the following statements is **incorrect**?

1. Sylvia is meeting the *Standards for Record Keeping*, standard statement 3, as the report included the rationale for the opinions and recommendations. As well, Sylvia ensured that she signed on the last page.
2. Sylvia demonstrated behaviours that are consistent with the *Standards for Occupational Therapy Assessments*. The report documented the rationale for the opinions and recommendations, and contact information was provided, should the client require more information or clarification.
3. Sylvia demonstrated an understanding of her professional obligations related to the *Standards for Occupational Therapy Assessments* because the client received a written report.
4. Sylvia met the requirements of standard statement 4 in the *Standards for Record Keeping* because she only signed her name after she ascertained the accuracy of the content.

### Scenario D

Naomi, a community-based OT in private practice, receives a referral to provide a home assessment for equipment. The referral note indicates that the client has recently been treated for active pulmonary tuberculosis.

What standard statement(s) and performance indicator(s) in the *Standards for Infection Control* apply in this scenario?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

What is the **first** course of action that Naomi should take?

1. Naomi would review the Public Health Agency of Canada's website to increase her knowledge of the protocols and identify the infection control measures associated with the infectious agent.
2. Naomi would call the client to determine if he is still infectious and inquire about the infection control methods in place.
3. Naomi would decline the referral because she may contract the disease and then transmit it to others.
4. Naomi needs to notify the public health department of this case. Then she should inform the manager that she has reported the incident to the appropriate authority.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

### Scenario E

For the past two years, Jennifer has provided OT services at a centre for a pediatric client who has a physical disability. Recently, the father of the child confided that he and the child's mother are divorcing. He tells her that they will not be telling the child until all of the final arrangements have been made. The father asks Jennifer to meet with him outside of the clinic to discuss the situation. He asks Jennifer not to tell his wife about the meeting.

What performance indicator(s) in the College's *Standards for the Prevention of Sexual Abuse*, standard statement 1, apply in this scenario?

Performance indicator(s): \_\_\_\_\_

What is the **best** way for Jennifer to manage this situation?

1. Jennifer must meet with the father because a parent is considered a client.
2. Jennifer should refer the father to other resources, such as the facility's social worker.
3. Jennifer could arrange to meet with the father at the clinic and communicate the purpose of the meeting and the importance of including the child's mother.
4. Jennifer should decline the meeting because it may cross professional boundaries.

### Scenario F

Lisa provides services for mental health clients in a rural setting. A client asks Lisa if she will conduct an assessment on his father, who recently had a stroke and is not living with the family. Lisa hasn't provided services to this population for many years but does have limited knowledge of stroke rehabilitation.

What standard statement(s) and performance indicator(s) in the College's *Standards for Occupational Therapy Assessments* apply in this scenario?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

What is the **best** way for Lisa to manage the situation?

1. Lisa should decline the referral because it is beyond her personal scope of practice to provide services to clients who have had a stroke.
2. Prior to accepting the referral, Lisa could inform the client of the limitations of her knowledge in providing services to this population and suggest other ways to secure an assessment.
3. She must agree to provide the service because OTs are trained as generalists, and service is limited in rural areas.
4. Lisa should accept the referral, but ensure that the appropriate person signs the consent form.

### Scenario G

Robert, an OT, is assessing the most appropriate wheelchair for a female client. The client and Robert are joined by a wheelchair vendor who the client chose from a list of suppliers. During the assessment, the vendor makes a joke of a sexual nature and then continues to make sexual inferences throughout the assessment. The client laughs and participates in the banter.

What standard statement(s) and performance indicator(s) from the *Standards for the Prevention of Sexual Abuse* apply to this scenario?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

What is the **most appropriate** action for Robert to take?

1. Robert would interpret that the client is consenting to this type of communication based on their interaction. He would wait until after the appointment to speak with the vendor about his behaviour and concerns. Then Robert would document the conversation in the client record.
2. Robert would immediately intervene and explain to the vendor and client that it is necessary to remain professional. Robert would then document his actions in the client record.
3. Robert would not engage in the remarks and remain professional. He would document the vendor's actions in the client record and contact the vendor's supervisor to file a complaint.
4. Robert would address the issue during the assessment by requesting that the conversation be brought back to a professional level. He would contact the vendor later to discuss his concerns. The OT would also document his attempts to manage the issue in a risk management record.

### Scenario H

Ashley, an OT, maintains client appointments, phone numbers, addresses and some personal health information, such as diagnoses on her Palm Pilot. She carries this portable electronic device (PDA) with her everywhere. For example, to baseball games, shopping and to her friends' homes. The PDA is not password protected, and the information is accessible to anyone using it.

Which standard statement and performance indicator(s) in the *Standards for Record Keeping* apply in this scenario?

Standard statement: \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

Which of the following would be the **best** course of action?

1. Ashley would carry the PDA with her only while working. She should lock it in the trunk of her car if she makes a social call during working hours.

## STANDARDS: WHAT ARE THEY? WHAT DO THEY MEAN TO MY PRACTICE?

2. Ashley would purchase a belt to attach her Palm Pilot to so the PDA will stay with her at all times. She should also apply a password.
3. Ashley needs to apply password protection to the device and encrypt the client information.
4. Ashley would limit travel with the Palm Pilot, eliminate the personal health information and use client initials only.

### Scenario I

A client asks Margit, an OT, to complete a renewal assessment for an accessible parking permit. Margit completes the assessment and finds that the client does not qualify for the permit because his condition has improved significantly since he completed his first application.

Frustrated and confused, the client leaves and proceeds to consult the *Standards for Occupational Therapy Assessments* on the College website. A week later, Margit's manager approaches her with a written complaint from the client, stating that she did not act according to standard statement 2.A, that she was not client-centered, did not respect client choice and was not collaborative during the assessment process.

Which standard statement(s) and performance indicator(s) in the *Standards for Occupational Therapy Assessments* apply in this scenario?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

Before conducting the assessment and completing the form, what would have been the **most important** action for Margit to have taken?

1. Ask the client to sign a standard consent form.
2. Review a sound consent process with the client. Margit should have informed him of the potential outcomes, risks and benefits of completing the assessment, including the risk that the OT may find the client ineligible.
3. Develop goals with the client related to the client's function and walking tolerance. Then Margit should document the discussion and assessment findings in the client record.
4. Margit should have identified and discussed with the client any risks and/or contraindications of using the selected method of assessment before administering it.

## Scenario J

Sarwat, an OT and clinic manager, is responsible for overseeing several staff members, including occupational therapist assistants (OTAs). Following a review of specific client records, Sarwat notes that many records do not indicate whether client consent has been obtained for treatments provided by OTAs.

Which standard statement(s) and performance indicator(s) in the *Standards for Consent* apply in this scenario?

Standard statement(s): \_\_\_\_\_

Performance indicator(s): \_\_\_\_\_

What action should Sarwat take to ensure that informed consent is obtained for services by OTAs?

1. Arrange a meeting with the OTAs to discuss the need to obtain informed consent for their participation in the provision of occupational therapy services. Provide education to the group on how to document according to the standards of the profession.
2. Develop and implement a standardized consent form that includes informing the client that some treatments may be provided by support personnel. Post a copy of the *Standards for Consent* for all staff to review.
3. Arrange a meeting with the OTs and OTAs to discuss the OT's obligation to obtain informed consent for the participation of OTAs prior to treating the clients. Inform the OTs of their responsibility to document that consent was obtained for the participation of support personnel.
4. Reprimand those staff whose documentation does not include the notation that consent was obtained for the participation of support personnel.

