



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

*Store your PREP Module and one copy of the Practice Scenarios in section 3B of your Professional Portfolio*

The Prescribed Regulatory Education Program (PREP) is designed to help Registrants stay up-to-date in their professional practice. This PREP module assists Registrants in understanding the importance of standards. It encourages OTs to consider and evaluate their practice to ensure consistency between current practice, practice setting policies and the standards of practice.

The College mailed this module to Registrants in January 2009 and asked them to return their response sheets by March 30, 2009. The aggregated feedback from the response sheets will be summarized in a future edition of the College newsletter *On the Record*.

PREP modules are self-directed learning tools for adult learners. Registrants report that reflecting on the answers and rationale reinforces learning. It may help Registrants to identify learning needs. It is a professional responsibility to take follow-up action if you identify a learning need. You are encouraged to incorporate any learning needs in your Professional Development Plan.

The reflective exercise on page 8 allows you to document completion of the PREP learning process and link the results with your Professional Development Plan. Use the form to compare your answers with the answers provided, to comment on differences in assumptions or rationale, and to record any learning needs. *Keep this completed exercise with the PREP module on standards (Section 3B: Appraisal of Practice: PREP Modules)*. During Competency Review and Evaluation, the College will ask you to submit a copy of page 8 as evidence that you have reflected on your answers and acted to improve your understanding, if necessary.

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### Answers and Rationale

The module includes scenarios, multiple-choice questions and response options. Review each question in conjunction with the answers and discussions below.

Keep the following concepts in mind as you review the answers.

1. While not all choices are wrong, there is one “best” or most complete answer.
2. The case scenarios are brief and provide only key information. You may make additional assumptions. As you read the answers, you may realize that your assumptions are different than those of the College, so you arrived at a different answer. It is important to decide if your understanding and rationale were sound.
3. If you identify that your reasoning is not sound, or you did not fully understand the material and have a learning need, record any actions you need to take in your Professional Development Plan.

### Rationale

**Scenario A** focuses on the *Standards for Occupational Therapy Assessments*. Standard statement 1.A and performance indicators 1.A-1, 1.A-2, 1.A-5 and 1.A-6 apply in this situation.

**Option 1 is the not the best answer.** Informing the director of her lack of experience and limitation of service is appropriate and an expectation. However, Jane should explore how she could obtain the required knowledge and/or resources she needs to provide competent care in orthopedics. This may include identifying the limitations to the services she can provide to the public and communicating this information to the director. Working collaboratively with the client, director and/or team members, the OT may be able to determine how the clients’ needs can best be served within the scope of service she can provide.

**Option 2 is not the best answer.** It would be best if Jane engaged in a discussion with the director and determined the services that she could provide and/or develop an alternative plan together. Unless a prior agreement had been made with the director, it is not Jane’s responsibility to find a replacement. However, documenting the discussion with the director in her personal notes is appropriate and would support the recall of information, should her actions be questioned.

**Option 3 is the best answer.** It is an expectation that OTs determine their own competency to practise prior to accepting a referral. OTs frequently face situations that require them to develop new skills. Jane is expected to clearly represent her role and competency or limited knowledge to stakeholders. Jane would also discuss her needs and the possible resources required to provide competent care, such as an orientation to the unit or the availability of senior OTs to assume mentoring or supportive roles.

**Option 4 is not the best answer.** OTs are required to practise within their scope and communicate that scope and its limitations to relevant stakeholders. Although OTs may receive general training in orthopedics or take specific courses for professional development, they are not automatically competent to practise in situations in which other skills, knowledge or experience might be necessary to provide safe and effective care. OTs are responsible for assessing their own level of competence and to practise accordingly.

**Scenario B** focuses on the *Standards for Record Keeping*. Standard 3, performance indicators 3-8 and 3-9 apply in this situation.

**Option 1 is the correct statement.** OTs must retain raw data from standardized evaluations, either with the record or in a separate location. Raw data includes client responses, drawings and scoring sheets. This data should be treated as official client record documents and include the date, the client's unique identifiers and professional signatures/initials with designations.

**Option 2 is correct but does not address the issue of shredding the raw data.** It is an expectation that OTs ensure that assessment documentation is accurate and complete before signing it. Otherwise, significant changes could be made to the document and released without the OT's knowledge.

**Option 3 is correct although rough notes are distinct from raw data.** Rough notes are described in the *Standards for Record Keeping* as *scratch notes* or *sidebar notes* that may or may not become part of the record. If retained, they are considered part of the record. However, since rough notes differ from raw data, OTs are not required to retain them.

**Option 4 is correct but does not address the issue of retaining standardized assessment data.** Two weeks may or may not be a reasonable length of time to release the report. Every practice setting has its own policies that outline when assessments are to be documented. Reports should clearly indicate the date(s) the assessment occurred and the date the report was written.

**Scenario C** focuses on the *Standards for Record Keeping*. Standard 3, performance indicator 3-6 applies in this situation.

**Option 1 is correct.** The statement is inaccurate because an OT is required to clearly identify which portion of the report he or she generated. It is not sufficient to sign the last page of a report issued by a multidisciplinary team. This system does not clarify the OT's role and accountability.

**Option 2 is incorrect.** According to the *Standards for Occupational Therapy Assessments* (standard statement 4.A), OTs are required to clearly represent their role and offer contact information as well as an opportunity for questions and clarification. However, providing contact information does not help the client understand how the OT contributed to the report and does not clearly communicate individual accountability. Contact information on a multidisciplinary report merely lets the client know that the OT was involved in writing the report.

**Option 3 is incorrect.** OTs are expected to ensure that relevant assessment information is communicated to the client in a clear, timely manner unless doing so could result in harm to the client and/or others. However, the *Standards for Occupational Therapy Assessments*, standard statement 5.A (performance indicator 5.A-1) articulates that OTs are expected to share information verbally and/or in writing in a language that the client can easily understand.

**Option 4 is incorrect.** The *Standards for Record Keeping*, standard statement 4 (performance indicator 4.2) applies to this response. As an OT, Sylvia is expected to sign or permit to be issued in her name a report only after she has ascertained the accuracy of the content. Sylvia needs to ensure that the report does not contain statements that she knows or ought to know are false, misleading or otherwise improper.

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**Scenario D** focuses on the *Standards for Infection Control*. Standard statement 1 and performance indicators 1-1, 1-2, 1-3 and 1-4 apply in this situation.

**Option 1 is the best course of action.** Increasing her knowledge before speaking with the client would help Naomi ask appropriate questions and make sound decisions. Naomi is expected to learn the current evidence-based and relevant infection control protocols, as well as the risk factors for infection and transmission. Naomi should identify and access authoritative sources for infection control. The Public Health Agency of Canada provides current information on its website [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca). The Ministry of Health and Long-Term Care's website [www.health.gov.on.ca](http://www.health.gov.on.ca) has information on infectious agents that are an immediate health concern.

**Option 2 is not the best course of action.** The client may not be fully informed of the potential risk and appropriate infection control methods. However, after Naomi accesses the authoritative source, she could ask the client and/or the referring agency to determine the infection control methods in place and inquire if the client and/or other members of the household are still infectious.

**Option 3 is not the best course of action.** After reviewing current resources and consulting with others, Naomi would consider the risk to herself and others, as well as the impact of refusing or delaying OT services to the client. The OT may determine that there is limited to no risk of infection and transmission after considering the following: the disease and the initiation of the medication regimen; the type of OT services to be provided and/or the type of contact with the client; and the implementation of proper infection control measures. The OT's decision to accept or decline the referral should be based on competence, the risk of contacting and transmitting the disease, and current evidence and facts about the situation. It should not be based on emotions. In some situations, if the OT refused services, the OT may be responsible for making the referral source aware of suitable options and recommending alternative services.

**Option 4 is not the best course of action.** The OT might, in certain circumstances, contact public health. However, in this scenario the client's physician and/or health care agency would likely communicate with community agencies to report the infectious situation.

**Scenario E** focuses on the *Standards for Prevention of Sexual Abuse*. Performance indicators 1 and 2 in standard statement 1 apply in this scenario.

**Option 1 is not the best answer.** While correct that the father is a client, agreeing to meet him outside of the clinic could send an inappropriate message. An OT is expected to identify potential risks for crossing a professional boundary in her practice. In this situation, potential risks include agreeing to meet the client outside of the facility, deviating from the usual practice and not disclosing the meeting to the child's mother, who is also considered a client.

**Option 2 is not the best answer.** It may be appropriate to involve a social worker to support the family. However, this option does not address the situation or manage and set professional boundaries. Jennifer could explain to the father the inappropriateness of meeting outside of the clinic and clearly establish her role in as an OT. She could also communicate the need to re-establish client goals in collaboration with the child's mother.

**Option 3 is the best answer.** An OT is expected to identify the warning signs that a professional relationship may be crossing a boundary and implement strategies to manage the situation. Jennifer should

engage in a dialogue with the father to set or reconfirm appropriate boundaries. During this dialogue, Jennifer could discuss the goals and expected outcome of a meeting with the father and convey the inappropriateness of meeting outside the centre. Jennifer could encourage both parents to attend a meeting to collaboratively develop goals and strategies to help to continue to provide services to the child and family through the divorce. A communication strategy that is transparent to both parents, whether it can be done with both parents present or not, will contribute to maintaining appropriate professional boundaries and will mitigate possible risks. Such an approach will also help address the issues about informed consent from a substitute decision-maker.

**Option 4 is not the best answer.** Outright refusing to meet the father does not address the situation, nor does it set appropriate professional boundaries.

**Scenario F** focused on the *Standards for Occupational Therapy Assessments*, standard statements 1.A and 1.C. Performance indicators 1.A-1, 1.A-2 and 1.C-3 apply in this scenario.

**Option 1 is not the best answer.** It may be appropriate for Lisa to refuse the referral after considering her limitations and communicating them to the client. However, Lisa may want to suggest alternative options such as referring the client to another OT or to services in a larger community.

**Option 2 is the best answer.** Prior to accepting a referral, OTs are expected to communicate their role and competence to clients. As part of the informed consent process, OTs need to communicate the limitations of their personal scope of practice and the services they can provide. OTs also need to offer alternative courses of action, such as seeking services from other OTs. In some situations there may be no viable option as an alternative, such as OTs who practice in remote geographical areas. In these types of situations, an OT may decide to offer the service after communicating the limitations of their knowledge, skill and ability, as well as determining how they will fill these gaps in order to provide the service in a competent manner.

**Option 3 is not the best answer.** OTs are expected to screen all referrals to determine if they are competent to provide the service. In some situations, an OT may identify that he or she can provide some aspects of the service. However, the OT would be expected to communicate his or her limitations before providing the service.

**Option 4 is not the best answer.** Signing a consent form does not necessarily demonstrate that the OT has communicated the specific information required to obtain informed consent. Lisa needs to ensure that clear documentation is evident in the client record. The documentation should include what information she provided the client during the informed consent process, including any discussion about options for alternative service, given the limitations of her knowledge of stroke rehabilitation.

**Scenario G** focuses on the *Standards for the Prevention of Sexual Abuse*. Standard 1 and performance indicator 1-1 apply in this situation.

**Option 1 is not the best response.** The first action, speaking with the vendor, could partially address the issue in a direct, appropriate manner. The second action, documenting the discussion and the outcome of the intervention in the client record, would not be appropriate unless the vendor and client's behaviour directly affected the OT's ability to provide care. How the OT managed this difficult situation, though, should be documented in the OT's personal notes, on an incident form or according to agency policy.

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**Option 2 is a partially correct response.** Directly addressing the issue with the client and vendor is appropriate. However, documenting this conversation and the outcome of the discussion in the client record would not be appropriate unless the vendor and client's behaviour directly affected the OT's ability to provide care. The future management of the vendor has not been addressed and would require the OT to follow-up with the vendor.

**Option 3 is not the best response.** Robert is obligated to manage this breach of boundary openly, as he is providing a professional service. By not actively managing the situation, the OT is sending the message that this type of behaviour and communication is acceptable.

**Option 4 is the best response.** It is not always easy to be assertive in such situations, however OTs are accountable for setting and maintaining professional boundaries. They are also accountable for identifying potential risk within the practice in relation to professional relationships and implementing strategies for the management of boundaries. If the OT does not take any action that the client is aware of, the OT could be perceived as being complicit by being present during the inappropriate dialogue, as it occurred as part of the OT service.

The College expects OTs to practise open and transparent communication, and this expectation is not restricted to client care. It is important to apply these principles to communication with stakeholders and others associated with OT service delivery. Further dialogue with the vendor may help promote positive future client interactions. It would be appropriate for Robert to document the incident in his personal notes so he can recall the event should it prompt a complaint from the client and should the vendor's behaviour continue and require further action.

**Scenario H** focuses on the *Standards for Record Keeping*. Standard statement 6 and performance indicator 6-2 apply in this situation.

**Option 1 is not the best course of action.** Although it reduces the risk that client information will be accessed, it does not sufficiently eliminate it. The car could be broken into and the PDA could be stolen, or the PDA could be left at a client's home or misplaced during the course of the day.

**Option 2 is not the best course of action.** The device may be more secure attached to the OT's person, although it could still be lost or misplaced for a period of time, during which time unauthorized individuals could gain access to client information.

**Option 3 is the best course of action.** Standard statement 6 in the *Standards for Record Keeping* requires client information that is stored on electronic devices be password protected and encrypted.

**Option 4 is partially correct.** The standards encourage limiting travel with client information, including paper and/or portable electronic devices that contain personal health information. Using initials in documentation does not eliminate the risk of unauthorized access to information. The combination of client initials and personal health information could still be sufficient to identify a client. This practice may also not be practical, especially if this system is being used to store information as part of the client's record for workload measurement, or to track dates and times of appointments.

**Scenario I** focuses on the College's *Standards for Occupational Therapy Assessments*. Standard statement 1.C and performance indicator 1.C-3 apply in this situation.

**Option 1 is not the most important action.** A signed consent form does not necessarily indicate that consent was informed and is not a substitute for a verbal or alternative communication process. OTs are required to ensure that the client is fully informed and understands the risk of completing the assessment before administering it.

**Option 2 is the most important action.** The *Standards for Occupational Therapy Assessments* indicate the requirement to ensure informed consent from a client before conducting an assessment. It is important, as part of the consent process, that the OT explain the potential outcome associated with completing the assessment, including the potential risk that the OT assessment may indicate that the client is ineligible for a parking permit. Margit should have explained to the client the expected outcome of the assessment, how the information will be used and with whom it will be shared. The OT may also want to inform the client of the qualification process and why the program sets limits. If appropriate, Margit could have informed the client of the option to select another OT to perform the assessment.

**Option 3 is not the most important action.** Developing goals in collaboration with the client is an expectation and fosters client-centered care. However, it does not address the need to ensure that informed consent for the assessment is obtained before performing the assessment. In addition, treatment goals were not related to the request from the client.

**Option 4 is not the most important action.** OTs are expected to identify any risks and/or contraindications of using the selected tools or methods of assessment with the client. However, this action does not address the issue that prompted the complaint. As part of the informed consent process, Margit should have informed the client of the risk and/or limitations of the selected tools or methods of assessment, as well as the risk of performing the assessment and a potential finding of ineligibility.

**Scenario J** focuses on the *Standards for Consent*. Standard statement 5 and all of its indicators apply in this situation.

**Option 1 is not the best answer.** Excluding the OTs from the meeting would not support the staff members in understanding their specific roles in obtaining and documenting consent. Under the *Standards for Consent*, OTs are responsible for obtaining informed consent for the participation of support personnel in the provision of OT services.

**Option 2 is not the best answer.** A consent form may not necessarily indicate that the OT has provided the client the information to enable the client to understand the role and activities that the support personnel will perform in providing occupational therapy services. Posting the specific standard statement would be a supportive action. However, OTAs are not obligated to meet the College's standards of practice. Therefore, the manager may consider the standards when writing the facility policies.

**Option 3 is the best answer.** The OT manager would support OTs in meeting the standards by educating them about their professional obligations, including the need to obtain consent for occupational therapy services provided by OTAs. As well, the manager would inform the OTs that it is their obligation to document that consent was obtained for this participation. The manager could explain to both OTs and OTAs that the OT has the obligation to seek the client's agreement to proceed with the process prior to assigning a task or portions of the treatment to an OTA.

**Option 4 is not the best answer.** Reprimanding the staff would not support the OTs and OTAs in understanding their specific roles and responsibilities. Nor would it support the collective efforts to implement processes and policies.

**Reflecting on the PREP Module Standards:** What are they? What do they mean to my practice?

Use this form to assess your learning needs. This information will be required at Competency Review and Evaluation.

**Instructions**

1. Review your response sheet.
2. Record your answers from your response sheet.
3. Review the best answers and rationale provided by the College.
4. Record the best answers.
5. Note any discrepancies between your answers and the best answers. Compare your assumptions to the College's rationale. You may already have recorded your thinking in the margins of your module. It is not necessary to copy this information; instead, refer to these notes in the space provided.
6. Identify any gaps in your understanding in the *Learning Needs* column.
7. Consider these learning needs as you create your Professional Development Plan for the coming year.

Scenario #	My Answer (#)	Best Answer (#)	Comments	Learning Need? (Yes/No)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				