



Critical Thinking and Professional Judgement Through an OT Lens

June 2019

Introduction

Welcome to the 2019 Prescribed Regulatory Education Program (PREP): Critical Thinking and Professional Judgement Through an OT Lens.

Critical thinking and professional judgement are cornerstones of effective occupational therapy practice. OTs are required to apply these skills daily to evaluate information and make decisions that will ensure the services they provide are safe, effective and relevant to their clients' individual needs and health goals.

With the goal of promoting continuing competence and quality improvement, this PREP outlines the concepts of critical thinking and professional judgement, illustrates the importance of critical thinking in occupational therapy, and identifies barriers to the application of critical thinking and professional judgement in practice. The PREP revisits the Conscious Decision-Making Framework and 4A Approach from a critical thinking lens and demonstrates the application of these resources using hypothetical scenarios.

Embedded within the PREP are scenarios and links to various resources to supplement your learning and support your ability to apply critical thinking skills. Multiple-choice questions are also included throughout the PREP to encourage reflection and provide opportunities for group discussion to further your learning. At the end of the PREP, you will be required to review six practice scenarios and answer the Reflective Practice Exercise question for each scenario. The Reflective Practice Exercise questions are not graded. Once you complete the PREP, including the Reflective Practice Exercise, the status in your PREP box on your MyQA homepage will show a status of "completed", along with a green dot.

The PREP is due to be completed by October 31, 2019. Specific learning needs identified through completion of this PREP may be incorporated into your Professional Development Plan. Material covered in this module is designed to be relevant to occupational therapists in clinical and non-clinical practice.

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Background

Each year, the College undertakes an environmental scan to determine the subject of the annual PREP. The content may be informed, among other things, by legislative changes in healthcare; changes to College standards of practice; trends in practice questions; queries received by the College; or changes in occupational therapy practice nationally or globally.

The topic for this year's PREP, Critical Thinking and Professional Judgement through an OT Lens, was selected based on feedback the College received from its membership. Critical thinking and professional judgement are areas in which the College has identified challenges amongst practicing OTs based on data collected through its Quality Assurance (QA) program. They are also areas in which OTs have reached out to the College for additional guidance and support. To address this need, the College is using the 2019 PREP as an opportunity to review concepts and skills in critical thinking and reflect on their application.

The importance of revisiting and honing skills in critical thinking and professional judgement is heightened by the multiple and various contexts in which OTs practice. For example, healthcare systems will need to adapt to meet the demands of an aging population (Rexe, McGibbon Lammi, & Von Zweck, 2013). To practice effectively in this environment, OTs must be able to think critically when evaluating older clients' complex needs and collaborate as part of interprofessional teams, developing appropriate treatment interventions and making modifications to therapeutic activities (CAOT, 2011).

Similarly, as the communities in which occupational therapists work become increasingly diverse, OTs must critically examine social and cultural differences and their effects on therapy encounters to ensure

**Figure 1:
The Conscious Competence Model**



Unconscious Incompetence:

A practitioner who does not realize that they do not know how to complete a task or who is not aware that they do not have the authority/appropriate delegation to perform the procedure.

Conscious Incompetence:

A practitioner who recognizes they do not know how to perform a task or is aware they do not have the knowledge/authorization to perform an act. A practitioner who is consciously aware of what they do not know can decide to learn and apply new knowledge to their practice.

Unconscious Competence:

A practitioner who can complete a task well but does not understand why the approach works. It is likely that they would be unable to explain how to perform the task to others or be able to correct/adapt components of the approach to meet the needs of a novel situation to yield the intended result.

Conscious Competence:

This practitioner is able to both perform a task well and understand the skill behind it. They are able to assess a given situation, select and apply an approach, explain what works and why, and they are able to purposefully adapt the approach to meet individualized client needs.

delivery of quality, client-centered care (CAOT, 2014). Like working towards conscious competence, working effectively in contexts characterized by social and cultural diversity is an ongoing process, which necessitates critical thinking, as discussed later in this PREP.

Adding to the complexity of the current practice landscape is the ever-increasing volume of information available to inform decision-making. The ability to assess the reliability of information and decide what is relevant and useful is therefore of primary importance. Regardless of whether occupational therapists are engaged in clinical or non-clinical practice, including academic or research contexts, it's important that they are skilled at critically assessing available information, making informed judgements and following through with the appropriate courses of action.

The goal of this PREP is to provide occupational therapists with information, guidance and resources relevant to critical thinking and professional judgement to support their movement toward conscious competence. A primary assumption of the College's QA program is that OTs are consciously competent practitioners and that they are practicing ethically while upholding the Standards of Practice and the Essential Competencies of Practice. To be fully competent, the practitioner must intentionally consider all the issues and be able to explain the rationale and intent behind his or her actions. The ability to think critically and make sound judgements supports the practitioner's movement from the lower left quadrant of being "unconsciously incompetent" to the upper right quadrant of being "consciously competent" as depicted in Figure 1: The Conscious Competence Model.

The tools outlined in the PREP are applicable to situations that arise over the timeframe of involvement with clients, from referral to discharge, and are also relevant to non-clinical situations. They are also applicable to routine, daily decisions or serious ethical dilemmas related to consent or professional boundaries. By systematically evaluating, analyzing and interpreting information, occupational therapists can strive for greater self-reflection and use of a conscious decision-making approach in practice.

Learning Objectives

Upon completion of this PREP you will be able to:

1. **Define** critical thinking and professional judgement.
2. **Reflect** and build awareness on the potential barriers impacting use of critical thinking and professional judgement in occupational therapy practice.
3. **Recognize** how the Code of Ethics provides a foundation to support good practice.
4. **Explain** what it means to be a consciously competent occupational therapist.
5. **Apply** the Conscious Decision-making in Occupational Therapy framework and 4A Approach in your practice.

Critical Thinking and Professional Judgement Defined

Quick Multiple-Choice Questions for Self-reflection and/or Discussion:

1. “Critical” in Critical Thinking refers to:
 - a. A negative outlook
 - b. Utilizing careful judgement
 - c. Adopting a fault-finding mindset

The correct answer is “b”.

2. Critical thinking is primarily about:
 - a. Processing information and making a decision
 - b. Evaluating the quality of our judgements and decisions
 - c. Affirming our internal beliefs

The correct answer is “b”.

3. Which of the following is a characteristic of a critical thinker?
 - a. Being an expert
 - b. Relying on “what has always been done”
 - c. Thinking open-mindedly

The correct answer is “c”.

Definitions

What is critical thinking?

At its core, **critical thinking** is “*the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action*” (Scriven & Paul, 1987).

Further, critical thinking involves self-reflection, including the ability to examine one’s personal beliefs, assumptions and inferences in relation to available information from a critical standpoint. Key to this is reflecting on power relations that shape interactions with clients and colleagues and the ideological viewpoints that inform the ways we perceive the world.

What are core critical thinking skills?

Much research has been conducted on critical thinking skills, as well as the characteristics of critical thinkers. In one study sponsored by the American Philosophical Foundation, an international group of experts from the humanities, sciences, social sciences and education were convened and asked to come to a consensus on the meaning of critical thinking (Facione, 2015). The study took place over the course of two years and resulted in the following list of six, core critical thinking skills.

Core Critical Thinking Skills:

1. **Interpretation:** To categorize, decode significance, clarify meaning
 - What does this mean?
 - What is happening?
 - How can we make sense out of this (experience, feeling, or statement)?
2. **Analysis:** To examine ideas, identify arguments, identify reasons and claims
 - Why do you think that?
 - What are the argument’s pros and cons?
 - What assumptions must we make to accept that conclusion?
3. **Inference:** To query evidence, consider alternatives, draw logically valid or justified conclusions
 - What does this evidence imply?
 - What are some alternatives we haven’t yet explored?
 - Are there any undesirable consequences that we can and should foresee?

4. **Evaluation:** To assess credibility of claims, assess quality of arguments using inductive or deductive reasoning
 - How credible is that claim?
 - Do we have our facts right?
 - How confident can we be in our conclusion, given what we now know?
5. **Explanation:** To state results, justify procedures, present arguments
 - What were the specific findings and/or results of the investigation?
 - How did you come to that interpretation?
 - How would you explain why this particular decision was made?
6. **Self-Regulation:** To self-monitor, self-correct
 - Our position on this issue is still too vague; can we be more precise?
 - How good was our methodology, and how well did we follow it?
 - Before we commit, what are we missing?

What are characteristics of critical thinkers?

This same group of experts highlighted that, in order to apply critical thinking skills, individuals must have the “disposition,” that is, propensity or inclination, to do so. They noted that critical thinkers tend to be systematic, inquisitive, judicious, truth seeking, analytical, open-minded, and confident in reasoning.

How are these characteristics used by OTs on a day-to-day basis?

Each of the characteristics of critical thinkers can build upon and inform the others to provide OTs with guidance to make conscious decisions in practice. For example, being **systematic** in one’s approach might include reviewing organizational policies and procedures to determine how those policies and procedures impact decision-making in any given situation. The OT needs to be aware that there are systems in place, such as organizational policies, that must be considered and adhered to before decision-making can occur, regardless of whether the decision is about a patient’s eligibility criteria for admission into a program or a staff member’s request for additional funds for a project.

Being **inquisitive**, in practice, means asking clients or colleagues the appropriate questions and follow-up questions to build a comprehensive picture of a situation. Inquisitiveness also facilitates collaborative goal setting in client situations. Why a client wishes to increase hand strength, though being a functional goal does not get at the heart of the client’s desire to return to the sport of bowling. The onus is on the OT to ask why they would like to increase their hand strength in the first place.

Critical thinkers are:

1. Systematic
2. Inquisitive
3. Judicious
4. Truth seeking
5. Analytical
6. Open-minded
7. Confident in reasoning

Being **judicious**, or using good judgement, involves taking in a variety of information and prioritizing that which is most important. For example, deciding which clients need to be seen first on a busy day requires determining which have the most urgent needs and devising a system or **systematic** approach to prioritizing them. An OT might prioritize seeing patients with safety concerns before seeing patients for follow-up treatment sessions. Being **inquisitive** and asking the “right” questions about client needs and risks can further strengthen the **systematic** approach the OT incorporates into their practice.

Truth seeking refers to asking probing questions to inform decision-making. It requires the OT to view the client, or situation from all angles, and where appropriate, ask questions that are context-specific. For example, if an OT is receiving conflicting reports from two family members regarding a client’s prior functional status, the OT needs to obtain more information to determine an accurate picture of the client. OTs should consider the best approach to obtain this information, which may include contacting other health professionals who have been involved in the client’s care or having a family meeting with the treatment team and the two family members. Being **inquisitive** and asking questions to “**seek the truth**” can help the OT prepare for next steps.

Being **analytical** involves using logical reasoning as part of the thought process. For example, reviewing current research to determine if a specific modality is valid for a certain client population provides a rationale to support decision-making.

Being **open-minded** means the OT is willing to consider new approaches or alternatives to situations. The OT asks questions and considers the viewpoints and suggestions of others to support best decision-making. Being open-minded also means ensuring to keep the client’s abilities, beliefs and wishes at the centre for consideration.

Being **confident in reasoning** includes self-reflection about one’s practice and applying a conscious decision-making approach to decision-making. Ensuring to ask questions, consider options, identify risks, implement a **systematic** approach, and seek appropriate resources and evidence allows the OT to be **confident in their reasoning** and judgement to make the best, most informed decision.

The extent to which an individual will apply critical thinking in any given situation depends on the interplay between their skills in critical thinking and disposition to use them. It is important to note that a disposition toward critical thinking isn’t an inherent, immutable quality; rather, it is one that can be fostered through experience and learning.

Quick Multiple-Choice Questions for Self-reflection and/or Discussion:

1. Using professional judgement means:
 - a) Applying professional standards and ethics
 - b) Utilizing conscious decision-making
 - c) Applying professional knowledge and experience
 - d) All of the above

The correct answer is “d”.

2. When encountering a challenging scenario in your practice, what strategies can support your use of professional judgement?
 - a) Engaging in reflective practice
 - b) Referring to the College’s Standards of Practice for guidance
 - c) Keeping accurate records of client interactions and justification for recommendations
 - d) All of the above

The correct answer is “d”.

What is professional judgement?

Professional judgement refers to the application of knowledge and skills in a way that is informed by professional standards, procedures and ethics to reach a decision or action in any professional situation (Cohen, 2015). It is key to providing safe, effective and competent occupational therapy services.

Being a Consciously Competent OT

As described in the Conscious Competence Model outlined at the beginning of this PREP, a consciously competent OT is fully intentional about the quality of practice he or she provides. A consciously competent OT deliberately chooses a course of action, can fully explain alternative courses of action and can articulate why a particular course of action was selected. To achieve conscious competence, OTs must understand the perspectives they bring to their work and be able to access the resources necessary to facilitate critical thinking and decision-making.

Each OT has a unique perspective from which he or she approaches professional situations. This perspective is informed by the OT's worldview, which is shaped by his or her beliefs, values, and personal histories, among other things.

In approaching the decision-making process, consciously competent OTs will reflect on their worldview and how it shapes their perception of the situations with which they are confronted. They will also acknowledge the conceptual models and frames of reference informing their perspectives and consider any barriers that might impede their ability to think critically, including biases or assumptions, which may stem from previous personal or professional experiences. They will then draw on available resources, such as the [Code of Ethics](#), [Essential Competencies of Practice for Occupational Therapists](#), [Standards of Practice](#) and employ core critical thinking skills as outlined in this PREP to facilitate conscious and informed decision-making.

Conceptual Models and Frames of Reference

An OT should position his or her work within a conceptual model or frame of reference to guide their critical thinking and decision-making. Ikiugu et al. (2009) proposed that "...when working with clients, occupational therapists should allow occupational therapy theory as embodied in its theoretical conceptual practice models to guide their consideration of evidence in the evidence-based practice process" (p. 162). They further noted that OTs "...need to understand the nature of theoretical conceptual practice models and their application in assessment and intervention to facilitate change in clients' occupational performance behaviour" (p. 163).

The College does not endorse or promote a specific frame of reference. OTs should understand the importance and application of the conceptual model or frame of reference that is guiding their decision-making, depending on their area and scope of practice.

Resources to Support Critical Thinking

Essential Competencies

Critical thinking and professional judgement are foundational to occupational therapy practice. The necessity of these skills is reflected in the [Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition](#) (2011), which describes the purpose or goal of the occupational therapist in three key role statements:

1. As autonomous health professionals, occupational therapists work in partnership with clients and relevant others to provide safe, effective, ethical, and client-centered occupational therapy.

2. Occupational therapists apply a collaborative and **reasoned approach** to enable occupation **using a practice process, thinking critically, and communicating effectively** while focusing on the physical, cognitive, affective, and spiritual components of performance as well as the physical, institutional, social, and cultural aspects of the environment.
3. Occupational therapists abide by ethical principles to act with integrity, accountability, and **judgement** in the best interests of the client, available services, and application of available evidence.

The second and third of these role statements speak explicitly to the importance of critical thinking and professional judgement in the profession. The first, to provide safe, effective, ethical, and client-centered occupational therapy is not possible without the application of critical thinking skills.

Critical thinking is a unit of competence that is a major function for effective performance, and an area in which occupational therapists are assessed on a periodic basis as part of the College's Quality Assurance (QA) program. As critical thinkers, occupational therapists are expected to "demonstrate sound professional judgement and clinical reasoning in decision-making" and "engage in reflection and evaluation and integrate findings into practice. (ACOTRO, 2011, p. 12)"

The ability to think critically and engage in systematic and reasoned decision-making is also a prerequisite for applying the principles and upholding the values outlined in other key, foundational documents, including the College's Code of Ethics and Standards of Practice.

Code of Ethics

The [Code of Ethics](#) (2011) and the [Guide to the Code of Ethics](#) (2012) outline the College's expectations for ethical practice. The Code of Ethics is intended for use in all contexts and domains of OT practice and should guide all levels of decision-making.

Standards

The College provides [Standards of Practice](#) that, along with the [Code of Ethics](#) and [Essential Competencies](#), form the foundation for an OT's practice and define the expectations for members of the profession. The Standards define the level of performance, as a consensus of the profession, which forms the framework for practicing and ensuring continuing competence. Additionally, the College produces Guides and Guidelines which provide more details, context and recommendations on how to best comply with rules, regulations and standards. Position Statements clarify the policies of the College and help OTs understand how the College may approach particular situations.

To meet the standards of the profession, OTs must continually draw on relevant resources in the application of critical thinking to their daily work. From assessment to intervention, each step

of the occupational therapy process requires analyzing various sources of multi-faceted information in a systematic manner. From interpreting what is occurring in a client's environment to assessing the credibility of information, such as distinguishing fact from opinion, OTs must aim to continuously remain curious, flexible, and open-minded to diverse ways of thinking to cultivate solutions to complex client issues and use evidence to rationalize their chosen solutions (Lederer, 2007; Facione, 2015).

OTs are also accountable for their recommendations regarding client care. Occasionally, conflicting factors, such as patient interests and available resources may need to be weighed and balanced. Situations may arise in which a decision or action may be questioned, and OTs need to be prepared to respond to inquiries and provide evidence-based justification for their professional recommendations.

Barriers to Applying Critical Thinking and Professional Judgement in Occupational Therapy

To further develop your critical thinking skills, it is useful to review common barriers that may affect your critical thinking and professional judgement. To improve upon your critical thinking and pursue conscious competence in your practice, you will need to be aware of the barriers you may unconsciously face, acknowledge the challenges they may present, and overcome these as best you can.

In your daily practice, your ability to think critically and make professional judgements is shaped by your world view, particularly your professional and personal ideologies. Ideology is defined as a “system of ideas, beliefs and assumptions that operates below one’s level of conscious awareness and, by being taken for granted, appears to constitute normal common sense” (Hammell, 2006, p. 205) and unconsciously shape our practice.” The perspectives that have influenced our professional education and resources have predominantly been that of a particular Western socio-economic and cultural ideological context (Hammell, 2015, p. 240). By accepting something as correct because it is “the way it has always been done” reinforces the dominant ideologies that are embedded within our practice that may be giving an advantage to particular social groups. Through the application of critical thinking skills, OTs are able to strengthen and grow their practice to ensure their clinical decisions are relevant and in agreement with clients’ values and contexts (Hammell, 2013a; Hammell, 2015).

Over time, habitual thinking patterns and behaviours can develop as an OT encounters repetitive scenarios or tasks in their practice. There can be an inclination to lean on approaches that have been successful in the past without consciously questioning if they are the best approaches to use. This concept links back to the earlier description of characteristics of critical thinkers – in that they are inquisitive and open-minded. To pursue conscious competence means being aware of unconscious biases and mental shortcuts. The OT must approach and assess each situation with a sense of newness and intentionally select a course of treatment and an interpersonal approach that is relevant to the client.

The following table lists several barriers that can affect your critical thinking and application of professional judgement in your daily practice.

Barriers to Applying Critical Thinking and Professional Judgement in Occupational Therapy

<i>Unconscious biases</i>	<i>Not engaging in self-reflection</i>	<i>Differing values</i>
<i>Using emotion only to guide decision-making</i>	<i>Not given the relevant information from others</i>	<i>Fear of being wrong</i>
<i>Lack of knowledge / relevant information</i>	<i>Appeal to tradition: “It’s always been done this way”</i>	<i>Lack of resources</i>
<i>Conflicting requirements from organizations, policies, colleagues etc.</i>	<i>Difficulty advocating for the client or OT services</i>	<i>Fear of conflict with others</i>
<i>Confusion about scope of practice</i>	<i>Ignoring instincts</i>	<i>Assuming others are doing it</i>
<i>No-one questioning the decisions made</i>	<i>The unknown: lack of awareness or knowledge about what you don’t know</i>	<i>Not enough time</i>

OTs must be aware of barriers that can affect their ability to engage in critical thinking. For example, consider a practical example of an OT working in an acute care setting with a large caseload who is accountable for providing occupational therapy services to two units. The two units are both surgical units; however, they follow different care pathways and have varying lengths of stay for clients. The OT has a large volume of referrals from both units. The nurses on each unit often provide information to assist the OT in prioritizing the referrals. Additionally, one occupational therapist assistant (OTA) covers both units and has a large caseload as well. The units share important pieces of equipment, such as wheelchairs and Hoyer lifts.

What are some potential barriers that this OT might face in their daily practice that could affect their critical thinking and professional judgement when needing to make decisions?

- Lack of resources as the OT, OTA and equipment are shared between two units;
- Fear of conflict with others as the OT must interact with staff on both units who have varying personalities;
- Not enough time as the OT covers two units and has a large caseload;
- Difficulty advocating for clients when the OT determines the clients are not safe to be discharged on the date indicated on the care pathway;
- Conflicting requirements from the organization, as both units follow very different care pathways;
- Confusion about scope of practice given the OT works closely with a physiotherapist on each unit;

- The OT may not always be given the relevant information from staff on the two units when determining what clients need to be seen and how to prioritize the referrals;
- The OT recognizes that the care pathways on the units do not allow enough time to address the clients' occupational performance issues; however, they are reluctant to voice their concerns because the care pathways have been implemented for a long time.

From this example, you can see that the OT in this situation faces a multitude of potential barriers that could affect their critical thinking and the application of professional judgement with their decisions related to each client. The OT needs to first recognize these potential barriers and then address them using critical thinking skills and resources in order to make conscious, well-informed decisions.

Issues of Power and Privilege

Applying critical thinking skills in OT practice requires the OT to objectively reflect on their role and "status" in the client-therapist relationship including considering how their role and "status" may be viewed by the client or others and how it may impact their decision-making. It is easy for those who are in a position of power or privilege to unintentionally miss or ignore the impact of inequitable power relations, particularly in the OT-client relationship (Hammell, 2013a). As described in the Standards for Professional Boundaries (2015), the nature of the OT-client relationship inherently creates a power imbalance favouring the OT.

Because the client comes to the OT in a position of need to address health or occupational issues and is reliant on the expertise and knowledge of the OT, the client may experience a sense of powerlessness. OTs are accorded the status of a "professional" and the role of an "expert" and are perceived to have greater status, for example, because of their advanced education or an above-average salary.

Similarly, clients may feel judged as the OT examines them and asks questions to better understand their needs, and the OT frequently comes to conclusions or makes recommendations that can have a significant impact upon the client, including those affecting access to funding or services. If the client does not speak the same language as the OT, he or she may feel even more vulnerable.

Beyond prioritizing a client-centred practice, which can help to minimize the power differential, it is the responsibility of the OT to continually engage in self-reflection to identify issues of power and privilege and evaluate the impact of their power on "clients' abilities to express their values, articulate their goals and assure the relevance of their service provision" (Hammell, 2015, p. 239).

Here's an example that illustrates the role power and privilege can play in critical thinking and decision-making:

Nolan, an OT, is the owner of a private rehabilitation company in a large urban city and he is responsible for both the business and clinical aspects of the company. He is concerned because referrals have recently decreased, and his business is suffering. He receives a referral from a source whom he has not heard from in a long time. The referral is for a client who sustained a spinal cord injury. Nolan would like to restore his relationship with this referral source; however, he does not currently have any OTs on his team with experience in treating spinal cord injury.

What should Nolan do?

As Nolan is responsible for both the financial and the clinical aspects of the company, he understands there are two potentially competing priorities to consider. One is whether his company can provide safe and effective care to the client being referred. Also, given the financial status of the company, he may feel pressured to accept new business and renew the relationship with the referral source to gain more referrals. There is a possibility that refusing this referral outright may result in no more referrals from this source. If Nolan chooses to accept the referral, without fully determining the skillset of the existing OTs on his team, issues of power and privilege would prevail, as Nolan would be putting his business ahead of the requirement for OTs to provide competent, safe and ethical care to clients. Nolan is likely aware that accepting the referral and not effectively meeting the healthcare needs of the client would not only put the client at risk, it could put the OT assigned to the client in a compromising position, jeopardize the reputation of the company and result in no future referrals from the source.

Now, let's look at the scenario through the eyes of an OT receiving this referral from their company.

An OT working for a private rehabilitation company recently accepted a referral for a client with a spinal cord injury. The owner of the company stresses the importance of doing a good job, as the referral came from a source from whom the company has not received any referrals in a while. The OT does not have any experience with clients with spinal cord injuries but could use the work, as referrals have been slow. The OT also does not want to disappoint the manager by turning down the referral.

What should the OT do?

The OT accepting the referral is accountable for ensuring they have the competency – meaning they have the skills, knowledge, and judgement - to address the needs of the client. It is also the OT's responsibility to determine whether to accept the referral based on their role and scope of practice within their practice setting. If an OT accepted this referral on the basis that they did not want to compromise their relationship with the owner of the company or compromise the reputation of the company, issues of power and privilege would prevail. If, however, the OT contacted the owner to ask pertinent questions about the referral such as the reason for referral and the client's status, this would be putting the needs of the client first. This would also demonstrate that the OT is using critical thinking and professional judgement in obtaining more information about the referral to determine if they have the competency to address the needs of the client. By asking pertinent questions, the OT can determine if they are able to safely provide care to the client.

Social and Cultural Diversity

OTs work in many contexts characterized by social and cultural diversity. In order to practice as a consciously competent OT amidst this diversity, OTs are required to engage in ongoing self-reflection and application of critical thinking to inform decisions. The demand for OTs to provide competent and effective care for culturally and socially diverse clients continues to grow. In 2014, five national associations on occupational therapy¹ jointly released a [position statement on diversity](#) for the

profession in Canada. The statement encouraged OTs to attend to all aspects of social and cultural diversity by “critically examining biases embedded in the profession, power relations between clients and therapists, power relations within the profession, and connections between individual experiences and broader social structures” (CAOT, 2014). Along with cultural competence, cultural relevance and cultural safety, the position statement suggested cultural humility with critical reflexivity as a new approach for OTs to employ within their practice particularly to address issues of diversity, power and privilege.

Cultural humility and critical reflexivity is described as the commitment to the lifelong process of “ongoing, courageous, honest self-evaluation and self-critique, and examining how one is implicated in patterns of intentional and unintentional advantaging and disadvantaging by ethnicity, race, class, ability, gender, and sexual identity” (Beagan, 2015, p. 277), and asks that OTs regularly question how everyday practices and interactions with clients and colleagues, reinforce or transform inequalities in social structure and power (Beagan, 2015; Tervalon & Murray-García, 1998).

“Culture does not refer solely to ethnicity; cultural differences arise in connection with all intersecting aspects of diversity. Every human being is affected by cultural affiliations, though often effects are subconscious.”
(Beagan, 2015, p. 273)

¹ The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Canadian Association of Occupational Therapists (CAOT), the Canadian Occupational Therapy Foundation (COTF), and the Occupational Therapy Professional Alliance of Canada (PAC)

Engaging in cultural humility and critical reflexivity requires attributes similar to those of “good” critical thinkers, including being open-minded, as described earlier in the PREP. Cultural humility and critical reflexivity also requires OTs to be aware of potential barriers that subconsciously influence their decision-making, such as having values that differ from their clients, as was also described earlier in the PREP. Beagan (2015) outlines the key attributes to support engaging in cultural humility and critical reflexivity as follows:

Maintaining a state of open-mindedness: which refers to being open to learning and understanding the cultural factors and social structures that influence clients’ understandings of their lives, such as gender, ethnicity, disabilities, or class.

Self-awareness: which refers to being aware of your own values, beliefs and behaviours and appearance to others. Recognizing and being mindful of your worldview and how it influences your actions, assumptions and thought processes.

Ongoing self-reflection and critique: which refers to “asking good questions” to go beyond reflecting upon personal feelings and biases. Regularly questioning how you may be contributing to power inequities through everyday actions and interactions.

Humility: which refers to recognizing the limits of your knowledge and respecting the history, practices, contributions and wisdom of different groups, such as Indigenous traditional knowledge and medicine practices.

Here’s an example that illustrates how social and cultural diversity can impact the client – OT relationship:

Johanna is an OT who works on a stroke unit in an acute care hospital. She receives a new referral for a client, Amadi, who has had a stroke. Johanna is the first allied health professional on the team to interact with Amadi; she reviews the clinical record, and notes that he speaks English and another language.

Johanna meets Amadi in his room; she explains her role as an OT and describes the assessment process. She notes that Amadi is not making eye contact with her and is looking down at the bed. There is a female present at his bedside and Johanna recalls reading that Amadi has a wife. Johanna asks him if she can proceed with the OT assessment; Amadi continues to avoid eye contact and stare at his bed. Johanna asks him further questions to determine if he has the capacity to consent to the occupational therapy assessment, he looks up and stares at the female who is present at his bedside. Johanna is unsure how to

proceed at this point and is uncertain if Amadi lacks the capacity to consent or if there is another barrier to communication, such as aphasia.

Johanna introduces herself to the female in the room and determines that it is Amadi's wife, Ria. Johanna asks Ria if there is a language barrier or if she has noted any concerns regarding Amadi's communication. Ria responds that Amadi speaks English and their native language. She states that she has not noted any concerns with him except for decreased movement in his left arm. Johanna is confused as to why Amadi is avoiding eye contact with her. She asks Ria if she has noted any concerns with Amadi's vision; Ria responds "no". Johanna turns to Amadi and attempts to communicate with him again. He seems to become annoyed and speaks loudly to his wife in his native language.

Ria pulls Johanna aside and explains that Amadi does not wish to communicate directly with her. She states that in their cultural background, men only speak directly to their wives and women in their immediate family. Johanna apologizes. She is able to gather information about Amadi's prior level of function, from his wife and suggests that she can return in the afternoon with the physiotherapist, who is male, to complete her assessment. Ria confirms with her husband and states that Amadi is willing to proceed with the assessment if the male physiotherapist communicates with him and does the physical assessment.

This scenario highlights the importance of demonstrating cultural humility and critical reflexivity in all professional situations. Johanna was justified in initially assuming that given Amadi had had a stroke, his lack of response could have been due to cognitive, capacity, or vision-related issues. As she gathered further information from his wife, she was able to determine that there was a cultural overlay to the situation. While there could be any number of reasons for a client to be unresponsive, this scenario emphasizes the importance of implementing practical strategies, such as asking questions, while maintaining a state of open-mindedness and self-awareness. OTs should endeavor to implement these practical strategies at the onset of service - from the point of reviewing the referral to the first meeting with the client and family, and through to discharge. These are characteristics of critical thinkers that support engagement in cultural humility and critical reflexivity and ensure conscious decision-making in all professional encounters.

The Conscious Decision-Making Framework and 4A Approach to Conscious Decision-Making

The Conscious Decision-Making Framework

OTs may frequently exercise critical thinking skills and use their professional judgement instinctively. However, challenging situations may arise that require thoughtful deliberation. The [Conscious Decision-Making Framework](#) and [4A Approach](#) were developed to assist OTs in the systematic decision-making process.

The Steps of the Conscious Decision-Making framework are as follows:

Step One: Describe the Situation

- What are the facts of the situation?
- What is the scope of the referral?
- Who is the client?
- Who are the other stakeholders?
- What is the underlying issue(s)?

Step Two: Identify the principles related to the situation

The principles include those outlined in the Code of Ethics and elaborated upon in the Guide to the Code of Ethics. These include but are not limited to client-centred practice; respect for autonomy; collaboration and communication (those principles promoting the values of respect); and honesty; fairness; accountability and transparency (all promoting the values of trust).

Step Three: Identify the relevant resources to assist with the decision-making

1. Is there any relevant legislation, regulations, standards or guidelines?
2. Are there any individuals with expertise in the area?
3. Is there any relevant evidence (literature, research, best practice)?

Step Four: Consider if you need further information or clarification

1. Do you understand the intent of the relevant legislation, regulations, standards or guidelines?
2. What additional evidence exists?
3. Are there any missing facts? Have you identified the client's best interests?
4. Are all of the stakeholders and their interests identified?

Step Five: Identify the options

Imagine a range of reasonable and realistic options to address the different aspects of the situation. Your plan may ultimately include a set of these options.

Step Six: Choose the best option

Apply the principles and any legislation, regulations, standards, guidelines or policies. Consider the expected outcome and potential impact of each option.

Step Seven: Take action

Select an option or set of options that you believe will offer the best approach to the situation. Decide on how best to take the action.

Step Eight: Evaluate the decision

1. How comfortable do you feel that you chose the best option?
2. What was the impact of your decision on those involved?
3. Did you achieve the expected outcome?
4. Would you make the same decision again, or do something differently?
5. Is there anything in your practice that needs to be adjusted now or in the future?
6. Are there any amends or reparations that need to be made?

Here's an example that illustrates how OTs may use the Conscious Decision-Making Framework to guide their decision-making in a client situation:

Adriana is an OT working for a community rehabilitation agency. She receives a referral for a client, Hugo, an 87-year old male living with his wife in a bungalow. The referral is for an occupational therapy assessment to provide strategies for home safety and falls prevention. The referral states that Hugo was discharged from the hospital two weeks ago following a fall with minor injuries. The referral further states that he has a mild cognitive impairment, decreased balance, and a history of falls. Adriana calls Hugo to schedule the appointment.

Critical Thinking Cue

OTs are required to use professional judgement at the point of receiving a referral. Based on the information available, Adriana must determine if she has the knowledge, skills and ability to accept this referral. Adriana decides that based on her previous clinical experience she is competent to take this referral. She determines that it is within her scope of practice and she has availability on her caseload. Adriana accepts the referral and books the initial visit.

On the day of the appointment, Adriana arrives at Hugo's home. As she is walking to the front door, she notes there are marks on the vehicle parked in the driveway. Hugo's wife Rosita opens the door and Adriana introduces herself and states the purpose of her visit. Rosita invites her in and pulls her aside stating that she is really concerned about Hugo's driving and memory. She notes there are marks on their car from Hugo frequently bumping into other cars when parking. She asks Adriana not to reveal this information to Hugo. Given this information, Adriana pauses for a moment to consider how best to approach the assessment as she is now aware that driving may be a concern.

Critical Thinking Cue

Applying critical thinking skills begins at the onset of service and throughout service delivery. Although concerns about driving were not listed on the referral, Adriana should be aware that this issue may arise during her community visits and be prepared to discuss it. She has reviewed the College's [Guide to Discretionary Reporting of Fitness to Drive](#).

Adriana goes through the informed consent process with Hugo and explains what is entailed in the occupational therapy assessment; based on his responses, Adriana feels that Hugo has the capacity to consent to the assessment. Hugo provides informed consent for the assessment and consent to share information with his wife Rosita and his family physician. He also consents to have his wife present during all assessments and testing. Before beginning her assessment, Adriana asks Hugo if he has any concerns about how he is managing at home and in the community. Hugo mentions he sometimes feels tired and wishes he could get out of his house more. Adriana inquires how he usually accesses the community and he notes that he drives. Adriana inquires if he has any concerns or difficulties with driving. Hugo responds "no". He also reports difficulty seeing out of his left eye. Adriana notes Hugo's concerns in the chart. She wonders how to broach the topic of driving as Hugo has not self-identified any concerns and Rosita has asked Adriana not to reveal the information she has provided regarding Hugo's driving.

Critical Thinking Cue

Adriana has had previous experience informing clients and their primary care providers that she has concerns about their fitness to drive. Unfortunately, in these instances, her clients did not have insight into how their impairments would impact safety behind the wheel having a negative impact on the therapeutic relationship. Therefore, she is nervous about addressing the driving issue. However, she has a professional responsibility not to allow her hesitations to influence her professional judgement or obligation to act where concerns arise. Adriana is aware that unsafe driving is considered a high-risk safety concern as impaired fitness to drive could put the client and other road users at risk of being involved in a collision resulting in injury or death.

Adriana informs Hugo that her role is to assess him and to provide strategies to help him remain independent in the home and community including addressing any of his concerns. She notes that they will also discuss his instrumental activities of daily living including managing medications and driving. Adriana explains the legislative authority regarding

discretionary reporting to Hugo. She informs him that if she assesses him and has concerns regarding his fitness to drive, she has a professional obligation to make a discretionary report to the Ministry of Transportation. She explains to Hugo that after the report is filed, the Ministry of Transportation will make a determination or ask Hugo for more information. Hugo reports that driving is not an issue for him and is agreeable to continue with the assessment.

During the assessment Adriana administers the Montreal Cognitive Assessment (MoCA) after obtaining consent from Hugo and informing him that the results could impact her decision-making. Hugo scores 19/30 on the MoCA with points lost primarily in the areas of delayed recall, visuospatial/executive functioning, and attention. He demonstrates decreased balance and holds onto furniture when ambulating.

Critical Thinking Cue

A score of less than 26/30 on the MoCA is indicative of mild cognitive impairment, however, OTs should not use test scores in isolation to make conclusions about clients. OTs need to use critical thinking to examine the overall picture of the client including demonstrated impairments in multiple areas of functioning. As well, OTs may wish to consider that many tests, such as the MoCA were not developed primarily for assessing a client's fitness to drive. OTs should therefore use professional judgement to carefully weigh all of the information available.

Adriana discusses the use of his walker and states that it would provide safe mobility and decrease his falls. Hugo explains that he does not need to use his walker and becomes visibly annoyed at the suggestion. Additionally, Adriana discovers from Rosita that Hugo has left the stove on numerous times and has gotten lost driving home from the grocery store; Hugo does not recall these events. Rosita further states that Hugo is scheduled for a removal of the cataract in his left eye. Adriana completes the occupational therapy assessment and provides information and strategies for falls prevention, memory, and mobility using the walker.

Adriana becomes nervous about speaking to Hugo about his driving given he was annoyed when she recommended that he use his walker and he does not appear to have insight into his ability to drive. She is unsure if she has enough information to make a discretionary report to the Ministry of Transportation about Hugo's fitness to drive and if that is the best course of action at this point. Adriana decides she does not feel fully prepared to address the driving issue and would prefer to consult resources and her experienced colleague and come back to continue her assessment and provide appropriate recommendations.

She informs him that she needs to gather some information and will be back in three days. She also asks Hugo to refrain from driving until she has completed her assessment. Rosita states she will drive them if they need to go somewhere. Hugo and Rosita confirm they will see her in three days.

Critical Thinking Cue

Critical thinking about potential client needs should begin upon receiving a referral. In this scenario, Adriana is aware that she has two additional visits and can return to continue her assessment of Hugo and discuss his fitness to drive. In the three days that he is awaiting the completion of the occupational therapy assessment, there may still be a risk if Hugo decides not to let his wife drive.

Adriana uses the Conscious Decision-Making Framework to help her with her next steps:

Step One: Describe the situation

1. *What are the facts of the situation?*

- Hugo lives with his wife, who also drives, so there is a level of support;
- He uses his car to drive locally to pick up groceries;
- He has gotten lost a few times coming home from the grocery store;
- Hugo's wife, Rosita is concerned about his driving; she has reported damage to the vehicle while he has been the driver;
- Adriana notes there are some red flags pertaining to Hugo's memory, insight and safety, balance and mobility, and vision, as evidenced by: the results of the MoCA assessment, reports of leaving the stove on, and the report of his decreased vision and scheduled cataract surgery.

2. *What is the scope of the referral?*

- To assess home safety and provide strategies for memory and falls prevention.

Critical Thinking Cue

OTs are required to use their professional judgement in situations where what is stated on the referral differs from what they discover during their assessment. They need to balance their professional obligations, safety of the client and others, as well as the potential need to advocate for more service or visits if required to address identified safety concerns. Although this referral indicated that the OT was to address home safety, memory and falls prevention, Adriana now has a professional obligation to address the safety concerns related to driving. She also has a responsibility to address community mobility and transportation.

3. *Who is the client?*

- Hugo, an 87-year old male.

4. Who are the other stakeholders?

- Rosita, Hugo's wife, Hugo's family physician, the Ministry of Transportation, other drivers on the road.

5. What is the underlying issue(s)?

Adriana is unsure if she should make a discretionary report to the Ministry of Transportation.

She is also uncomfortable about navigating the discussion with Hugo about making a discretionary report because of how he might react to a recommendation to stop driving.

The barriers to her being able to apply her professional judgement in this scenario are her lack of confidence and prioritizing avoidance of conflict with Hugo over her professional obligations.

Step Two: Identify the principles related to the situation

Identify the key principles outlined in the Code of Ethics (2011) and elaborated upon in the Guide to the Code of Ethics (2012).

- **Client-centred practice:** making recommendations and collaboratively setting goals that support Hugo to be safe in his home and in his community and support him to engage in more community outings;
- **Respect for autonomy:** recognizing that Hugo has the right to make his own decisions about his occupational therapy assessment, goals and treatment;
- **Honesty and fairness:** a responsibility to complete an assessment that is objective; honestly communicating the results to Hugo regarding his home safety and driving;
- **Accountability:** taking responsibility for the decisions and providing rationale for them;
- **Transparency:** communicating the goals of the occupational therapy assessment process and outcomes to Hugo; informing Hugo that she will make a discretionary report if that is her decision.

Step Three: Identify the relevant resources to assist with the decision-making

1. Is there any relevant legislation, regulations, standards or guidelines?

- **Highway Traffic Act (HTA):** OTs have the legislative authority to make a discretionary report to the Ministry of Transportation (MTO) about a client's fitness to drive if they have assessed a client or provided services and the report is made in good faith. OTs do not need client's consent to make a discretionary report.
- **Guide to Discretionary Reporting of Fitness to Drive:** outlines the process and supports the OT in decision-making regarding discretionary reporting.
- **MTO Medical Reporting form:** lists the prescribed medical conditions that can be reported and includes a discretionary section. The discretionary section refers to a medical condition, functional impairment or visual impairment that may make it dangerous for someone to operate a motor vehicle.

- **Personal Health Information Protection Act (PHIPA)**: outlines rules for the collection, use and disclosure of personal health information.

2. Are there any individuals with expertise in the area?

Adriana decides to consult her OT colleague, who works in driver assessment and rehabilitation. She provides the situation and details without any client identifiers. Her colleague advises Adriana that based on what she has described, there does appear to be an immediate risk of harm to him, his wife, as well as other drivers should he continue to drive. Her colleague advises her that a discretionary report is the best course of action given the risk and safety concern.

3. Is there any relevant evidence (literature, research, best practice)?

Adriana reviews the literature pertaining to evaluating clients' fitness to drive and determines that OTs should conduct multiple tests and "pool" various sources of evidence. She realizes that she should not rely only on the results of the MoCA to support her concerns for Hugo's fitness to drive.

Step Four: Consider if you need further information or clarification

1. Do you understand the intent of the relevant legislation, regulations, standards or guidelines?

Adriana understands the intent of the Highway Traffic Act and that making a report about a client's fitness to drive is not mandatory. She understands that her authority to make this report places her in a position of "power" over Hugo and that this decision should not be taken lightly. Adriana reviews the Guide to Discretionary Reporting of Fitness to Drive and is aware that an OT must have rationale for any action or inaction pertaining to a client's fitness to drive.

2. What additional evidence exists?

Adriana reviews the CMA resource, Determining Medical Fitness to Operate Motor Vehicles, which was purchased by her organization. This document provides a good overview of how driving is assessed, whether or not reports should be made, and outlines considerations for conversations about driving cessation. She also reviews the CCMTA Medical Standards for Drivers, which provides an overview about the purpose of driver fitness programs and the standards used to assess fitness to drive based on diagnosis and medical condition.

3. Are there any missing facts? Have you identified the client's best interests?

Although Hugo would like to continue to drive to maximize his independence and community mobility, Adriana must also think about Hugo's safety and the safety of others on the road. Adriana does not know any details about how Hugo's vision in his left eye is affected by the cataract. She is not aware if the ophthalmologist has asked him to refrain from driving until he gets the cataract removed. She wonders if his vision affected his score on the MoCA and other functional activities that she assessed.

4. Are all of the stakeholders and their interests identified?

Hugo would like to continue to drive. His wife Rosita wants him to stop driving as she does not feel he is safe. Hugo's physician oversees his care and would need to know pertinent information regarding his cognition, vision, balance, safety, and fitness to drive. The Ministry of Transportation relies on OTs to complete discretionary reports identifying individuals who pose a safety risk with respect to driving. Other drivers on the road expect that individuals who are driving are safe, competent and qualified to be driving.

Step Five: Identify and list the various potential options or actions that can be taken

Imagine a range of reasonable and realistic options to address the different aspects of the situation. Your plan may ultimately include a set of these options.

Potential Options for Adriana	Considerations
a) Engage in further testing at the follow-up visit to determine if there are any changes and to add to her assessment.	Critical Thinking Cue Gathering more quantitative and qualitative data at the subsequent visit will help to support Adriana in her decision-making.
b) Suggest that Hugo refrain from driving until he follows-up with his physician or obtains further testing.	Critical Thinking Cue Given the identified safety risk it would be appropriate for Adriana to recommend that Hugo stop driving until he engages in further testing or follows-up with his physician. However, if Adriana is asking him to refrain from driving, it is because of an identified safety risk and therefore, she should make a discretionary report to the Ministry of Transportation.
c) Make a discretionary report to the Ministry of Transportation and inform Hugo.	Critical Thinking Cue Given the identified safety risk, the results of her assessment, reports from Hugo's wife and consultation with her experienced colleague, it would be appropriate for Adriana to file a discretionary report with the Ministry of Transportation.

- d) Speak to Hugo's physician and inform him about her concerns.

Critical Thinking Cue

If Hugo has provided consent for Adriana to speak to his family physician, she should inform him of the results of the occupational therapy assessment and that she has made a discretionary report. If Hugo withdraws consent to speak to his physician, but Adriana is aware that he is continuing to drive and putting himself and others at risk, then she has the authority to speak to his physician as outlined in Section 40(1) of the *Personal Health Information Protection Act, 2004* (PHIPA).

- e) Choose to do nothing further.

Critical Thinking Cue

This is not an appropriate course of action as it does not address the safety concerns related to his continuing to drive.

Step Six: Choose the best option

Apply the principles and any legislation, regulations, standards, guidelines or policies. Consider the expected outcome and potential impact of each option.

In addition to consulting with her colleague, Adriana reviews all resources in preparation for her second visit with Hugo and his wife. At the second visit Adriana completes a battery of tests, including the Trail Making Test B. Hugo took 197 seconds on Trail making Test B and made 2 errors.

The commonly accepted cut off score for the Trail Making Test B is if the client makes 3 errors or takes longer than 3 minutes (180 seconds) to complete. Hugo took 197 seconds. Additionally, Hugo demonstrated functional impairments in many other areas. With regard to the Trail Making Test B score, Roy and Molnar (2013) state that: "It is logical to assume that as the test score worsens (e.g., the time to completion and/or the numbers of errors increase), the person's fitness-to-drive also worsens (i.e., risk of crash increases). It is, at the very least, reasonable for physicians to consider reporting findings to their Ministry of Transportation if the Trail B score is worse than 3 minutes or 3 errors, provided the test results are felt to be a valid reflection of function." Again, the OT is required to use the test score as part of their overall analysis of the client and situation and apply critical thinking skills to determine the best course of action.

Hugo continues to demonstrate limited insight about his decreased memory and balance and does not recall leaving the stove on or how he got marks on his car. Adriana provides handouts to Hugo regarding community transportation options, memory and falls prevention strategies. She goes through the handouts and her recommendations with Hugo and his wife. She also discusses her concerns regarding Hugo's fitness to drive and suggests options for community mobility such as trialling the bus or having his wife drive. She informs Hugo that she will be making a discretionary report and asks him to refrain from driving until he hears from the Ministry of Transportation. Adriana also informs Hugo that she will be contacting his physician to inform him of the report as well as to discuss her concerns regarding his memory, insight, and vision in his left eye.

Hugo becomes angry and revokes consent for her to share assessment results with his physician and the Ministry of Transportation. Adriana explains the legislative authority for discretionary reporting and that she can make a report without consent. She empathizes with Hugo and acknowledges the impact of the information stating that she would be happy to stay and discuss the impact with him. Hugo becomes more agitated and asks Adriana to leave. She states that she will call him next week to see if he has any outstanding questions.

Step Seven: Take action

Select an option or set of options that you believe will offer the best approach to the situation. Decide on how best to take the action.

Adriana documents her follow-up visit with Hugo, including the testing that she completed, her discussions with him regarding his safety, insight, and fitness to drive, her recommendations for him to refrain from driving until he hears from the Ministry of Transportation, and the information and handouts provided to him. She also documents his reaction to her recommendations and that he revoked consent for her to contact his family physician. Adriana completes a discretionary report and faxes it to the Ministry of Transportation. She puts a copy of the report in the clinical record. Adriana reflects on the fact that Hugo withdrew consent to speak to his family physician.

MTO Reporting Form

Role of Healthcare Providers Reporting

The Ministry of Transportation relies on information provided by healthcare practitioners to help identify individuals who are at significant risk so that immediate action can be taken. This includes suspending the licence of any individual reported to have a high risk - chronic or deteriorating - condition that has resulted in:

- impaired judgment, problem solving, planning and sequencing;
- sudden incapacitation;
- motor or sensory impairment affecting muscle strength and control;
- impaired vision;
- uncontrolled substance use disorder;
- acute psychosis, severe abnormalities of perception or suicidal plan involving a vehicle.

Other reports of conditions not deemed to be high risk, for example, a discretionary report) do not always result in a licence suspension. If an individual is reported to have a medical condition or functional impairment that is well controlled, the Ministry won't necessarily suspend their license.

Where the stability of a condition is questionable, the Ministry may request:

- follow-up medical information;
- a functional assessment of the individual by an occupational therapist;
- other appropriate assessments.

Adriana calls Hugo a week later to see if he has any questions about the information she provided and to schedule the final visit. She asks him if he has followed-up with his physician; he refuses to respond. He declines further occupational therapy services stating that he is upset with the way Adriana proceeded. She reminds him of the initial reason he was referred for occupational therapy services and outlines the areas that she can continue to address with him. Hugo declines the final visit. She informs him that he will receive a follow-up letter from the Ministry of Transportation indicating if his license has been suspended and/or if they require further information. She asks him to refrain from driving and states that she will keep his file open for a month and call him to check in once more.

Step Eight: Evaluate the decision

1. How comfortable do you feel that you chose the best option?

Though she had to have a difficult conversation with Hugo, Adriana feels given the safety risk in this situation, she took the best course of action.

2. What was the impact of your decision on those involved?

Hugo became upset, withdrew consent for Adriana to communicate with his family physician, and declined further occupational therapy services. Additionally, Hugo's community mobility and independence have been impacted although the decision should result in increased safety for all involved.

3. Did you achieve the expected outcome?

Based on the sensitive nature of addressing driving and how that can create feelings of decreased autonomy and independence - Adriana expected a negative response from Hugo and was nervous to address it. She did not assume or expect that he would decline further OT service. Unfortunately, due to Hugo declining further service, outcomes were partially met. Adriana addressed the concerns related to Hugo's fitness to drive by making a discretionary report. She also provided recommendations to Hugo regarding his balance and safety using his walker, and provided handouts regarding community transportation options, memory, and falls prevention strategies. Adriana did not have the opportunity to fully address Hugo's community mobility needs or provide cognitive strategies. She should inform the case manager to determine if Hugo would consent to seeing another OT.

4. *Would you make the same decision again, or do something differently?*

While reflecting on her decision, Adriana determines she acted appropriately in making the discretionary report and her decision was supported by rationale. Upon further reflection, Adriana realizes she should have been prepared to address the driving issue during the first visit with Hugo.

5. *Is there anything in your practice that needs to be adjusted now or in the future?*

Taking into consideration the reason for the referral, the documented issues, and the age of the client, Adriana could have been better prepared to engage in a conversation about driving at the initial visit. Consultation with experienced colleagues may help to provide strategies on how to address sensitive conversations in the future. It is important to note that even with the best intentions and planning, making a discretionary report regarding a client's fitness to drive may impact the client-OT relationship.

The 4A Approach to Conscious Decision-Making

The [4A Approach](#) was introduced as a resource in the [2018 PREP: Professional Boundaries and the Prevention of Sexual Abuse](#). The 4A Approach outlines the critical steps of the [Conscious Decision-Making Framework](#). This approach is a quick reference designed to support OTs in making professional decisions.

Apply: Gather information. Apply legislation, standards, resources and evidence (steps 1-4 of the Conscious Decision-Making Framework). The College has published standards, guidelines and resources that provide extensive information to help OTs manage challenging professional situations when they arise. Reviewing and implementing the College's Standards is an example of applying information.

Anticipate: Consider the options. Anticipate what the various outcomes could be (step 5 of the Conscious Decision-Making Framework). By anticipating and recognizing potential issues, OTs may avoid challenging situations in the first place.

Assess: Weigh and assess the risks and benefits associated with each option (step 6 of the Conscious Decision-Making Framework). Identifying the risks to the client, to others and to the



OTs themselves can help the OT successfully address the concern. When evaluating the level of risk in any given situation, there is no “right” answer. It would depend on all of the circumstances including the OT’s honest evaluation of their own motives and how it would be received by the client both in the short and long-term. The answer, however, could influence the OT both in deciding whether or not to take action and helping to determine the best solution that could address some of the risks.

Act: Document your decision and rationale and make an informed clinical decision (step 7 of the Conscious Decision-Making Framework). There will usually be several options available to

the OT. Being creative may identify more than one reasonable option. Applying critical thinking and good judgement will allow the OT to identify, analyze and effectively act to implement the best option.

Here’s an example that illustrates how OTs may use the 4A Approach to guide their decision-making in a client situation:

Odette is employed as a float OT at the local community hospital. Kai is 8 years old and has muscular dystrophy and a permanent tracheostomy. Kai was recently admitted to the paediatric floor with pneumonia and requires deep tracheal suctioning to clear secretions throughout the day. The OT assigned to the paediatric unit is on vacation and Odette receives a referral to assess and treat Kai.

On the paediatric unit, there is a standing medical directive delegating the OT to provide suctioning, which is a controlled act. The suctioning equipment is readily available in the rehab gym. Odette reviews the medical directive and notes there is a requirement to complete training at the hospital, which includes obtaining a passing score on a practical and written quiz. Odette has not undergone the training however she has previous experience with suctioning adult clients in the community. She has never suctioned a child.

During the initial OT assessment Odette co-treats Kai with the physiotherapist. Odette observes Kai being suctioned by the physiotherapist and is not concerned about her ability to complete the controlled act.

What should Odette do the next time Kai requires suctioning?

In this scenario, there are issues related to delegation of a controlled act and the competency of the OT in performing a controlled act.

Apply:

When reviewing the definition of controlled acts, and understanding who can perform them, the [Guide to Controlled Acts and Delegation](#) (2018) states: “Controlled acts can only be performed by a regulated health professional authorized to perform the act under his or her profession-specific legislation or where the controlled act has been appropriately delegated by an authorizer to *another professional who has the knowledge, skill and judgement to safely perform the act.*”² When delegating a controlled act, the Guide advises that “In every instance of delegation, the client’s best interest must be considered. In deciding to receive delegation of a controlled act, the OT should consider how to achieve an appropriate balance between client need, quality and access.”

Additionally, the [Guide to Controlled Acts and Delegation](#) (2018) notes that a medical directive related to a controlled act should be context- or situation-specific and should identify “who may implement the controlled act, including specified educational requirements for the implementer”.

Anticipate:

Odette can consider the following options:

- Suction Kai as there is a standing medical directive in place for OTs and she has experience suctioning adults;
- Not suction Kai and continue to co-treat with the physiotherapist so that they can suction him;
- Not suction Kai and contact another OT who has undergone training and is competent to suction him;
- Undergo the necessary training as specified in the medical directive so that she is able to perform the act competently.

Assess:

Although Odette has experience with suctioning adult clients, that alone does not provide her with the necessary skills and knowledge to perform the same task with a different population, in this case a child. Additionally, in this scenario, Odette has reviewed the medical directive and noted that necessary training is required to be authorized to suction paediatric clients on the unit. Since she does not have the necessary training, she is not permitted to perform this controlled act. In terms of next steps, she can continue to co-treat Kai with the physiotherapist provided they can find a mutual time to do so. She can also contact another OT who has undergone the training as outlined in the medical directive, to suction Kai, if she is able to find one available. Odette needs to ensure that her decision-making is based on client safety as

² OTs may also be permitted to perform controlled acts through legislative exemptions or exceptions as outlined in the *Regulated Health Professions Act (RHPA), 1991*; however, these do not apply to this case scenario.

opposed to challenges relating to staff resources. If she is going to cover the paediatric unit regularly, she should undergo the necessary training at the hospital.

Act:

In this case, Odette considers the level of risk of performing the controlled act of suctioning. She reviews the medical directive on the paediatric unit and determines that she does not have all the competencies and training that are required and is therefore not legally authorized to perform this controlled act. She must consult with the physiotherapist, or another trained OT to suction Kai. Should these options not be available to her, she would need to seek further support and guidance from a manager or supervisor at the hospital.

In all circumstances when accepting delegations, or performing the controlled acts of acupuncture or psychotherapy, OTs must ensure they have the knowledge, skill and judgement to perform the activity safely and effectively. They are required to be competent to manage all aspects of the act, including environmental factors and potentially adverse reactions. OTs are accountable for their actions and responsible for seeking guidance or refraining from practice beyond their competence or scope when accepting delegation of or performing a controlled act.

Questions for Further Reflection

1. *How successfully have you incorporated critical thinking and professional judgement into your practice?*
2. *What are your major challenges in applying critical thinking and professional judgement in your practice?*
3. *What further support do you need in this area?*

Conclusion

Using critical thinking and applying professional judgement is an important part of the practise of occupational therapy. Critical thinking, professional judgment and effective problem solving are used on a daily basis to address client needs and make professional decisions in all situations and environments. For OTs “to function effectively in the complex world of health care, they must learn to ask questions designed to elicit vital information, to make decisions amidst a wide array of choices, to act on difficult moral and ethical dilemmas, and to analyse copious amounts of information. These abilities require critical thinking skills.” (Velde, Wittman and Vos, 2006, p.59)

Reflective Practice Exercise

Scenario 1

Jamal is the only full-time OT on an acute care floor at the local hospital. Near the end of his shift, he learns that his client Michael's discharge date has been changed from late in the week to the next day as his physician felt he was medically stable to return home. Michael's nurse informs Jamal that the bed is needed for another patient being admitted to the floor. Jamal realizes that he has not confirmed if the recommended equipment, a raised toilet seat and transfer pole, are in place to facilitate a safe discharge home. Jamal had provided a list of vendors to Michael and discussed the recommended equipment. He is aware that Michael spoke to his daughter and provided her with the vendor of his choice, however, he did not confirm if the equipment was being delivered. Michael had stated that his daughter would be "around" to help him when he went home. Jamal had obtained verbal consent to contact Michael's daughter to confirm the status of the equipment and had tried to call her after their last session, however he was unsuccessful in reaching her.

Jamal is concerned that Michael will not be safe at home if the recommended equipment is not in place. He voices his concerns to the nurse in charge on the unit and pages Michael's physician. The physician returns Jamal's call and states that she has someone being admitted to the floor who requires the bed. She further states that Michael can pick up the equipment on his way home. Jamal does not feel comfortable with the physician's decision to discharge Michael home.

In this scenario, there are issues related to client safety, client advocacy, and managed resources.

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

An OT's responsibility to ensure patient safety is outlined in the [Essential Competencies of Practice for Occupational Therapists in Canada](#) (2011) which states that an OT "takes necessary actions to ensure client safety and demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences". In this scenario, Jamal has identified safety risks for Michael and needs to think through the options to get the equipment in place for him.

In addition, the [Guidelines for Working Within Managed Resources](#) (2018) discuss an OT's responsibilities to ensure they are competent and follow a systematic approach to service

delivery. The Guidelines state that: “Despite limitations or constraints placed on occupational therapy service delivery, OTs have a responsibility to uphold and maintain the accepted standards of practice.” In this scenario, despite the physician noting that Michael is to be discharged as the bed is required for another patient, Jamal has an obligation to address the identified safety concern.

Anticipate:

Jamal can consider the following options:

- Re-approach the treatment team and advocate for a longer length of stay so that Jamal can confirm that Michael has the equipment in place;
- Do nothing and go along with the discharge date as another client is being admitted to the unit and the bed is needed;
- Continue to call Michael’s daughter to confirm if the equipment is in place. If she cannot be reached, assist Michael to call his vendor of choice to arrange to have the equipment delivered as soon as possible.

Assess:

In this scenario Jamal has identified safety concerns related to Michael’s ability to toilet safely without the recommended bathroom equipment in place. As he has not been able to confirm if the equipment is in place, he needs to take steps to address this. Although he can re-approach the treatment team to advocate for Michael to remain in hospital, it may be unrealistic to expect that a physician would extend his discharge date when another patient is waiting for the bed. If Jamal is unable to affect a change to the discharge date, he must find a way to address the safety concerns. Jamal can continue to attempt to contact Michael’s daughter by phone however, she may not be reached. He could then assist Michael to contact his vendor of choice to have the equipment delivered to his home. The potential issues with this option would be Michael’s daughter may have already ordered the equipment, or the equipment may not be delivered in time for Michael’s discharge.

Act:

Looking ahead, what can Jamal do in this situation?

- (a) Do nothing and write a discharge note in the clinical record outlining the recommended equipment and that information was provided to Michael regarding local vendors where the equipment could be obtained.

Answer “a” is not the most appropriate answer because if Jamal does nothing and writes a discharge note, he is not addressing the identified safety concerns.

- (b) Re-approach the treatment team, including the physician, and advocate for a longer length of stay to allow Michael to get the needed equipment in place.

Answer “b” is not the most appropriate answer because advocating for an increased length of stay to ensure equipment is in place at home, may not be realistic in this setting and given another patient is waiting for the bed. Although OTs have a responsibility to advocate for their clients, especially when it pertains to client safety, Michael would be safe in his home if the recommended equipment is in place. Jamal needs to follow-up to ensure the equipment has been delivered or is being delivered. As an additional step, if Jamal still has concerns about Michael’s safety and ongoing needs, he could make a referral for an occupational therapy home safety assessment after obtaining Michael’s consent.

- (c) Call Michael’s daughter. If he is unable to reach her, call Michael’s vendor of choice and arrange to have the equipment delivered to his home as soon as possible.

Answer “c” is the most appropriate answer. Jamal is concerned about Michael’s safety and believes he requires the raised toilet seat and transfer pole to facilitate safe toileting. Michael had reported that his daughter would be available to provide some support and that he had provided her with the vendor’s contact information, however, Jamal has not been able to confirm the status of the equipment. He should attempt to call her, and if she cannot be reached, Jamal can assist Michael to contact his vendor of choice to arrange for the equipment to be delivered.

Scenario 2

Mina is an OT who works on a community mental health team conducting home visits. She has been working with the nurse on her team seeing a mutual client named Neil, who has a diagnosis of bipolar disorder. Neil’s primary goals are to stabilize his symptoms, and manage his anger, finances and medication. During their sessions he has demonstrated episodes of violence, substance abuse and suicidal ideation. For these reasons, a safety plan has been put in place where Mina and the nurse perform joint visits whenever a visit is held at Neil’s residence; they also conduct weekly check-in calls with Neil. Mina’s practice leader and the team manager are aware of the safety plan.

Mina is informed that the nurse has called in sick today and is unable to accompany her for the scheduled joint visit at Neil’s residence. Mina met with several other clients today and forgot to call Neil to reschedule the visit. Mina attempts to call Neil but is unsuccessful at reaching him. She wonders if he is ok considering he missed his last scheduled appointment. Mina reviews the safety plan that has been put in place with Neil and decides to call his neighbour, whom he has provided consent to contact in situations where the treatment team is unable to reach him. Mina speaks to Neil’s neighbour who indicates she has not seen Neil in three days and the last time she spoke with him, he expressed that he was “feeling down” and was almost out of

medication. Mina becomes very worried about Neil due to his history of suicidal ideation and substance use and wonders what she should do.

In this scenario, there are issues related to client safety, safety of the OT, and organizational policies.

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

The [Essential Competencies of Practice for Occupational Therapists in Canada](#) (2011) states that an OT “manages risk in practice to prevent and mitigate safety issues” and an OT “demonstrates knowledge of policies and procedures as they relate to client and provider safety”. In this scenario, the OT has acted to manage risks in her practice to mitigate safety issues by having an established safety plan that includes conducting joint visits with the nurse, calling the client weekly to check on his status, and calling his neighbour if he cannot be reached. In this situation the OT would also need to review any organizational policies that speak to service provider safety when conducting home visits. It is likely that the organizational policies would dictate that a service provider is not to enter a situation or environment when there is potential risk to their safety. In this scenario, knowing the client’s history of anger, violence and substance abuse would be sufficient for the OT not to conduct visits alone.

Anticipate:

Mina can consider the following options:

- Keep calling Neil until she reaches him;
- Go alone to visit Neil as she is worried about his well-being;
- Call her practice leader to ask for assistance and advice;
- Call Neil’s neighbour again and ask her to knock on Neil’s door;
- Call the police and request that they do a safety check.

Assess:

In this scenario, Mina can continue to call Neil however, she may not be able to reach him and confirm if he is safe. Given his history and the fact that he missed his last scheduled appointment, Neil could be at risk. Although Mina is available to visit Neil, going alone would be against the established provider safety plan and likely organizational policies concerning joint visits. Mina can call her practice leader so she is aware of the situation and can assist her with problem-solving. Her practice leader may suggest that she can accompany her on a joint visit, or they may be able to find another colleague to accompany her. Alternatively, Mina could call Neil’s neighbour again and ask her to knock on his door and check on him, however this could potentially compromise the neighbour’s safety as well. Lastly, Mina can call the police to

perform a safety check, however there may be a delay in the time for the police to perform the safety check.

Act:

Looking ahead, what can Mina do in this situation? **Check all that may apply.**

- (a) Keep calling Neil until she reaches him.
- (b) Go alone to visit Neil as she is worried about his well-being.
- (c) Call her practice leader to ask for assistance and advice.
- (d) Call Neil's neighbour again and ask her to knock on Neil's door to check on him.
- (e) Call the police and request that they do a safety check.

Rationale:

In a scenario like this there may be several potential options to consider and more than one may be implemented for the best outcome. Mina can continue to call Neil and if she gets a hold of him and he is fine, she could reschedule a visit with the nurse as soon as possible. Additionally, if Neil requires assistance with obtaining his medications, Mina can assist him with calling his pharmacy to deliver his medications. If Mina connects with him by phone and determines that he is not ok, she can determine her next steps and if she needs to call the police. If Neil does not answer his phone and Mina does not know how to proceed, she should call her practice leader to alert her to the situation and request guidance and support. Her practice leader may be able to perform a joint visit with her or suggest another team member who may be able to do the joint visit. Answer "d" is not the most appropriate answer because calling Neil's neighbour again and asking her to check on him, could put his neighbour at risk depending on the state that Neil is in. Mina should call the police if she has exhausted her other options and she is concerned about Neil's safety. Answer "b" is not the most appropriate answer because although Mina is concerned about Neil's wellbeing, proceeding with the home visit alone could compromise her safety.

This scenario demonstrates that the OT may have to take multiple steps, each requiring the use of professional judgement to get to the best possible outcome.

Scenario 3

Suzanne is an OT who works in a hand and upper limb Workplace Safety and Insurance Board (WSIB) specialty clinic. The program serves a large population and usually has a waitlist to access services. Clients' length of treatment varies depending on the type of injury and the recommended treatment plan as determined by WSIB. The clinic team meets monthly with the program manager to review the waitlist and clients who are going to be discharged from the program.

Suzanne has been treating Lee for five months to address a repetitive strain injury. Lee was referred to the program to increase function and transition back to work. She is aware that Lee

lives alone and often feels lonely and isolated since being off work. Additionally, Lee has begun to experience anxiety about the possibility of returning to work. Suzanne has provided suggestions and strategies for pain management and liaised briefly with Lee's family physician about his pain and anxiety. Lee has met the program's functional goals, however recently commented that he continues to experience chronic pain and anxiety. Suzanne has a discussion with him outlining the functional improvements and gains made since he began his occupational therapy treatment; she informs Lee that he is getting close to discharge. Lee tells Suzanne that he does not want to return to work as he continues to experience pain and does not feel that he can perform his daily duties, even with the recommended accommodations in place.

On the day of their final session, Suzanne provides Lee with objective measurements outlining the gains that he has made since starting the rehabilitation program. She explains that she will be writing a discharge note to be submitted to WSIB. Lee becomes upset stating that he does not believe he should be discharged from the program. He waves his hand in the air stating that he still has chronic pain that no one has addressed. He asks Suzanne not to send the discharge note to WSIB as he is not ready to return to work. Suzanne wonders what she should do.

In this scenario, there are issues related to discontinuation of services, functional program goals, and equity with service delivery.

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

The Guide to Discontinuation of Services (2014) states that: "the decision to discharge is directly linked to a clear and thorough understanding of the initial request for service, the expected outcomes, and the plan to achieve these goals. Preparing for discharge therefore begins with the referral and is an ongoing consideration throughout the intervention process." The Guide additionally states that: "it is recommended that the OT thoroughly negotiate with all involved clients, the terms of the request for service, being mindful of the implications for discharge. The OT should clarify the scope of the referral, the expected outcomes, the process for assessment and if indicated, treatment. These factors should be discussed with the client, the referral source and any other stakeholders involved (e.g., client's legal representative, family member[s]) to ensure everyone's expectations are clear and agreed upon before the process begins." In this scenario, Suzanne should have discussed the program goals with Lee at the onset of service, so he was aware and as prepared as possible for discharge.

The concept of fairness as outlined in the Guide to the Code of Ethics (2012) speaks to the fair and equitable distribution of occupational therapy services. The Guide states that: "Equity expects that like cases are treated alike. This can be challenging because people and their needs and contexts are hard to compare." Suzanne is required to be cognizant of clients who are waiting for services and needs to evaluate whether any decision to extend Lee's treatment is directly related to achieving his functional goals. Additionally, as WSIB is the funder for the

occupational therapy services and determines the scope and length of treatment, Suzanne needs to ensure she is following the WSIB treatment protocols and treating all clients equitably and fairly.

Anticipate:

Suzanne can consider the following options:

- Discharge Lee from the program and send a discharge note to WSIB;
- Not discharge Lee from the program and continue to provide treatment to address his chronic pain and anxiety;
- Discharge Lee from the program, send a discharge note to WSIB, and contact his family physician to discuss potential referrals relating to his pain management and anxiety.

Assess:

In determining whether to discharge Lee, Suzanne needs to consider several factors including: what the referral was for, whether Lee's goals have objectively been met, Lee's current concerns, the functional goals of the program, and the recommended treatment that is funded by WSIB. If Suzanne discharges Lee from the program, and sends a discharge note to WSIB, but does not address his chronic pain and anxiety, she is not meeting her professional obligation. As she is aware of these concerns, she is required to address them with Lee. If Suzanne continues to provide treatment to Lee, she is not following the program goals and what is outlined by WSIB. Additionally, keeping Lee in the program, does not allow clients on the waitlist to be seen.

Act:

Looking ahead, what can Suzanne do in this situation?

- a) **Discharge Lee from the program and send a discharge note to WSIB.**

Answer "a" is not the most appropriate answer as it does not address Lee's identified concerns about anxiety and pain.

- b) **Continue to provide services to Lee to address his anxiety and chronic pain.**

Answer "b" is not the most appropriate answer as it would be outside the scope of the program and guidelines of WSIB and it would not allow Suzanne to address the needs of other clients waiting to be admitted to the program.

- c) Discharge Lee from the program, send a discharge note to WSIB, and contact his family physician to discuss potential referrals relating to his pain management and anxiety.

Answer “c” is the most appropriate answer. Suzanne has the responsibility to ensure that she is following the program goals and the treatment protocols outlined by WSIB for each specific injury. As Lee has met the program’s functional goals and Suzanne has objective measurements to support that, she has a professional obligation to discharge him from the program. Despite having met the program’s functional goals, Suzanne is aware that Lee continues to experience chronic pain and anxiety. Suzanne is not able to address these with Lee as that would be out of scope of the services provided at the program however, she has a responsibility to act on this information. With consent from Lee, contacting his physician would enable Suzanne to discharge Lee from the program while addressing his ongoing concerns regarding his chronic pain and anxiety. The physician could then determine next steps and if referrals need to be made to other programs or providers.

Scenario 4

Ava is an OT who works as a care coordinator for the Local Health Integration Network (LHIN). One of her clients, Bill is an 87-year old man who lives alone in a bungalow. As part of Bill’s care plan, a personal support worker (PSW) has been put in place to assist him with his activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Local community services have also been put in place such as meal delivery, cleaning assistance, transportation, and an emergency alert system. To supplement care, Bill’s son has been visiting daily to assist his father. Ava has consent to speak to Bill’s son, and they have spoken by phone quite often.

Ava receives a phone call from Bill’s son informing her that his father’s needs have increased, and he is less able to provide support to him. He is requesting to proceed with completing an application for long-term care placement for Bill. Ava explains the process and the eligibility for long-term care to Bill’s son. She further explains that she must assess his capacity to consent to long-term care placement, as well as his eligibility. Ava also informs Bill’s son that if Bill is competent to make his own healthcare decisions, it is ultimately up to Bill to determine if he wishes to stay in his home or move into long-term care. Ava contacts Bill, who is agreeable to having a home visit to discuss the identified concerns related to his current status and the process and eligibility for long-term care.

Ava arrives at Bill’s home on the day of the scheduled visit and his son is present. She explains why she is there and outlines the process and the assessments she will be completing. Bill consents to having her proceed. Ava assesses Bill’s capacity to consent to long-term care placement. Bill answers all questions appropriately and after realizing that his application will be considered immediately versus at a future time, he states he is currently not ready to go to long-term care. Ava stops the assessment. In response, Bill’s son asks Ava to proceed stating that

he is not certain how much longer his father can safely live in his home. He notes it has become increasingly difficult for him to commute daily to Bill's home to provide care. Ava empathizes with Bill's son however she states that professionally and ethically, she cannot proceed with completing the application to long-term care, based on his father's wishes. She adds that she will reassess Bill's status to determine if changes need to be made to his current care plan. Bill wishes to proceed with the reassessment, however Ava notes that she needs to be at her next client's home in 20 minutes. She wonders how to proceed.

In this scenario, there are issues relating to a client's personal autonomy, wishes of a caregiver, and scheduling and prioritization of clients.

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

The [Code of Ethics](#) (2011) applies to this scenario as it outlines the principle of respect for autonomy, which is when OTs recognize each client's right to make choices for him or herself and when OTs honour the dignity and worth of each individual. In this scenario, since Bill is competent and does not wish to proceed with completing the long-term care application, Ava cannot proceed, even though his son is requesting her to proceed and has expressed his difficulty as a caregiver.

The [Essential Competencies of Practice for Occupational Therapists in Canada](#) (2011) note that an OT "balances the ethical and professional issues inherent in client advocacy including altruism, autonomy, integrity, and idealism". In this scenario, Ava is faced with the ethical dilemma of her client, Bill wanting to remain in his home, and his son facing challenges providing the level of care that Bill needs.

The [Essential Competencies of Practice for Occupational Therapists in Canada](#) (2011) further state that an OT "prioritizes professional duties including when faced with multiple clients and competing needs". Ava needs to determine the level of risk involved with her two clients. If the level of risk involved in leaving Bill without a reassessment of services is greater, Ava may need to cancel and reschedule her second client to perform the reassessment. This would depend on the level of risk to the second client.

In this scenario, as Ava is employed by the LHIN, she would need to follow organizational policies to determine the allocation of homecare services that could be provided to Bill.

Anticipate:

Ava could consider the following options:

- Proceed with completing the long-term care application as Bill's son is expressing difficulty providing care for Bill;
- Cancel the second client visit and stay to reassess Bill and discuss any potential changes to the current service plan with Bill and his son;
- Attend the second client visit and schedule a follow-up visit to reassess Bill and discuss the service plan with him and his son.

Assess:

In this scenario, if Ava proceeds with completing a long-term care application for Bill, who is competent to make his own decisions and does not wish to proceed, this would be a violation of ethics and her professional responsibilities to uphold the dignity, autonomy and wishes of her client. Ava cannot proceed simply because Bill's son has asked her to. Although Ava cannot proceed with completing the long-term care application, she does have the responsibility to address his current service plan in that his care needs may have increased, and his son is having difficulty supplementing the PSW services provided by the LHIN. Ava can stay and discuss Bill's current level of care, perform a reassessment, and make any potential adjustments to his care plan. Before doing so, Ava needs to confirm with Bill and his son if they wish to proceed during the same visit. She also needs to determine if the second client can be rescheduled. If the second client is at risk, she may have to proceed with seeing the second client and rescheduling the visit with Bill and his son at the next earliest date.

Act:

Looking forward, how should Ava proceed in this situation? **Check all that may apply.**

- (a) Proceed with completing the assessment and application for long-term care for Bill as his son has identified that he has difficulty caring for Bill in his home and that his father's needs have increased.
- (b) Not complete the application for long-term care as Bill has not consented to proceed.
- (c) Review the file for the second scheduled visit to determine the risk to the client if the visit is cancelled.
- (d) Cancel the second visit and stay with Bill and his son to discuss his current functional status and if changes need to be made to his care plan.
- (e) Attend the second client visit and schedule a follow-up visit to discuss the service plan with Bill and his son.

Rationale:

In this scenario, Bill has the capacity to understand and appreciate what long-term care is and declined to complete the application. Answer "a" is not the most appropriate answer as Ava is

required to respect Bill's decision and explain to Bill's son her rationale for not proceeding with the long-term care application. As there are identified concerns regarding Bill's ability to manage in his home and Bill's son has expressed difficulty in supplementing the care, Ava should perform a reassessment and make changes to the care plan, as possible. As Ava has another client home visit scheduled, she needs to weigh the risks to both Bill and the other client when determining how to prioritize them. If she deems Bill is at a greater risk than the second client if his care needs are not addressed immediately, she may have to cancel the second client and reschedule the visit. On the other hand, if she deems the second client to be at a greater risk, she would attend the second home visit and reschedule with Bill as soon as possible.

This scenario illustrates there are often several decisions that need to be made with respect to how to proceed in any client, or professional situation. OTs must engage in critical thinking and professional judgement, considering and weighing options and risks in order to get to the best possible outcome.

Scenario 5

Angie, an OT, has recently started working at a rehabilitation clinic that uses various modalities to treat clients. She receives a referral for a client, Joni with a diagnosis of osteoarthritis. In her previous role, Angie treated clients with arthritis, however she used particular modalities, and did not have the opportunity to become trained on how to use a transcutaneous electrical nerve stimulation (TENS) unit. She watches a video that briefly shows a therapist applying TENS to a client's low back. She determines that it appears to be a low-risk modality and that she would be comfortable using it with a client.

After Angie completes her assessment with Joni, she feels that based on her knowledge of TENS and the research articles she has reviewed about the efficacy of using TENS for clients with arthritis, Joni may benefit from the modality. She decides to consult Heidi, who is an experienced occupational therapist assistant/physiotherapist assistant (OTA/PTA), at the rehabilitation clinic. In her experience at the clinic, Heidi frequently uses TENS as a modality. Heidi agrees that Joni would benefit from the TENS treatment prior to engaging in functional activities. Angie completes the documentation of her assessment and assigns care to Heidi noting that she is to apply the TENS unit for 20 minutes each session prior to engaging in functional activities.

After two weeks, Angie and Heidi formally meet to discuss the clients who have been assigned to Heidi's caseload. Heidi informs Angie that Joni has been complaining her skin is red and itchy after the electrodes are removed. She further notes that during the first week, Joni had a good response to the TENS unit, so she had increased the time to 30 minutes each session. Angie is surprised Heidi did not inform her about Joni's skin reaction to the electrodes, and that she independently made the decision to increase the duration that the TENS unit was applied. Angie wonders what she should have done differently to prevent this situation.

In this scenario, there are issues related to the competency of the OT in using a particular modality in treatment and the supervision of the occupational therapist assistant (OTA).

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

The roles and responsibilities of OTs who are assigning clients to OTAs are clearly defined in the [Standards for Supervision of Occupational Therapist Assistants \(2018\)](#). The Standards note that the “OT is accountable for all OT service components assigned by them to the OTA”. They further state that the OT should be competent in performing all OT service components assigned to the OTA. In this scenario, although Angie is familiar with the use of TENS as a treatment modality, she is not competent in its use.

Additionally, Angie and Heidi need to determine a supervision and communication plan that ensures client safety and that Angie is informed of any adverse events or reactions with the clients. Although Angie and Heidi formally meet to discuss the client caseload every two weeks, they may need to meet more frequently depending on the typical length of stay of the clients and how they are progressing. The [Standards for Supervision of Occupational Therapist Assistants \(2018\)](#) states that an OT should “ensure the OTA understands the supervision and communication plan”; this includes understanding their roles and responsibilities, expectations for how and under what circumstances the OTA will report to the OT, activities that will be assigned to the OTA, the method of supervision, and limits imposed on the OTA’s ability to progress the assigned components of the OT plan.

Anticipate:

Angie should have considered the following options:

- Not assign the TENS protocol to Heidi and instead apply TENS to Joni herself during the OT treatment session to see how she reacted to it;
- Not recommend TENS as a modality to be used in Joni’s OT treatment sessions, and instead recommend other modalities that she and Heidi are competent in using;
- Refer Joni to another OT at the rehabilitation facility who has experience using TENS as a treatment modality.

Assess:

Although Angie has reviewed research articles pertaining to the use of TENS and she watched a video about its application, this does not make her competent in its use and application as she has not received formal training. She has not practiced applying the unit to clients and may not be aware of the settings and risk factors involved. If she applies it to Joni herself, she could be putting this client at risk. Using other modalities with Joni in her OT treatment sessions is a valid option as she should only use modalities that both she and Heidi are competent in using. This reduces the risk of harm to Joni and ensures safe practices. If Angie truly feels that Joni would benefit from the use of TENS as a treatment modality for her osteoarthritis based on the research she has done, she could refer Joni to another OT at the rehabilitation facility who has

experience using TENS. The OT with TENS experience could then assign it to Heidi ensuring there is a supervision and communication plan in place that includes ensuring Heidi understands the need to report any adverse events to the supervising OT, and not making changes to the OT treatment plan unless indicated by the OT.

Act:

Looking back, what could Angie have done differently in this situation?

- (a) Declined the referral and referred Joni to an OT colleague at the rehabilitation clinic who is experienced in the use of TENS as a treatment modality;
- (b) Accepted the referral and treated Joni using other modalities that both she and Heidi were competent in using;
- (c) Accepted the referral and treated Joni with the TENS unit herself;
- (d) Either "a" or "b".

Rationale:

Answer "d" is the most appropriate answer. Angie could have met her professional obligation by referring Joni to another OT experienced in using TENS as a treatment modality or she could have accepted the referral and treated Joni using other modalities both she and Heidi were competent in using. In addition to OTs being required to have an established supervision and communication plan with their OTAs and overseeing the care provided by OTAs, an OT cannot assign any tasks to an OTA that they themselves are not competent in performing. Furthermore, OTAs should not be assigned any aspect of care that involves the use of clinical judgement. In this scenario, the OTA independently progressed the duration of Joni's TENS treatment and continued to proceed despite the itching and redness Joni was experiencing, which put Joni at risk.

Since an issue arose in this situation, it made it obvious to Angie, the OT, that she did not provide adequate supervision to Heidi, the OTA. There may be situations where this is less obvious. The OT must always uphold the standards of the profession and critically examine any potential risks to try to prevent issues from arising.

In this scenario, Angie must now follow-up with Joni regarding her skin reactions to the electrodes. Additionally, she may need to repair the therapeutic relationship with Joni if it has been impacted.

Answer "c" is not the most appropriate answer as it does not address the fact that Angie is not competent in using TENS.

This scenario illustrates that OTs need to consider their current level of knowledge, skills and abilities with respect to using all treatment modalities with clients in their practice. Whether or not they assign clients to OTAs, the OT is ultimately responsible for the client and care plan and needs to consider their competency and what is in the best interest of

the client. This scenario also acts as a reminder about the importance of regularly reviewing roles and responsibilities with OTAs for each client that is seen and treated.

Scenario 6

Kristi is the OT on-call manager for a community outreach program that runs a weekly drop-in program for at-risk youth. While she is at another site, she receives a phone call from one of the staff members advising her that two clients, Paul and Tom, have arrived at the program and appear to be impaired. The staff member requests Kristi's attendance to assist in managing the situation.

On arrival at the drop-in program Kristi observes that Paul and Tom, both age 16, are exhibiting signs of impairment including bloodshot eyes, difficulty concentrating and following conversations, yelling, stumbling and falling. Kristi approaches Paul and Tom and advises them she is concerned for their safety and the safety of others in the program, as well as the disruption of others participating in the program. Paul and Tom apologize stating they had a few drinks prior to coming to the program. Kristi reminds Paul and Tom about the Substance Use Policy in place at the program. She indicates she will have to call their parents to pick them up from the program, as outlined in the policy. They both state that they prefer to remain at the program for the day.

Kristi questions whether to allow them to remain, however, there is a policy in place which she is required to follow. She retrieves their files and attempts to call both of their parents; she is unable to reach them. Kristi wonders what she should do.

In this scenario, there are issues related to client safety, equity with service delivery, and organizational policies.

Use the 4A Approach to apply critical thinking and professional judgement to this scenario.

Apply:

The [Essential Competencies of Practice for Occupational Therapists in Canada](#) (2011) states that an OT demonstrate[s] "knowledge of policies and procedures as they relate to work and work setting". They further state that an OT "recognizes safety problems in real-time and responds to correct them, preventing them where possible". In this scenario, Kristi is adhering to the organizational policy as well as her professional responsibility when she indicates to Paul and Tom that she must contact their parents to pick them up from the program. This ensures the safety of everyone involved.

Additionally, the concept of fairness as outlined in the [Guide to the Code of Ethics](#) (2012) speaks to the fair and equitable distribution of occupational therapy services. The Guide states that: "Equity expects that like cases are treated alike. This can be challenging because people

and their needs and contexts are hard to compare.” Kristi is required to be cognizant of the other program participants who would be impacted should Paul and Tom be permitted to stay.

The Guide to the Code of Ethics (2012) also states that the principle of client-centred care is at the core of occupational therapy and that OTs should centre their practice on client’s needs and wishes. In this scenario, Paul and Tom have voiced that they wish to stay. Though they are impaired, requiring them to leave may cause them to lose trust in the program and as a result they may not return.

Anticipate:

Kristi could consider the following options:

- Continue to try to reach their parents and have Paul and Tom stay at the program with the other participants until their parents are contacted;
- Send Paul and Tom home in a taxi using a taxi chit; and ask them to call to inform her they have reached home safely.
- Continue to try to reach their parents and keep Paul and Tom at the program in a separate room under staff supervision;
- Call the police to remove Paul and Tom from the program.

Assess:

If Kristi continues to try to reach their parents, there’s no certainty as to when she may be able to get in touch with them. Having Paul and Tom remain at the centre with the other program participants puts everyone at risk and will be disruptive to others. Kristi could send them home in a taxi, however, due to their young age and their level of impairment, this is not the safest option for them and could be a liability for the program if they do not arrive home or if there is no one at home to receive and supervise them. Keeping Paul and Tom at the program in a separate room would ensure their safety and the safety of other participants however, it takes a staff member away from their regularly scheduled duties. Calling the police to remove them from the program is an option, however it could impact Paul and Tom’s trust in the program and staff. It may also affect the other program participants’ trust.

Act:

Looking ahead, what could Kristi do in this situation?

- a) Continue to try to reach their parents and have Paul and Tom stay at the program with the other participants until their parents are contacted.

Answer “a” is not the most appropriate answer because it places other program participants at risk.

- b) Send Paul and Tom home in a taxi using a taxi chit and ask them to call to inform her they have reached home safely.

Answer “b” is not the most appropriate answer because the boys are both 16 years of age, and sending them home in a taxi when they are impaired could put their safety at risk if they do not arrive home safely, or if they arrive home and their parents are not present to receive and supervise them.

- c) Continue to try to reach their parents and keep Paul and Tom at the program in a separate room under staff supervision.

Answer “c” is the most appropriate answer. In her role as a manager of the drop-in program, Kristi is required to make difficult decisions that could impact the safety of several people including Paul, Tom, other participants of the program, other staff members as well as herself. Although Kristi is required to follow her organizational policy which would not permit participants to remain if they are impaired, she still needs to reflect on the boys’ young age and their safety and use critical thinking and professional judgement to determine best next steps. Kristi needs to evaluate the risks of each option and provide rationale for the decision she makes. Answer “c” considers the safety of the boys as well as the safety of the other program participants. It ensures that Kristi and the staff member are securely supervising Paul and Tom until their parents can pick them up.

- d) Call the police to remove Paul and Tom from the program.

Answer “d” is not the most appropriate answer as it may be premature to obtain police involvement and it could compromise the boys’ trust in the program and staff. If Paul and Tom’s behaviour escalated to the point that staff and participants were at risk, then calling the police may become a more viable and realistic option.

The organizational policy as well as the [Standards for Record Keeping \(2016\)](#) would outline expectations and provide information on requirements for documenting the incident.

Resources

Canadian Association of Occupational Therapists

[Joint Position Statement on Diversity \(2014\)](#)

College of Occupational Therapists of Ontario Resources

[Code of Ethics \(2011\)](#)

[Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition](#)

[Conscious Decision Making in Occupational Therapy \(2012\)](#)

[Guide to the Code of Ethics \(2012\)](#)

[Guide to Controlled Acts and Delegation \(2018\)](#)

[Guide to Discontinuation of Services \(2014\)](#)

[Guidelines for Working Within Managed Resources \(2018\)](#)

[PREP: Professional Boundaries and the Prevention of Sexual Abuse \(2018\)](#)

[Standards for Consent \(2017\)](#)

[Standards for Record Keeping \(2016\)](#)

[Standards for Supervision of Occupational Therapist Assistants \(2018\)](#)

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