

Updated January 31, 2023

Standard for the Supervision of Students and Occupational Therapy Assistants

Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“the College”), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

Code of Ethics

The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all **contexts** and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.

Competencies

The *Competencies for Occupational Therapists in Canada, 2021*, articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.

Standards

Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.

Practice Guidance

Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

How the Standards are used

Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or practice@coto.org.

Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 19). **The term “clients” applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources, including College, legislative, and regulatory documents

General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

Standard for the Supervision of Students and Occupational Therapy Assistants

Occupational therapists who supervise students or occupational therapy assistants remain professionally accountable for clients receiving safe, appropriate, and ethical care. In all aspects of supervision and assignment, occupational therapists are to consider clients' best interests, the practice setting, and the risks associated with the service components.

The terms “occupational therapy assistant” and “occupational therapist assistant” may be used interchangeably. These Standards uses the term “occupational therapy assistant” as a descriptor for service providers who are assigned occupational therapy service components under the supervision of an occupational therapist. These Standards also apply when supervising and assigning activities in a similar situation to other support staff.

The specific tasks assigned to the occupational therapy assistant must be part of the overall occupational therapy services. The occupational therapy assistant must work under the direction and supervision of an occupational therapist, who must assume responsibility and accountability for the ongoing quality of occupational therapy service delivery. Student occupational therapists and volunteers are not considered to be occupational therapy assistants.

Occupational therapists are expected to:

1. Create an appropriate environment for those being supervised

- 1.1 Avoid supervising anyone with whom they have a current or former relationship (for example, a family member, friend, or close personal connection).
- 1.2 Maintain professional relationships at all times per the [Standard for Professional Boundaries and the Prevention of Sexual Abuse](#).
- 1.3 Recognize the power differential between the supervising occupational therapist and the supervisee.
- 1.4 Model respectful behaviours toward supervisees. Provide a safe and inclusive environment for them.
- 1.5 Create an environment where supervisees are comfortable and able to raise concerns about unfair, unsafe, or culturally inappropriate experiences. Have a clear process for reporting such problems.

2. Have competence and availability for supervision

- 2.1 Allocate the time needed for supervision and assignment.
- 2.2 Assign only components of client care that the occupational therapist is competent to perform.
- 2.3 If supervising is a new practice activity, seek the support of a mentor or colleague.

3. Be accountable for the services and the supervisees

- 3.1 Balance the need to encourage autonomy in supervisees with the level of supervision appropriate to the situation.
- 3.2 Be clear who is assigning and responsible for specific service activities, including when there are multiple supervisors (multiple occupational therapists or other professionals).
- 3.3 Ensure that supervisees have and maintain the knowledge, skill, judgement, education, and competence to perform all assigned services.
- 3.4 When assigning activities, comply with organizational policies and ensure that client safety is maintained.
- 3.5 Never assign any controlled act that is being performed by the occupational therapist, whether authorized by the *Occupational Therapy Act* (for example, psychotherapy) or delegated by another regulated health professional.
- 3.6 Monitor clients' response to the services being provided by a supervisee. Discuss any concerns with clients.
- 3.7 Have a process in place for back-up supervision when the occupational therapist is not available.

4. Stop assignment when appropriate

- 4.1 Stop the assignment if no occupational therapists are available to provide supervision or to oversee the occupational therapy services.
- 4.2 Stop the assignment if the supervisee's involvement is not effective or is unsafe.
- 4.3 Stop the assignment if the client withdraws consent to receive services by a supervisee.

Supervision of Students

5. Contribute to the learning and development of students

Having students on placement and acting as student preceptors is a valuable opportunity for occupational therapists to serve as role models and to share practice knowledge. Contributing to the learning of students is outlined in the *Competencies for Occupational Therapists in Canada* (2021) ([link](#)).

- 5.1 Before mentoring and overseeing students, have one year of practice experience.

Traditional Supervisory Placements

In traditional supervisory placements, where occupational therapists are on-site and working directly with the students they are supervising,

- 5.2 Ensure that sufficient orientation and training are provided. This includes orientation to the facility, organizational policies, and assigned clients or tasks.

- 5.3 Understand the student's progression within the educational curriculum, including
 - a. The program requirements and expectations
 - b. The student's current learning needs, previous clinical experiences, and perceived areas for improvement
- 5.4 Ensure that a documented learning contract is in place. It should outline goals and activities appropriate to the student's competence.
- 5.5 Put in place and apply a process of observation, instruction, evaluation, and feedback throughout supervision.
- 5.6 Prioritize tasks assigned to students based on each student's learning needs, not the needs of the supervisor or organization.
- 5.7 Before co-signing, review all documentation completed by students to ensure that it adheres to the Standard for Record Keeping.

Non-Traditional or Role-Emerging Placements

For non-traditional or role-emerging placements, where the occupational therapist preceptor is off-site and provides consultation and direction to students who have a separate, on-site supervisor who is not an occupational therapist,

- 5.8 Have an adequate level of comfort and competence to supervise in such a setting, considering the amount and type of supervision that can be reasonably provided.
- 5.9 To ensure accountability, create a communication and supervision plan. Outline roles and expectations. Collaborate with the on-site supervisor, placement site, students, and educational institutions.
- 5.10 Identify how client consent will be obtained.
- 5.11 Determine who will manage client records as well as the client personal information and personal health information generated by students for the required retention period. Make a plan to review and co-sign student documentation where client services have been provided.
- 5.12 Develop a plan with the on-site supervisor to address emergency situations or issues of safety involving students and clients.

Supervision of Occupational Therapy Assistants

6. Clearly define roles and responsibilities when supervising occupational therapy assistants

- 6.1 Know the appropriate activities that can be assigned, and ensure that occupational therapy assistants can competently complete them.

- 6.2 Never assign the following activities to occupational therapy assistants:
 - a. Initiation of occupational therapy services
 - b. Aspects of assessment requiring the occupational therapist's clinical judgement
 - c. Interpretation of assessment findings
 - d. Interventions where ongoing analysis and synthesis are necessary to closely monitor and guide client progress
 - e. Communication of occupational therapy recommendations, opinions, or findings requiring clinical judgement
 - f. Decisions involving discharge
- 6.3 Establish appropriate limits for occupational therapy assistants' participation in intervention planning, goal identification, and progressing or modifying an intervention.
- 6.4 Establish a supervisory plan for providing services, including the following:
 - a. Roles, responsibilities, and methods of supervision
 - b. Expectations for reporting by assistants to the occupational therapist
 - c. Activities that will be assigned to assistants
 - d. Activities that assistants can carry out if the occupational therapist is unavailable to provide direct supervision
- 6.5 Follow the Standard for Record Keeping when supervising and documenting the activities of occupational therapy assistants.

Accountability for Non–Occupational Therapy Assistants

In some practice environments, occupational therapists act in a consulting role. In this role, the occupational therapist **does not** assign occupational therapy service components. Therefore, because the individual carrying out the recommended activities is not acting in an occupational therapy assistant role, the occupational therapist is not directly accountable for that individual. Nor is occupational therapist accountable for the implementation or outcome of the recommendations.

Occupational therapists must be clear on the distinction between situations that involve the use of occupational therapy assistants and situations when the occupational therapist is fulfilling a consultation role. The occupational therapist remains accountable for the quality of the consultation provided.

Related College documents

Controlled Acts and Delegation
Occupational Therapy Assistants Decision-Tree
Standard for Acupuncture
Standard for Assessment
Standard for Consent
Standard for Professional Boundaries and the Prevention of Sexual Abuse
Standard for Psychotherapy

Standard for Record Keeping
Standard for Use of Title

Resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. https://acotro-acore.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Glossary of Terms

Co-create

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

Context

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies

Culturally safer

Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

Ecological considerations for care

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

Intersectionality

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

Power imbalance

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance, and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.

Vulnerable client

The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

Resources

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

College of Occupational Therapists of Ontario
20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8
T 416-214-1177 • 1-800-890-6570 F 416-214-1173
www.coto.org

Information contained in this document is the property of the College of Occupational Therapists of Ontario and cannot be reproduced in part or whole without written permission.

© 2023, College of Occupational Therapists of Ontario
All rights reserved.