ACOT
ALBERTA COLLEGE of OCCUPATIONAL THERAPISTS

Standards of Practice

Alberta College of Occupational Therapists

2003

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The Standards of Practice for the profession of Occupational Therapy in Alberta are the set of regulatory requirements, which define minimum standards upon which occupational therapists practicing in Alberta must base their practice. They exist for the primary purpose of public protection, but also serve to assist occupational therapists in evaluation and development of their practice. These are minimum standards only; the occupational therapist should endeavor to maintain the highest possible degree of skill in the interest of protection of the public whom they serve.

Occupational therapists practicing in Alberta have been regulated by the Occupational Therapy Profession Act and Regulation (1990) and have been accountable to uphold the 1990 Standards of Practice (Alberta Association of Registered Occupational Therapists, 1990). In the future, occupational therapists will be regulated under the Health Professions Act (HPA). The Standards presented here replace the 1990 AAROT standards and serve as the current standards for the practice of occupational therapy in Alberta.

The content and structure of these standards reflect the principles of *enabling occupation as outlined in a Canadian Association of Occupational Therapists (CAOT) publication (1997), the practice standards of the College of Occupational Therapists of Ontario (1996) and the position of the Practice Review Board and Registrar of the Alberta Association of Registered Occupational Therapists following extensive consultation with the occupational therapy community in 2000.

These Standards of Practice recognize that occupational therapists work in five major roles – practitioner (clinician), educator, consultant, researcher and administrator. All occupational therapists registered in Alberta are accountable for upholding these practice standards, regardless of practice setting. The recipient of occupational therapy services, the client, may be an individual, group, organization, system, or combination of these. The identified client may change through the process of assessment and intervention (e.g. from the person with the occupational performance issues to their caregivers) in each area of occupational performance (self-care, productivity, and leisure).

There are nine Standards of Practice for occupational therapy in Alberta. The standards require that all occupational therapists shall:

Standard 1: Maintain Professional Accountability
Standard 2: Name, Validate and Prioritize Occupational Performance Issues
Standard 3: Select a Theoretical Approach
Standard 4: Identify Occupational Performance Components and Environmental Conditions
Standard 5: Negotiate Targeted Outcomes and Develop Action Plan
Standard 6: Implement Action Plan
Standard 7: Evaluate Occupational Performance
Standard 8: Communicate Effectively
Standard 9: Maintain a Quality Professional Practice
Standard 10: Maintain Appropriate Boundaries

Standard 1: MAINTAIN PROFESSIONAL ACCOUNTABILITY

The occupational therapist shall:

1.1 Be registered with the Alberta College of Occupational Therapists in accordance with provincial regulatory legislation.
1.2 Be knowledgeable of and adhere to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice, and code of ethics applicable to his/her occupational therapy practice.
1.3 Demonstrate continued competence as required by the Alberta College of Occupational Therapists.
1.4 Be responsible for the occupational therapy services provided by oneself and demonstrate accountability for services provided by other personnel who are under the therapist's supervision.

Standard 2: NAME, VALIDATE & PRIORITIZE OCCUPATIONAL PERFORMANCE ISSUES

The occupational therapist shall:

2.1 Document the request for occupational therapy services.
2.2 Determine if requests for occupational therapy services fall within the scope of occupational therapy practice, are consistent with the code of ethics, and, more specifically, determine if requests fall within his/her skill level or competence.
2.3 Recommend appropriate resources or other service providers when the service request cannot be met within the parameters of the individual's practice.
2.4 Identify the roles and responsibilities of the individuals involved in the request for service (client, referral source, and the therapist).
2.5 Discuss and document the terms of agreement for the services to be provided.
2.6 Document the occupational performance issues arising from the process of identifying, validating, and prioritizing these issues with the client.
2.7 Ensure screening methods are appropriate for the service request and the factors known about the client, including the client's stated needs and functional ability, age, education, cultural background, and health status.
2.8 Document the screening results and recommendations along with the client's consent to and agreement with the services offered or lack of consent or agreement.
2.9 Communicate the screening results and recommendations to the appropriate stakeholders within an agreed upon time frame with appropriate consideration of confidentiality.

Standard 3: SELECT THEORETICAL APPROACH

The occupational therapist shall:

3.1 Gather and analyze pertinent information to assist in selecting an approach to service. This information is integrated with the therapist's previous experience, established professional knowledge base, and principles and models currently used in Canadian practice, in order to determine the most appropriate approach for each client.

3.2 Incorporate the selected approach in the services provided and be able to identify the rationale for his/her choice of approach.

Standard 4: IDENTIFY OCCUPATIONAL PERFORMANCE COMPONENTS AND ENVIRONMENTAL CONDITIONS

The occupational therapist shall:

4.1 Utilize appropriate assessment methods considering the service request, the screening results and recommendations, and the factors known about the client including his or her stated needs and functional ability, age, education, cultural background, health status, and relevant occupational performance components and environmental elements.

4.2 Demonstrate consideration of how occupational performance components, and environmental elements are contributing to occupational performance issues.

4.3 Administer standardized tests according to established protocols if this method of assessment is appropriate. Deviation from standard testing protocols and modification of test administration shall be documented.

4.4 Document the assessment results within a predetermined time frame. These results should include the assessment methods used and indicate the performance components and environmental elements to be targeted.

4.5 Communicate the assessment results and recommendations to appropriate parties with consideration of confidentiality and within a predetermined time frame.

4.6 Recommend appropriate resources or other service providers when, in the judgement of the occupational therapist, such resources or services are required.

Standard 5: NEGOTIATE TARGETED OUTCOMES AND DEVELOP ACTION PLAN

The occupational therapist shall:

5.1 Define outcomes and an action plan in collaboration with the client and appropriate parties.

5.2 Ensure the action plan is consistent with the assessment results, recommendations, and referral request, and with currently accepted occupational therapy theory in Canada and practice in Alberta.

5.3 Demonstrate that the action plan takes into consideration the client's goals, performance components, environmental elements (including plans of other service providers), available resources, and anticipated life situation.

5.4 Document the action plan and describe desired outcomes; indicators of attainment of desired outcomes; type, nature, and methods of intervention; time frame; and evaluation process. The documentation shall be completed within a predetermined time frame, known to the client or appropriate parties.

Standard 6: IMPLEMENT ACTION PLANS

The occupational therapist shall:

6.1 Grade and adapt occupations to facilitate progress towards the desired outcomes.

6.2 Review and modify, on an ongoing basis:

- the action plan
- the methods for implementing the plan, and
- the agreement with the client

6.3 Document changes in and factors limiting:

- the client's response to the intervention
- the client's goals
- the client's satisfaction with the process and outcomes
- occupational performance
- performance components
- evaluation elements

6.4 Document the services provided, and the frequency of these services, within a predetermined time frame.

Standard 7: EVALUATE OCCUPATIONAL PERFORMANCE OUTCOMES PLAN

The occupational therapist shall:

7.1 Review the desired outcomes established during the provision of occupational therapy services to determine:

- whether the outcomes have been attained
- the degree of change in occupational performance in different environments

7.2 Complete the occupational therapy process when the client:

- has achieved the predetermined outcomes, or
- has achieved maximum benefit from the occupational therapy program as determined by the occupational therapist, or
- terminates the occupational therapy process

7.3 End the occupational therapy process when circumstances outside the control of the client and the therapist necessitate termination.

7.4 Document the outcomes of the occupational therapy process and when appropriate, communicate with key participants (e.g., past, present and future service providers, referral source).

Standard 8: COMMUNICATE EFFECTIVELY

The occupational therapist shall:

8.1 Identify the key participants with whom communication is important and necessary and communicate with them in a manner that promotes a shared understanding.

8.2 Identify the resources needed to establish communication, and ensure that those resources are available (e.g., augmentative communication devices, interpreters, family members).

8.3 Demonstrate an acceptance of the principles of client-centred practice, including active listening to the client.

8.4 Demonstrate the ability to both convey and receive verbal, nonverbal, and written messages in an effective manner, and address breakdowns in the communication process.

8.5 Communicate in a manner that is timely, complete, respectful, reflective of the services provided, and understandable to the receiver.

8.6 Verify each participant's understanding of the communication and adjust his/her communication to meet the client's needs.

Standard 9: MAINTAIN A QUALITY PROFESSIONAL PRACTICE

The occupational therapist shall:

9.1 Maintain appropriate management structures and organizational structures and processes for his/her practice.
9.2 Demonstrate safe work practices by identifying potential risks and minimizing those risks in the practice setting.
9.3 Evaluate the services provided and his/her occupational therapy practice.
9.4 Demonstrate application of the findings of the evaluation to the subsequent service provided to clients and to his/her practice.

Standard 10: MAINTAIN APPROPRIATE BOUNDARIES

Introduction

The purpose of this standard is to define who is considered to be a "patient" for the purposes of the sexual abuse and sexual misconduct provisions in the Health Professions Act.

Definitions

The terms that are of importance to Standard 10 in the Definitions section are: adult interdependent partner, client, sexual abuse, sexual misconduct, sexual nature, and spouse. In Standard 10, the term "client" is used to mean "patient" under the sexual abuse and sexual misconduct provisions in the Health Professions Act and refers to an individual receiving professional services as described in section 3 of Schedule 15, Profession of Occupational Therapists, under the Health Professions Act.

The Occupational Therapist-Client Relationship

The occupational therapist-client relationship is formed when an occupational therapist provides to an individual one or more of the following professional services:

(a) In collaboration with their clients, develop and implement programs to meet everyday needs in self care, leisure and productivity.

(b) Assess, analyze, modify and adapt the activities in which their clients engage to optimize health and functional independence.

(c) Interact with individuals and groups as clinicians or

(d) Provide restricted activities authorized by the regulations.

Responsibilities and Prohibitions

The occupational therapist shall be responsible to establish and maintain appropriate professional boundaries with clients at all times and understand the power imbalance that exists in favour of the occupational therapist in client-therapist relationships.

An occupational therapist shall never engage in sexual abuse of a client or engage in sexual misconduct towards a client.

The consequences of engaging in sexual abuse or sexual misconduct are:

1. If an occupational therapist is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on "sexual abuse" of a patient, then the Hearing Tribunal must cancel the occupational therapist's registration and practice permit. The occupational therapist is never permitted to apply for reinstatement.
2. If an occupational therapist is found by a Hearing Tribunal to have committed unprofessional conduct based in whole or in part on "sexual misconduct" towards a patient, then the Hearing Tribunal must at least suspend their practice permit for a period of time determined by the Hearing Tribunal to be appropriate. The Hearing Tribunal can impose more severe sanctions than a suspension. If an occupational therapist's registration and practice permit are cancelled because of "sexual misconduct" then they cannot apply for reinstatement for at least 5 years.

Former Clients

An occupational therapist who engages in the type of conduct described in the definition of "sexual abuse" or "sexual misconduct" toward a former client during the 1-year period following provision of professional services or at any time after performing a psychosocial intervention as defined in the Occupational Therapists Profession Regulation section 17 (g) , commits "sexual abuse" or "sexual misconduct" under the Health Professions Act. In the former case, if a Hearing Tribunal makes a finding of "sexual abuse", then the occupational therapist's registration and practice permit must be cancelled.

Providing Occupational Therapy Services to Spouses and Others

For the purposes of the sexual abuse provisions in the Health Professions Act, a person receiving professional services from an occupational therapist is not considered to be a patient if the occupational therapist is their spouse or adult interdependent partner or if they are in a pre-existing sexual relationship with the occupational therapist.

However, it is considered to be unprofessional conduct for an occupational therapist to provide treatment to a spouse, adult interdependent partner or person with whom they are in a pre-existing sexual relationship except in the case of a medical emergency.

After making a finding of unprofessional conduct, a Hearing Tribunal can impose a range of sanctions including suspensions and cancellation of registration and practice permit.

Duty to Report

Regulated members have an obligation to self-report to their Registrar if found guilty of unprofessional conduct by other regulatory bodies.

Regulated members must also report the following to their Registrar:

1. Any finding of professional negligence;
2. If the regulated member has been charged with or convicted of an offence under the *Criminal Code.*

If, in the case of a regulated member acting in the regulated member's professional capacity, the regulated member has reasonable grounds to believe that the conduct of another member of a regulated college constitutes sexual abuse or sexual misconduct, the regulated member having reasonable ground must report that conduct to the Complaints Director of the other regulated member's college.

Glossary

Adult Interdependent Partner

An adult interdependent partner is a person as defined in section 3(1) of the Adult Interdependent Relationships Act SA 2002, c A-4.5:

3(1) Subject to subsection (2) a person is the adult interdependent partner of another person if

(a) the person has lived with the other person in a relationship of interdependence

(i) for a continuous period of not less than 3 years, or

ii) of some permanence, if there is a child of the relationship by birth or adoption,

Or

(b) the person has entered into an adult interdependent partner agreement with the other person under section 7.

(2) Persons who are related to each other by blood or adoption may only become adult interdependent partners of each other by entering into an adult interdependent partner agreement under section 3.

Action Plan

The therapeutic strategy developed through the process of reviewing and analyzing assessment data, and considering the client's goals, anticipated life situation, and transition issues. The plan includes a statement of measurable goals, selection of methods of intervention, and implementation plan and suggestions for program evaluation. The plan may also be called an intervention plan, individual program plan, client service plan or self-directed care plan.

Approach

Models, theories, frameworks or paradigms which guide action and reasoning to assist in deciding how assessment and intervention should occur. Examples include, but are not limited to, physical-rehabilitative, psycho-emotional, neuro-integrative, socio-adaptive, developmental and environmental. (CAOT, 1997; McColl, Law, & Stewart, 1993)

Assessment

Process of collecting, analyzing and interpreting information, obtained through observation, interview, record review and testing.

Client

"Client" is used to mean "patient" under the sexual abuse and sexual misconduct provisions in the Health Professions Act and refers to an individual receiving professional

services as described in section 3 of Schedule 15, Profession of Occupational Therapists, under the Health Professions Act.

Code of Ethics

A public statement of the values and principles used in promoting and maintaining high standards of practice.

Competence

The capacity to apply judgement and purposeful action to work with clients to achieve and maintain desired health outcomes. (Canadian Alliance of Physiotherapy Regulators, 2000)

Enabling (Enablement)

Processes of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people so that individuals, groups, agencies, or organizations have the means and opportunity to be involved in solving their own problems; enabling is the basis of occupational therapy's client-centred practice and a foundation for client empowerment and justice; enabling is the most appropriate form of helping when the goal is occupational performance. (CAOT, 1997, p. 180)

Enabling Occupation

"Enabling people to choose, organize, and perform those occupations they find useful and meaningful in their environment." (CAOT, 1997, p. 180)

Environmental Elements

Environmental elements relate to the client's current and/or expected life situation.
Cultural - distinguishing characteristics, guiding beliefs, and value system of a particular people or group.
Physical - natural and manmade surroundings of an individual and structural living space boundaries.
Social - patterns of relationships of people living in a community.
Institutional - public policies and economic factors which influence the resources available to the client.

Functional Ability

Refers to what the client is able to do and how he/she meets the environmental expectations related to work, leisure and self-care.

Goal

Purpose or aim of the client's program or the therapist's activities. Restoring, maintaining or developing function and promoting health are included.

Grade

The technique of categorizing tasks and activities according to their degree of difficulty or complexity. (CAOT, 1997)

Intervention

The process of interceding to effect change in occupational performance.

Method of Intervention - There are three methods of intervention, defined as follows:

Direct Therapy - the use of specific therapeutic techniques to reeducate, modify or prevent functional problems that are identified. This involves regular and consistent contact with the client.

Indirect Therapy - monitoring of the client's functional status, and/or the teaching and direct supervision of occupational therapy for individuals who are involved with the implementation and management of the occupational therapy intervention plan.

Consultation - a service in which the occupational therapist's expertise is used to help the client achieve goals and objectives. The three types include case consultation, with the focus on the client's needs; colleague consultation, with the focus on the needs of a colleague for occupational therapy's expertise; and system consultation, addressing the needs of the system.

Nature of Intervention - The specific therapeutic technique (the media or modalities) employed to remediate, modify or prevent functional problems, and the theoretical approach or frame of reference on which it is based.

Type of Intervention

Individual - the occupational therapist works with one client.
Group - the occupational therapist works with two or more clients.
System – the occupational therapist works with an organization.

Management Structures

Policies and procedures for managing the practice of occupational therapy.

Occupation

Groups of activities and tasks in everyday life, given value and meaning by an individual and their culture (CAOT,1997).

Occupational Performance

The result of a dynamic relationship between a person, their environment, and their occupation, over their lifespan; the ability to perform meaningful occupations that relate to looking after oneself, enjoying life, and contributing to the social and economic needs of a community (CAOT, 1997). Areas of occupational performance include:
Self-Care - activities done routinely to maintain the client's health and well-being.
Productivity - activities done to provide meaning and support to the self, family and society.
Leisure - activities of life free from work and self-care.

Occupational Performance Components

Affective - feelings and all social, emotional, interpersonal, and intrapersonal functions.
Cognitive - cognitive and intellectual functions, and other parts of thinking, such as perception, concentration, memory, comprehension, judgement and reasoning.
Physical - motor and sensory functions.

Occupational Performance Issues

The situation which resulted in the request for occupational therapy services.

Occupational Therapy Practice

The practice of occupational therapy is the provision of services that focus on self-care, productivity and leisure through the identification of physical, affective, emotional, developmental or cognitive issues, in order to alleviate dysfunction; restore, improve or maintain optimal function; or develop latent ability.

Occupational Therapy Service

The organizational structure and system within which occupational therapy programs are provided, whether the programs are delivered by an occupational therapist or by his/her designate.

Organizational Structures

The structures that determine service provision, communication processes and accountability procedures in the practice of occupational therapy. These can include policies and procedures, time management practices, referral procedures, report format, confidentiality issues, collaboration, prioritizing actions, a business plan, and consent policies (College of Occupational Therapists of Ontario, 1996).

Outcome

The effect of intervention, which can include goals, objectives or a client's and occupational therapist's best estimates of what may result from occupational therapy. (CAOT, 1997)

Patient

"Client" is used to mean "patient" under the sexual abuse and sexual misconduct provisions in the Health Professions Act and refers to an individual receiving professional services as described in section 3 of Schedule 15, Profession of Occupational Therapists, under the Health Professions Act.

Predetermined Time Frame

The extent of time that is permissible for documentation or other actions to occur, which is determined by the expectations of the client and the referral source, management policy, government policy and related organizational structures.

Prioritize

The process of determining the priorities for action when more than one occupational performance issue has been confirmed (Fearing, Law & Clark, 1997).

Scope of Practice

The breadth and the limits of occupational therapy practice in Alberta, as defined by legislation.

Screening

A brief but systematic approach used to determine the need for further assessment or intervention.

Services

The specific, goal-directed activities of occupational therapy practice.

Sexual Abuse is defined in section 1(1) (nn.1) of the Health Professions Act:

"sexual abuse" means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

(i) sexual intercourse between a regulated member and a patient of that regulated member;

(ii) genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member;

(iii) masturbation of a regulated member by, or in the presence of, a patient of that regulated member;

(iv) masturbation of a regulated member's patient by that regulated member;

(v) encouraged a regulated member's patient to masturbate in the presence of that regulated member;

(vi) touching of a sexual nature of a patient's genitals, anus, breasts, or buttocks by a regulated member;

Sexual Misconduct is defined in section 1(1)(nn.2) of the Health Professions Act as;

"sexual misconduct" means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse

Sexual nature is defined in section 1(1)(nn.3) of the Health Profession Act as not including "any conduct, behaviour or remarks that are appropriate to the service provided."

Spiritual

A sense of meaning, purpose and connectedness that people experience in the context of their environment (CAOT, 1997).

Spouse is a person who is legally married to an occupational therapist.

Stakeholders

Clients, individuals, other professions, institutions and/or agencies involved in or affected by occupational therapy involvement.

Standard

The minimum acceptable level of performance against which actual performance is compared.

Terms of Agreement

A consensual agreement between a client and the occupational therapist on the mechanisms of service provision, such as time lines, fee schedules, and conditions of service.

Validate

To confirm with the client that the "occupational performance issue accurately reflects what the client has said about the situation" (CAOT, 1997, p. 65).

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