



Code of Ethics

Alberta College of Occupational Therapists

Approved by ACOT Council
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Code of Ethics

The ACOT Code of Ethics is the values and principles intended to guide the conduct of regulated occupational therapists in Alberta.

1. Respect

Occupational therapists shall demonstrate respect in all their interactions with clients, colleagues and others. Respect is indicated by:

- 1.1 providing services that uphold the dignity of the client
- 1.2 providing services and maintaining relationships in an unbiased manner
- 1.3 collaborating with the client(s) in setting goals and priorities of service as much as reasonably possible
- 1.4 providing clients with the information they need to make decisions about the options available to them
- 1.5 accepting the client's choices
- 1.6 safeguarding client information from unwarranted disclosure
- 1.7 the manner in which clients and others are addressed

2. Integrity

Occupational therapists shall demonstrate integrity by engaging in honest, fair and equitable interactions. Integrity is indicated by:

- 2.1 avoiding any activity or relationship which would exploit or cause harm to others or to the profession.
- 2.2 identifying and resolving conflicts of interest in their professional practice
- 2.3 fees may be based on time- spent, product produced, expert opinion rendered, special expertise, or treatment plan progression.
- 2.4 accurately representing one's abilities
- 2.5 exercising independent judgment



3. Competence

Occupational therapists shall strive to achieve high standards of competence. This commitment to competence is indicated by:

- 3.1 reviewing practice and engaging in professional development
- 3.2 providing services only in areas of competence
- 3.3 not providing services when impaired by substances/illness
- 3.4 seeking to improve knowledge base of the profession
- 3.5 assisting colleagues/students to achieve and maintain competence



Interpretive Guide

The Interpretive Guide provides commentary on the core values and principles of the Code. The format consists of a statement related to the core values of Respect, Integrity and Competence, followed by indicators of each. Please note that the indicators offered are not an exhaustive list. They are general statements chosen for their relevance to occupational therapy practice.

Each of the value indicators is followed by a narrative description of its intent and scenarios that draw relevance to daily practice. Some scenarios clearly demonstrate ethical or unethical practice; others illustrate ethical dilemmas where contextual factors need to be considered and one solution is not necessarily better than another. The Interpretive Guide assists occupational therapists to reflect on general ethical values and principles in specific situations and consider how they can be generalized and applied to the OT's own practice.

Unethical behavior can sometimes be difficult to identify. It may be helpful to ask the advice of colleagues, supervisors or experts outside the OT area of practice for their perceptions and feelings about a situation that could be interpreted in more than one way.

When considering the examples provided, it is important to remember that occupational therapists work in diverse practice areas in five main roles: practitioner (clinician), educator, consultant, researcher, and/or administrator. As well, the recipient(s) of occupational therapy services are also diverse - a 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 individual with occupational performance issues to their caregiver(s)).



1. Respect

Occupational therapists shall demonstrate respect in all their interactions. Respect is indicated by:

1.1 Providing services that uphold the dignity of the client.

When we refer to “upholding the dignity” of a client, we are acknowledging our active role in supporting the self-respect of our clients. To uphold the dignity of our clients, we need to understand the many contexts affecting their experience of the service provided.

Our role is to understand and anticipate how our clients might respond to OT service and ensure they know they can voice discomfort or refuse service at any time. Modifications to service provision may be required to accommodate our clients’ need for dignity, whatever it means for them. Some services may, in their very nature, be seen as undignified. In these circumstances, our role as occupational therapists is to help the client preserve as much dignity as possible.

SCENARIO

A client has open leg wounds; the OT brings the client into a common treatment area where other clients are being treated.

Response 1

The OT explains to the client that there is no private space and positions the client to maximize privacy. Upon removing the dressings, the OT asks a staff member to join them, introduces this person, and then specifically asks for assistance.

Commentary: The OT speaks with the client and comes to understand the client’s wishes with respect to privacy. The OT shares clinical information in a discreet, professional manner. The OT also advocates to management on the need for more appropriate treatment space for the clinics’ clients.

Response 2

The OT removes the dressings on the client’s legs. The OT then calls to a colleague across the room for assistance saying, “This is a lot worse than I expected.”

Commentary: When working conditions are less than ideal, the OT needs to use the resources available to preserve dignity. The client’s privacy was not respected by disclosing the condition in a busy, public area. Sometimes, it isn’t what you do but how you do it.



1.2 Providing services and maintaining relationships in an unbiased manner

Synonyms for “unbiased” include fair, even-handed, and non-discriminatory. Factors that should not bias service provision or relationships include gender, sexual identity, age, culture, ethnicity, political beliefs, socio-economic status, health status, and education. This relates to all aspects of our practice as occupational therapists, including relationships with clients, suppliers/vendors, and other professionals/service providers.

SCENARIO

A private practice OT specializing in back rehabilitation does not accept certain types of new referrals.

Response 1:

The OT refuses to accept referrals for clients who do not have problems with their backs, as back rehabilitation is the OT’s current area of expertise. The OT does not feel competent, at this point, to accept referrals for clients with other conditions.

Commentary: The OT is limiting acceptance of referrals to those within the OT’s competence to practice, as such, the refusal is not based on a bias. This simple screening rule assists the OT to discriminate fairly and is not based on characteristics of the individual.

Response 2:

The OT refuses to accept referrals from Dr. X whose practice includes a large number of immigrant clients. This is based on past experience working with a few immigrant clients, which led to the belief that this population does not respond well or quickly to intervention.

Commentary: This is an inappropriate discriminatory practice. The OT needs to make this judgment based on the care needs of a particular client and not characteristics of the individual or the group an individual is part of.

1.3 Collaborating with the client(s) in setting goals and priorities of service as much as reasonably possible

It is important for us as occupational therapists to ensure that we are practicing in a client-centered manner. The goals of the client need to be clearly understood and utilized in setting service priorities. Effective and ethical practice demands that we understand the context of the situation including the client’s state of mind. We need to consider factors that may be influencing the client’s judgment and ability or desire to participate (e.g., depression, potential side effects of medication, pressure to resume work, influence from family members, etc.). In addition, the



process of collaborating with the client should take into consideration safety and health issues when prioritizing services, to protect the individual, ourselves, and the public.

SCENARIO

A community-based OT is arranging attendant care for a non-communicative young adult with very high care needs. The discharge plans specify that the client requires care from one attendant during the day to assist with personal care. In advocating for their child, the parents insist that two attendants are required for personal care and transferring as this was the standard set in the hospital. The OT believes that a modified approach to transfers and the provision of personal care would avoid the need for and cost of a second care attendant. This approach would include the use of adaptive equipment/assistive devices, the provision of adequate training for care attendants/family, and scheduling around the parents' availability.

Response 1:

The OT explains the rationale behind the hospital policy (staff providing care and performing repeated transfers with several patients each day are prone to injury if not undertaking care/transfers with a second person) and how practices vary in the community due to available funding. The OT provides information on adaptive equipment/assistive devices and arranges for the family/attendant to trial it with the client. The OT provides training to increase the parents/attendant's knowledge and confidence in the safe use of the selected equipment/devices.

Commentary: The OT has listened to the parents' goals regarding attendant care and works with them to establish realistic expectations within the confines of service/funding availability.

Response 2:

The OT listens to the parents and enquires further as to the perceived need for two attendants. The parents report feeling overwhelmed with the level of care required and do not feel prepared to deal with their adult child at home. A special request is initiated, and arrangements are made to provide two attendants for a brief transition period to allow for additional training of the parents in managing the demands of the personal care routines and learning to use adaptive equipment/assistive devices, with the eventual goal to reduce the support provided to one care attendant during the day.

Commentary: By understanding the reasons behind the request for more attendant care, the OT has met the needs of the parents and young adult by acknowledging the concerns of the parents and arranging temporary care to assist in the transition to the community.

NOTE: Remember that more than one response can be considered ethical, as illustrated in the above scenario.



1.4 Providing clients with the information they need to make decisions about the options available to them

In order for clients to make meaningful decisions about service options, the OT needs to provide information. As occupational therapists, our role as facilitators of learning is central to how we maintain a client-centered practice. This facilitation may be done in the team context or as a single service provider. We need to provide information about the risks and benefits of our specific occupational therapy intervention and other areas of occupational therapy intervention. As well, general information could be provided about non-occupational therapy interventions.

SCENARIO

An OT meets with the parents of a young child who has recently been diagnosed as having cerebral palsy. The OT explains that the services at the outpatient clinic will involve monthly appointments, with referrals to other services if adaptive equipment or other specialized services are required. The parents express concern that this does not seem like sufficient frequency for them to learn how to facilitate their child's development.

Response 1:

The OT explains that there are a range of options for intervention, including fee-for-service programs, and that this clinic utilizes a consultative model directed to the parents/guardians of the referred child. The OT also directs them to a children's services information "clearinghouse" so that they can investigate other options available to them to support their child's development. At the next appointment, the OT arranges to discuss the options they are considering and reemphasizes the role of OT in the clinic. The parents are assured that the OT consultant services will remain available if needed.

Commentary: This is a clear example of providing adequate information in the context of client- and family-centered practice.

Response 2:

The OT explains that the services described are all that are available at this clinic. The parents feel that they are being told to "take it or leave it" with no other option than to accept what the OT has told them.

Commentary: The OT's actions do not demonstrate respect for the information needs of the client/family.



1.5 Accepting the client's choices

As occupational therapists, we demonstrate a client-centered approach in practice by providing information to enable clients to make meaningful and informed decisions about their care. It therefore follows that we accept our client's decisions once they are made known. For occupational therapists who work with critically ill clients, this may mean respecting a client's Goals of Care designation order (i.e., medical care with resuscitation, medical care with no resuscitation, medical care with comfort focus). For occupational therapists engaged in research, it may mean accepting that not all potential participants will consent to a research project. In the clinical teaching setting, it means accepting that not all students will show up for every class/lecture/seminar (the students are the OTs' clients in this case).

The client's right to refuse recommended services may be limited when necessary to protect self or third parties from significant harm.

Clients who lack the capacity to make health care decisions, present special difficulties. We should take steps to help identify if the client has drafted a personal directive and identified an agent(s) for health care decision-making or has a substitute decision maker assigned. If the client does not have an identified agent(s)/decision maker, or we believe that an agent's decisions are contrary to the client's best interests and do not reflect the client's known goals, we should take appropriate steps to protect the client.

When ethical dilemmas arise, one of the first steps we take is to define who is our primary client. When there are multiple clients or the client is a group or organization, we need to decide on whose behalf we should be acting.

SCENARIO A

An OT is asked to do a home visit to assess a client's safety in the home, including ability to manage activities of daily living. The client lives alone and has a degenerative physical condition. The client's family members are very vocal in their concern for the client's safety. During the assessment, the client refuses the use of any assistive devices indicating a fear of being perceived as "disabled". The OT observes the client perform a tub transfer and concludes the client is at risk of injury if assistive devices are not used.

Response 1:

The OT documents assessment findings and explains the rationale for the provision of equipment. The OT discusses potential consequences of future injury with the client and family including the impact on many aspects of occupational performance. The client refuses all recommended assistive devices but does agree to order an emergency call-system. The OT provides the client with contact information for the home care office as well as suppliers of emergency call-systems. The family is very upset with the client's refusal to accept the OT's recommendations.



Commentary: Despite the family members' concerns, the OT correctly identifies the client with the disability as the primary client. The OT respects the right of this client to make an informed decision and to refuse to act on the OT's recommendations.

Response 2:

As there are safety concerns identified in the OT assessment, the OT works with family members to try to convince the woman to accept the recommendations. The OT orders the equipment and the family agrees to pay for it.

Commentary: This OT may have confused the "payer" with the "recipient" of the service. The individual the OT is assessing is the client. While the family paid for the service, it is the client's role to make decisions related to the recommendations. A family member could only over-ride the client's decisions if acting in the role of guardian, substitute decision maker, or agent. In this case, the OT has not respected the right of the client to refuse services.

SCENARIO B

An OT has received funding for a one-year study on the effectiveness of a six-session handwriting intervention group with children, ages 10 and 11 years. All the children currently enrolled need to complete all six sessions to meet the research study's sample size requirements. The OT obtained written permission to participate from all parents. In the fourth session, one of the children voices the desire to quit the intervention indicating participation was forced.

Response 1:

The OT asks the child to wait until the end of the session to talk. When it appears that the child has given serious thought about this decision, the OT informs the child's parents that the child is withdrawing from the intervention and informs them of alternative programs.

Commentary: This OT respects the right of this child to refuse to participate, while still helping parents identify ways to meet their goals. However, the child is not of legal age to make decisions and the OT may not be demonstrating respect for the parents' rights to be part of the discussion and the final decision.

Response 2:

As the child's parents gave consent for their child's participation and the child has marked handwriting deficits, the OT believes that it is in the child's best interest to remain in the group. The child is reminded of the gift certificate that participants receive after the sixth session and the OT continues the intervention.



Commentary: Again, the OT may not be demonstrating sufficient respect for the parents' rights to be part of the discussion and the final decision. In addition, the promise of a gift to maintain the child's participation could be a form of coercion which is ethically wrong in both practice and research.

Response 3:

When the session ends, the OT meets with the child and parents to discuss. The parents listen and then remind the child of past experiences when quitting was considered but then perseverance paid off. The OT reminds the child of the improvements in handwriting to date but assures the child that there is no penalty for stopping the intervention. The child is given the final say and agrees to continue.

Commentary: This discussion, led by the OT, demonstrates respect for both the parents and their knowledge of the child's personality, as well as the child's rights. Without coercion or ignoring valid concerns, all parties come to agreement. If the child had remained adamant about stopping and the parents had supported that decision, the OT would have had to accept a smaller sample.

1.6 Safeguarding client information from unwarranted disclosure

The essence of occupational therapy involves working with people, thus accessing personal information. Clinicians know many personal details about their clients; the educator has information related to students' grades; the administrator knows details of staff's salaries and home life; the researcher gathers many types of information on study participants. As occupational therapists, we ensure that all forms of client information (i.e., written, audio, electronic, pictorial, verbal) are properly stored and disclosed only when appropriate permissions are obtained.

Typically, permission for disclosure of client records should come from the client (or their guardian) and should be in provided in written form. Certain laws (e.g., *Protection of Persons in Care Act, Health Information Act, Personal Information Privacy Act*) also give permission to for client records to be requested and disclosed/released. It is our responsibility as holders/keepers/custodians of client information to be aware of and ensure compliance with any governing legislation and, when applicable, employer policies relating to the secure storage and release of client information.

SCENARIO A

A private practice in an OT's home.



Response 1:

The OT uses the family computer to complete and store clinical documentation. Electronic files are password protected and paper notes/records are kept in a filing cabinet that is locked when not in use. Mobile devices used to access electronic files are encrypted. A paper shredder is used when disposing of notes, draft reports, etc. The OT has a separate phone line for the private practice.

Commentary: This highly structured approach to file management characterizes a respect for the confidentiality of client information.

Response 2:

The OT uses a shared family computer for storage of clinical records. Electronic files are saved in a cloud drive also used for the family business. Paper files are stored in two drawers of a file cabinet used by the family business.

Commentary: This approach to management is not in alignment with the requirements of the law and provides an opportunity for either inadvertent disclosure or purposeful access to privileged information. This inadequate safeguarding of client information does not show respect for the applicable laws and personal information protection requirements.

SCENARIO B

An OT enters a crowded elevator where a colleague, about to see a client with a particularly difficult and unusual condition, begins a conversation about this shared client.

Response 1:

The OT asks the colleague to wait and discuss the case privately. When the colleague indicates the client needs to be seen before the end of day, the OT offers to go with the colleague to see the client and address the concerns.

Commentary: The OT safeguards client information.

Response 2:

As they are both on their way to other client appointments, the OT discusses the case being careful to avoid using the client's name.



Commentary: Although care is taken not to identify the client, by virtue of the unusual nature of the case, information is not being safeguarded. Discussing a client in a public place does not safeguard information.

SCENARIO C

An OT working in the neurological care unit of an institution hears that a friend's relative has been admitted to the unit as part of another OT's caseload. The OT considers checking the file before calling the friend.

Response 1:

The OT decides not to check the client file.

Commentary: This OT is safeguarding information that belongs to someone who is not a client and information that is not needed for completion of the OT's job.

Response 2:

The OT checks the file, determines the relative's condition, then calls to the friend to discuss.

Commentary: This OT is not safeguarding information. The relative has not given permission for persons other than those providing services to access and disclose what could be private and confidential information.

1.7 The manner in which others are addressed.

We demonstrate respect through our communication style. The simple act of ensuring that we call our clients by their preferred names shows respect. It is important to avoid referring to others by using descriptive phrases or jargon such as "the guy with the lisp", "the BK (below knee) amp," or "the student with the limp."

SCENARIO

The OT receptionist has hung a sign in the reception area that reads "To be seen: stand up. To be heard: speak up. To be respected: shut up!"



Response 1:

The OT asks to have the sign moved to the staff room.

Commentary: Staff are people too, and therefore should always be communicated with in a respectful manner.

Response 2:

The OT asks to have the sign removed.

Commentary: This action demonstrates respect and the OT acts as a role model for good communication.

Response 3:

The OT asks for a copy and the sign stays up.

Commentary: The OT is demonstrating a lack of sensitivity to others by keeping up the sign.



2. Integrity

Occupational therapists shall demonstrate integrity by engaging in honest, fair and equitable interactions. Equitable refers to interactions that are impartial and unbiased. It does not necessarily mean “equal.”

Integrity is indicated by:

2.1 Avoiding any activity or relationship which would exploit or cause harm to another person or to the profession.

Inherent in the client-therapist relationship is a differential power relationship (real or perceived) that can be easily taken advantage of. As occupational therapists we should not engage in any forms of relationship with our clients or their caregivers that could potentially cause harm or exploit the differential power relationship. Such forms of relationship could be, for example, financial, personal, sexual, material or business. To do so would be exploiting the original nature of the therapeutic relationship.

SCENARIO A

In a small, rural community, an OT clinical supervisor becomes friends with a student. There are limited social opportunities available to either person in this location, and they begin to develop a close relationship.

Response 1:

The student and supervisor ask themselves questions like:

- Does some inequality exist due to the power differential?
- Does the relationship interfere with the supervisor’s ability to provide honest feedback to the student for fear of losing the friendship?
- Does the student feel reluctant to ask questions, either because the student does not want to be seen as lacking in knowledge or does not want to challenge a friend?
- Is this a sexual relationship?

Commentary: If “yes” is the answer to any of these questions, then the OT has not avoided a situation which could exploit or cause harm to the student. The student-clinician relationship has been affected by the social relationship and hampers their ability to achieve the goals of the original student-preceptor relationship.



Response 2:

Both the supervisor and the student independently speak to colleagues, peers and relevant others to gain objective feedback on their relationship.

Commentary: Potentially exploitative behavior can be hard to identify. In a situation where the possibility of exploitation of a relationship exists, it is useful to consult with colleagues who can provide a more objective perspective on the relationship.

SCENARIO B

An OT is asked to go for dinner by a former client.

Response 1:

The OT had worked intensively with this client after the client sustained a spinal cord injury two years prior. The OT has not seen this former client professionally in two years and, as they shared common interests, accepts an invitation to dinner. The OT and client spend time reminiscing about the intensive treatment regime and the time spent problem-solving home accessibility issues. The client reports feeling a special connection with the OT and wonders if the OT would like to go out again some time. The OT is apprehensive that the former client may be interested in more than friendship and declines the request.

Commentary: Although the timeframe outlined in the Standard on Maintaining Appropriate Boundaries for sexual relationships with former clients has passed (1-year following provision of professional service if no psychosocial interventions provided), there are indications that the former client may still be influenced by the OT-client relationship. This relationship has the potential for a power imbalance.

Response 2

The OT provided grief counseling for 10 weeks to the client who had lost two children in a home fire. They met again several years after counseling was completed at a gathering hosted by a mutual friend who was unaware of their connection to each other. A month after the gathering, the client approached the OT via social media and the two begin to date casually.

*Commentary: As per the new **Act to Protect Patients** that came into effect April 1, 2019, each College regulated under the **Health Professions Act** was required to develop a standard relating to maintaining appropriate client-professional boundaries including specifications of how long after the provision of services entering into a sexual relationship with a former client would be considered sexual misconduct or sexual abuse. As this OT performed psychosocial interventions with this client, it would never be appropriate to enter into a sexual relationship with the client due to the inherent and ongoing power differential of the initial client-therapist relationship. The*



OT should explain this to the client and discontinue the relationship immediately and report to the College.

Although the tendency to harm the credibility of the profession of occupational therapy most commonly occurs when inappropriate behaviors are exhibited in the professional arena, an occupational therapist's duty also extends into the public arena to safeguard the trust of the public. As occupational therapists, we promote and maintain the trust of the public for the profession through our behaviors.

SCENARIO C

At a community book club, an OT routinely engages in behavior that is offensive to those in attendance.

Response 1:

The OT has a strong political opinion not held by other members of the book club. As this person is known as an OT to the members of the book club, a few of them question the integrity of the profession of occupational therapy. Others see the OT's views as a personal choice, which does not impact professional practice in any way.

Commentary: The voicing of a personal opinion would not be seen as unethical.

Response 2:

During a meeting of the book club, the OT has three glasses of wine. When leaving, the OT talks about being on-call at the hospital that evening and being glad there were no pages. Members of the book club are surprised and question the integrity of both the OT and, because of the potential impact on practice, the profession as a whole.

Commentary: While attendance at a book club is part of one's personal life which may seem removed from the governance of the Code of Ethics of the profession, actions of an OT which could influence the public's perception of the profession in a negative way should be measured against the principles of this code. In this situation, the OT may have failed to demonstrate sufficient integrity to protect the trust of the Public. This ethical concern would be in addition to the practice concern of drinking while on-call.



There may be occasions when we harm the profession by publicly opposing actions of the profession as a whole. This may be considered unethical, depending on the circumstances.

SCENARIO D

An OT publicly criticizes an intervention commonly used by professionals in the mental health field.

Response 1:

The OT works in this field and has conducted research that demonstrates that this intervention is ineffective and may be harmful.

Commentary: In presenting the research findings, the intention is not to discredit the profession but to share information with integrity. In fact, it may be unethical if the therapist did not publicize the findings.

Response 2:

The OT does not work in the mental health area but has a family member who received this intervention while hospitalized. Because the family member did not respond positively, the OT publicly disclaims the effectiveness of the treatment method without more evidence than this one personal experience.

Commentary: This behavior is unethical as it is not based on evidence and may cause harm to the profession.

2.2 Identifying and resolving conflicts of interest in their professional practice

Conflicts of interest are common in professional life and exist in a variety of forms. Many occupational therapists derive their livelihood from clinical practice creating a potential for conflicts between the interests as an occupational therapist and the interests of the client. The occupational therapist who is serving several clients at the same time may experience a conflict between the competing interests of different clients. For the occupational therapist who conducts research, the interests of science may come into conflict with the interests of the client. For occupational therapy students, their legitimate interest in developing proficiency may conflict with their clients' interest in controlling what is done to their bodies.



There are several ways to manage conflict of interests. Sometimes it is possible to state general rules about which interest should take precedence. In the research setting, for instance, the interests of the person in need of occupational therapy services should always take precedence over the interests of the researcher or of society in general. In the educational setting the client's interests in receiving safe, effective care and in controlling what is done to their body should always be given priority over the students' need to learn. These guidelines illustrate that the interests of the client are paramount and that the occupational therapist's primary allegiance rests with the client.

Especially difficult challenges arise when the client/payer is someone other than the person in need of occupational therapy services (e.g., when the occupational therapist performs an assessment for a third party). It is critical to clarify the client/payer and service recipient roles and expectations at the outset of the interaction, as this is often a point of misunderstanding. In some rare instances there may be no effective way to manage the conflict of interest. When this occurs, we may have to withdraw from the case while ensuring that the person's needs for occupational therapy are met by someone else. Potential conflicts of interest will occur at some time during the career of most professionals. Attentiveness to potential conflicts will assist us to avoid actual conflicts. We need to take reasonable steps to avoid the perception of conflict of interest.

OT's need to be aware of the potential for others to perceive conflicts of interest, even though there may not be one in reality. Careful attention to communication may prevent this from happening. Sometimes, despite efforts to avoid the appearance of conflict, the OT may become aware that others perceive a conflict of interest. In such a case, the OT must work to communicate all the necessary facts of the situation in an effort to correct other's understanding of the situation.

SCENARIO

A client asks an OT working full-time in a publicly funded facility to provide services on a private, fee-for-service basis. The client wants a specially fabricated splint that the facility does not provide as effectiveness has not been demonstrated and there are significant additional costs. The OT knows how to fabricate the splint. Making this splint on a private basis involves some work that would normally be included in the facility's services at no charge.

Response 1:

The OT informs the client that working privately in this situation would be a conflict of interest and provides a list of private clinics which might be able to fabricate the splint. The client is



assured that, if there is no one else able to make the splint, their request for a fee-for-service splint will be passed on to a supervisor so the client's needs can be met in an ethical manner.

Commentary: The OT is attentive to potential conflicts and seeks to avoid them, while still addressing the client's needs. A supervisor is involved so that there will not be a perception of a conflict of interest.

Response 2:

The OT arranges to use a private clinic in the evening, orders the material from home, and fabricates the splint on a fee-for service basis. The OT's supervisor is not informed. The OT monitors the client's progress and splint usage over the next 4 months privately.

Commentary: The OT is aware that this situation might be a conflict of interest so only sees the client privately. By not informing a supervisor, there may be a perception of a conflict of interest when this client returns to the facility for review and others learn that the services were provided privately.

2.3 Charging professional fees that are fair, reasonable, and reflect the level of services provided.

A billing process should be utilized that is appropriate to the business needs of our practice. The billing process and fee expectations should be clearly communicated in advance to the client and an agreement should be reached prior to service provision. As per the Code of Ethics, fees may be based on time-spent, product produced, expert opinion rendered, or treatment plan progression. A "sliding scale" for clients who are unable to pay the regular fee may be considered but the converse is inappropriate.

SCENARIO

Limited public funds become available for intervention provided to people with a particular diagnosis at a time when OT's for this condition are in high demand. Some OT's begin to charge up to 50% more than their usual fees while providing identical services to this group of clients. An OT is trying to decide whether or not to increase fees.



Response 1:

The OT realizes that others are increasing their fees because of the shortage of professionals but believes that this increased spending of the special public funding may limit the number of clients able to access this funding or the length of time that the intervention can ultimately be provided. The OT maintains a reasonable fee schedule.

Commentary: The OT is acting in the best interest of the clients served as well as the best interest of other clients with this diagnosis and of the profession. While it was tempting to use other's behavior and fees as the standard for the fee schedule, the OT believes that the practice could be seen as unethical by clients who are charged more.

Response 2:

The OT realizes that fees are increasing because of the shortage of professionals and does not want to be short-changed. The OT believes that fees should reflect what the market can bear. The OT begins to charge the same fees as many others in this field.

Commentary: The OT is not acting in the best interest of the clients served. By using other's behavior and fees as the standard for a fee schedule, the OT has set up a differential fee schedule that is discriminatory to clients with this diagnosis.

2.4 Accurately representing one's abilities

Occupational therapists offer a wide range of services in many different areas of practice but not every occupational therapist can be everything to everyone. It is incumbent upon each of us to accurately describe the range and quality of our professional services and not to attempt tasks that are outside the restricted activities OTs can perform or beyond our level of competence. The client should be informed about our qualifications and the extent of the services provided.

SCENARIO

A new OT opens up a private practice. The local hospital wishes to refer clients for specialized services that are no longer in the hospital's mandate.



Response 1:

The new OT meets with the hospital staff to discuss potential referrals. The OT describes areas of competence as well as areas of limited experience, including hand therapy. The hospital would like to make referrals for hand therapy. The OT arranges some professional development activities with the hospital staff and sets up an informal supervision system with one of the OT's. The OT agrees to accept referrals for hand therapy clients that the hospital staff know are within the demonstrated areas of competence.

Commentary: This response demonstrates a solid awareness of the OT's limitations to practice and upholds the values of honesty and quality service.

Response 2:

The new OT accepts all referrals with third-party coverage from the hospital. Some of the new clients present with conditions that are unfamiliar to the OT. The OT tries to provide the best service possible, often reading up on new conditions late into the night. There is no time for other forms of professional development.

Commentary: Accepting all referrals implies that services are available. This OT is close to misrepresentation of services. The OT would be wise to communicate with new clients about level of competence and the plan for providing quality care.

2.5 Exercising independent judgment

To ensure independence of judgment, a systematic approach is helpful. This process requires that information be gathered and a professional judgment reached based on that information. We do not forego this process in order to deliver a more acceptable product to a client.

In private practice, services often involve the rendering of expert opinions. For example, an occupational therapist is hired as an expert witness to challenge an opposing expert opinion. If, in the assessment process the occupational therapist comes to agree with the "opposing" side, the occupational therapist does not alter that conclusion. It is then up to the client to decide whether to use the occupational therapist as an expert.

Examples also abound in facility-based practice. Decisions regarding discharge destinations are often difficult for the interdisciplinary team and there is relentless pressure to discharge patients to relieve pressures elsewhere in the health system. We rely on professional skills and make recommendations based on assessments, despite being pressured to the contrary. Sometimes we come under pressure to "help" a client meet specific criteria by, for example, altering test scores or excluding important information. To engage in such behavior is unethical.



SCENARIO

The OT works on a spinal cord unit and assesses clients' mobility needs. One wheelchair dealer visits the department on a regular basis and often treats the staff to lunch or provides tickets to sporting events. He leaves a number of wheelchairs "on loan" in the department for trial use.

Response 1:

The OT recognizes the benefit of having the wheelchairs available for trial as part of the assessment process. The OT informs the client about the features available on all the chairs and provides similar information on models from different manufacturers. Clients are encouraged to talk with all dealerships when deciding on the type of wheelchair needed and selecting a supplier.

Commentary: The OT provides the client with the information necessary to make an independent decision based on the client's needs. The OT's judgment about wheelchairs is not limited by ready access to one dealer.

Response 2:

The OT promotes the dealership that supplies the trial wheelchairs to the department and provides minimal information, if any, on the models of other manufacturers.

Commentary: The OT's judgment is influenced by the dealer providing the wheelchairs, and actively promotes this dealership without any clear rationale. The options available in the market have not been fairly represented to the client.



3. Competence

Occupational therapists shall strive to achieve high standards of competence. This commitment to competence is indicated by:

3.1 Reviewing practice and engaging in professional development

As occupational therapists, we continuously use our critical thinking skills to review and reflect on our own practice and look for areas that require strengthening through professional development. A range of professional development activities are available – reading, informal discussions, shadowing or mentoring, courses, workshops, teleconferencing, literature searches/reviews, journal clubs, etc. In order to ensure that we meet minimal practice standards and that we strive for high standards of competence, these professional development activities are integrated into our practice.

SCENARIO

An OT with over 20 years of experience is well respected and often sought out by colleagues for advice on practice questions. Because of personal commitments, the OT is unable to attend conferences or courses held out of town if it means being away from home overnight.

Response 1:

Despite years of experience and being viewed as an expert, the OT actively engages in professional development. This includes reading journals and newsletters related to practice, doing literature searches when faced with a practice question, and starting a monthly multidisciplinary “journal club” where several professionals in the field review the latest research. To facilitate local courses, this OT takes an active role in Continuing Education Committees and looks for ways to make local courses financially viable.

Commentary: In these ways, the OT maintains a high standard of competence through professional development by not assuming competence only through having experience.

Response 2:

The OT feels that if others come for advice, then there is no question of competence and no need to engage in professional development. Being unable to travel out of the city is a valid reason to not attend courses.



Commentary: OTs are responsible for engaging in their own professional development throughout their career. When factors prevent travel, there are many other ways to pursue continuous learning and strive for high standards of competence.

3.2 Providing services only in areas of competence

As discussed in 2d, we describe our areas of competence clearly in order not to mislead others. We do not practice in areas where we have not established minimal competence. Therefore, it is imperative that we use appropriate professional development opportunities, particularly those involving clinical observation and review, when broadening our area of practice.

SCENARIO

An OT with 15 years of experience in an acute care mental health setting, interviews for a long vacant home care position following a move to rural Alberta. There are no other positions available. The home care case load would include seeing children and older adults with feeding problems as well as those with physical and mental health impairments.

Response 1:

During the interview, the OT indicates to the employer that provision of services to assess and treat client feeding/swallowing problems is not possible until the OT's skills are adequate to address these needs. The employer agrees that the OT can screen the clients with feeding/swallowing issues and refer on for more a fulsome assessment. The OT also indicates that in the first month of employment, focus will be on clients with mental health needs to allow time to refresh skills in other areas (e.g., shadowing an OT in an established dysphagia service to ensure appropriate referrals and to develop competence).

Commentary: This OT has clearly identified areas of competence and areas where skills need refreshing. The OT will need to develop a plan and may wish to contact the clinical practice lead for the area to arrange for skill development and ongoing collegial support.

Response 2:

During the interview, the OT informs the employer that a module on dysphagia was taken as part of entry-level training. The OT assumes that, the employer is well aware of the limitations of this training given that the module was taken 15 years prior.

Commentary: This OT chose to focus on past abilities and knowledge and placed the onus on the potential employer to determine the OT's competency to meet job demands. The OT needs to critically examine current competence in dealing with the entire caseload, considering that graduation was 15 years ago with no professional development in areas outside of mental health.



It is the OT's responsibility to describe areas of competence (or lack of competence) and to engage in professional development activities.

3.3 Not providing services when impaired by substances/illness

We do not provide services, direct or indirect, to clients when we are at risk of impaired judgment due to substances or illness.

SCENARIO

An OT needs to have a quick, minor medical/dental procedure performed, which requires sedation.

Response 1:

The OT schedules this procedure for the late afternoon and spends the remainder of the day at home. The OT misses one hour of work.

Commentary: This approach ensures that there is no reduction in quality of service.

Response 2:

The OT takes the first available appointment (at 10:00) and returns to work by 1:00. The OT feels dizzy and weak due to a reaction to the sedation, but otherwise okay. The OT supervises a student preparing a splint for the first time, attends a case conference, and writes case notes.

Commentary: An unexpected drug reaction resulted in less than optimal supervision for the student and compromised participation in the case conference. The OT could have tried to make arrangements for supervision or cancelled the appointment.

3.4 Seeking to improve knowledge base of profession

As occupational therapists, we need to be cognizant of how we contribute to the body of knowledge of occupational therapy. Through a variety of media, we can share our experiences and influence the development of our body of knowledge. Offering in-services, writing newsletter submissions, participating in panel discussions, supervising students, and participating in clinical research are examples of activities that seek to improve the knowledge base of occupational therapy.



SCENARIO A

An OT has completed a small research project and as a result has made a significant change to one aspect of clinical practice. The research project was originally to involve 3 similar facilities, but the other 2 facilities were unable to participate in the research.

Response 1:

The OT agrees to present the results of the research at rounds. The OT advises colleagues at the other facilities about the research results and invites them to attend rounds. The OT also writes up the results of the research and submits it for publication.

Commentary: An appropriate end to an excellent initiative.

Response 2:

The OT's workplace is now short-staffed. The OT has no work time to prepare for a presentation and drafting a manuscript for publication would be on the OT's own time. Additionally, management has shifted priorities to direct client care. The OT decides not to proceed with dissemination of the research findings.

Commentary: This response does not improve the knowledge base of the profession resulting in delays in changing practice. The OT could share informally with others and wait for a time when it is feasible to present the information to others in a formal way.

SCENARIO B

An OT researcher had a platform presentation submission rejected by the selection committee of a very popular local research course. The OT is disappointed believing the presentation was guaranteed for selection. Later, a member of the selection committee asks the OT to review a research proposal.

Response 1:

The OT agrees to review the proposal and does a thorough job. In return, the OT asks the member for feedback on ways to modify the presentation proposal for future conference submissions.

Commentary: The OT handles the situation in a way that maintains the relationship with the committee member and continues to contribute to the knowledge base of the profession.



Response 2:

The OT agrees to review the proposal, but knowingly puts it off well past the deadline and jeopardizes the status of the research proposal.

Commentary: The OT's unprofessional handling of this request jeopardizes any ongoing professional relationship with the committee member. The response adversely affects a project that might contribute to the knowledge base of the profession.

Response 3:

The OT speaks to the committee member about the submission rejection and informs the member that the OT will have no further dealings with any member of the selection committee.

Commentary: The OT appears to be intent on maintaining a negatively biased relationship with the committee member.

3.5 Assisting colleagues/students to achieve and maintain competence

We can support each other in maintaining competence. It is part of the integrity of the profession that we are expected to address support colleagues with any weaknesses in practice. It is part of the competency structure of the profession that supports us turning to each other for assistance in maintaining competence.

The mentoring of students is an activity that is imperative to the growth and development of the profession of occupational therapy. We should endeavor to offer students opportunities to learn from our practice. Such activities are valuable to both the student and the supervising therapist, as it often requires more critical thinking and articulation of underlying principles and theories of occupational therapy than we would normally do in daily practice.

SCENARIO A

The University is in urgent need of more placements and an appeal goes out to the full ACOT membership.

Response 1:

An OT who has taken several students in the past, declines at this time because of involvement in preparing for an upcoming course that is consuming a lot of time and energy both during and outside of work.



Commentary: This is an appropriate response as the OT has demonstrated a strong commitment to assisting students and is now choosing a different media for assisting colleagues and the profession.

Response 2:

An OT who has practiced 10 years in a large department continues to decline the request to take students due to concerns that by doing so the OT would be less productive.

Commentary: This response is not in keeping with the principle of assisting others. This OT could raise these concerns with the fieldwork coordinator to see how they might be addressed while still assisting students.

SCENARIO B

A private practice OT is contacted by a colleague who is starting a private practice for the first time and wants to learn more about preparation for clients involved in litigation and the best approach to a Functional Capacity Evaluation. The colleague asks to spend a week with the OT in order to learn some of the necessary skills.

Response 1:

The OT agrees to have the colleague spend two days observing the practice and answering questions for a reasonable fee at a time that is convenient for the OT's practice. The OT refers the colleague to some useful courses.

Commentary: This is an appropriate response as the OT has demonstrated a commitment to ensuring that colleagues benefit from his/her/their experience while reminding the colleague of the cost of acquiring that knowledge.

Response 2:

Knowing that the colleague will be a direct competitor, the OT indicates it is not possible to accommodate shadowing at this time.

Commentary: This response is appropriate if the OT refers the colleague to other appropriate resources for assistance.

