Standards of Practice

Alberta College of Occupational Therapists

2003
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 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.
**Glossary**

**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.

**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)

**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.

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

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).
References


Bibliography


