



# 2022 National e-Learning Module

Competencies for Occupational Therapists in Canada  
ACOTRO, ACOTUP & CAOT (2021)

PDF Version

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# 1 | Introduction



## LEARNING OBJECTIVES

The **Competencies for Occupational Therapists in Canada. ACOTRO, ACOTUP & CAOT (2021)** (the “Competencies”) were released in December 2021 after an extensive development and validation process. This document ultimately replaces four competency documents and represents unified competencies for the profession.

As the competencies are national in scope, a committee comprised of regulators across Canada was formed to develop this eLearning module to educate occupational therapists about them. Specifically, this module enables learners to:

**Describe** the importance of one competency document for all occupational therapists in Canada.

**Summarize** key differences between the Competencies for Occupational Therapists in Canada and the previous Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition.

**Identify** the competencies that are new to the occupational therapy profession.

**Recall** the three competencies in the ‘Culture, Equity, and Justice’ domain.

**Demonstrate** application of the new competencies (using practice scenarios) to advance practice that is safe, effective, and ethical.

**Determine** new areas for learning and professional development and how they could be addressed.

Note that all references in this module are from the **Competencies for Occupational Therapists in Canada. ACOTRO, ACOTUP & CAOT (2021)** as this is the main source of competency information. Please refer back to the competency document for any additional information.

## MODULE OVERVIEW

This eLearning module is divided into four sections and is designed to be completed in about 1.5 hours.

- The first section introduces you to the module.
- The second section provides information about the competencies and includes knowledge-based reflection questions.
- The third section is an overview of all six competency domains with scenarios that support your application of the material. *Note that the scenarios are designed to highlight specific items in the competency domain; however, scenario elements will overlap across several domains.*
- The last section will ask you to reflect on the information provided and identify areas for further learning.

## 2 | Providing Context



### BACKGROUND INFORMATION

Competencies are not new to the occupational therapy profession or to occupational therapists.

Historically, there have been several competency documents used by different occupational therapy organizations in Canada, including regulators, educators, exam providers, and program accreditors. Each competency document outlined expectations of occupational therapists. While the documents were similar, they differed in the level of detail, terms used, competency definitions, and approach.

In 2016, three national occupational therapy organizations agreed to develop one competency document for all occupational therapists in Canada. Once developed, the competencies would be used by the organizations to a) develop curriculum, b) accredit education programs, c) create the national examination, and d) govern the practice of the occupational therapists. Federal funds were secured in 2019 and the CORECOM-CANCOM project was initiated.

A tripartite Steering Committee with representatives of the national occupational therapy organizations was established to oversee the development of the competencies.

- Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)
- Association of Canadian Occupational Therapy University Programs (ACOTUP)
- Canadian Association of Occupational Therapists (CAOT)

Over two years, many individuals were consulted across Canada in the development process. This included competency and subject-matter experts and over 80 individuals and occupational therapists representing the breadth of the profession. A national survey was launched to obtain feedback, with over 2,200 respondents. The final competency document was released in December 2021.

### KEY INFORMATION

Regulators employ competencies to protect the public in a wide variety of ways, such as:

- Informing practice standards and resources,
- Responding to registrant inquiries,
- Investigating complaints,
- Developing and running continuing competence programs,
- Assessing internationally educated occupational therapists,
- Addressing re-entry requirements, and
- Supervising practice.

Importantly, competencies are not the same as competence.

Competencies can be described as the dynamic combination of knowledge and understanding, interpersonal and practical skills, ethical values, and occupational therapy responsibilities and attitudes. As indicated in the Competency document, they can also be described as the judicious and reasoned application of skills and abilities and the ability to adjust practice dependent on context.

Your competence is the degree to which you can demonstrate the competencies. It reflects the broad range of skills and abilities you acquire throughout your career in both clinical and non-clinical roles.

Regardless of your practice setting, your role, or your client population, you are expected to be competent in meeting the competencies of practice.

## NOTEWORTHY FEATURES OF THE COMPETENCIES (2021)

The Competencies for Occupational Therapists in Canada (2021) contains competencies that, as a collective, are regarded as realistic and appropriate for the profession at this time. These competencies replace all previous versions (2011 and prior) and, while they are not reinventing the occupational therapy profession, are unique for several reasons.

- Each of the national organizations involved is committed to facilitating the use of these competencies to benefit the profession: guiding practice, regulation, and education. One set of competencies helps the public understand how each of these organizations work together to promote safe, effective, and ethical care.
- The document acknowledges the presence and impact of systemic racism and oppression, and the role that competencies can have in shifting the practice of the profession. Three competencies grouped together under “Culture, Equity, and Justice” set out expectations for how occupational therapists should act in situations and systems of inequity and oppression within their spheres of influence.
- The competencies use current occupational therapy terms and concepts, made possible via consultations and collaboration with numerous stakeholders and groups.
- The competencies recognize that the unified set of expectations will be used by many occupational therapists and affiliated individuals and groups. A plain language description is provided, and plain language is used, when possible, to increase readability, accessibility, and understanding.

## COMPETENCY DOCUMENT COMPARISONS

The **Essential Competencies of Practice for Occupational Therapists in Canada** (last updated in 2011) was developed by regulators using a functional framework to govern and regulate the profession. These competencies contained a level of detail and specificity required for regulatory processes. The new competency document was designed to address the needs of regulators as well as the needs of clients, clinicians, educators, researchers, associations, and others. It uses an integrated framework that considers the variation in occupational therapists' roles, functions, and tasks.

When comparing the 3rd Edition of the *Essential Competencies of Practice for Occupational Therapists in Canada (2011)* and the *Competencies for Occupational Therapists in Canada (2021)* document, you will notice that both:

- Were or are current at the time of their publication,
- Are built on previous competency documents,

- Use indicators to describe expectations,
- Include a glossary of terms, and
- Do not prioritize one indicator or group of indicators over others.

## COMPETENCY DOCUMENT DIFFERENCES

Despite the similarities between the documents, there are several important differences to note: the 2021 competencies are organized into domains rather than units, have 10 fewer competencies, are more principle-based than detail-oriented, and do not differentiate between clinical and non-clinical occupational therapy practice.

Additional key differences include:

- There are important new competencies within the “Culture, Equity, and Justice” domain that let the public know they can expect occupational therapists to respect and continue to learn about the various traditions, and ways of doing, knowing, and being that are important to people’s lives.
- The competencies contain updated language and terms that reflect current thinking within the profession; for example, you will not find the expression “enabling occupation” in the new competency document. Occupational analysis, occupational participation, occupational possibilities, and occupational rights are the more current terms captured in the competencies and defined in an expanded glossary.
- The definition of “client” is clarified and defined as individuals of any age, along with their families, caregivers, and substitute decision makers. The definition also recognizes that occupational therapists can work with clients that are ‘collectives’, such as families, groups, communities, and the public at large.
- Another key difference is the inclusion of the concept of co-creating approaches with clients. Co-creation is a new concept that aims to move beyond providing client- and family-centred care to clients becoming equal partners. This means that you and your clients understand each other’s perspectives to identify and establish meaningful approaches. Co-creating approaches are crucial to mitigating power imbalances and establishing, maintaining, or strengthening a trusted and professional therapeutic relationship and one of humility. While many occupational therapists may have already been taking a “co-creation” approach in their practice, this updated terminology has been added as an expectation.

## HOW THE COMPETENCIES ARE STRUCTURED

When looking at the document, you will see 22 competencies organized by theme into six domains, labelled from A to F with a title that reflects their overall scope:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| A. Occupational Therapy Expertise  | D. Excellence in Practice         |
| B. Communication and Collaboration | E. Professional Responsibility    |
| C. Culture, Equity, and Justice    | F. Engagement with the Profession |

Each domain has two descriptions.

- The first description uses simple, plain language and is highlighted in red directly beneath the domain title. It provides a clear indication of what occupational therapists 'do' within that domain. Each plain language description starts with 'we' referring to occupational therapists within the profession.
- The second description is more robust, highlighting the breadth and intent of the domain while setting the context for what you will find in the competencies.

Each domain has two to seven competencies, identified by the letter of the domain followed by a number. Underneath each competency are indicators that depict the components of competent practice. The indicators specify how occupational therapists, when considering client context or their role, can demonstrate that competency.

## Knowledge Questions for Section 2

1. **True or False:** Occupational therapy provincial regulators (not associations or educators) were the driving force behind the 2021 competency document.

**False.** Regulators did not drive the development of the 2021 competencies. Rather, this was a collaborative initiative involving three national occupational therapy organizations, including associations and educators (ACOTRO, CAOT, and ACOTUP).

2. **True or False:** Your practice setting, and role, determines which competencies are relevant to you.

**False.** The competencies reflect a broad range of skills and abilities and are all relevant to occupational therapy practice.

3. **True or False:** There are three new competencies that outline how occupational therapists are expected to act in situations and systems of inequity and oppression within their spheres of influence.

**True.** Collectively, these three competencies acknowledge the presence and impact of systemic racism and oppression in Canada and represent an early, critical step toward dismantling structures that privilege some people over others. As explained further in the Culture, Equity, and Justice domain below, the three competencies are: promote equity in practice; promote anti-oppressive behaviour and culturally safer, inclusive relationships; and contribute to equitable access to occupational participation and occupational therapy.

4. Which of the following statements about the new competency document are **True**?

- a. The competencies are organized into six domains
- b. The competencies are broad statements
- c. The competencies no longer differentiate between clinical and non-clinical roles
- d. The competencies use current terms and concepts
- e. All of the above

**All of the above.** All these statements all reflect the structure and approach of the Competencies.

5. **True or False:** The indicators are a complete list of what occupational therapists are expected to do to demonstrate their competence to practice.

**False.** The indicators are not an exhaustive list but provide some examples to illustrate how a competency can be demonstrated.

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6. **True or False:** Clients are more explicitly defined in the 2021 competency document.

**True.** The definition of client recognizes that occupational therapists can work with clients that are 'collectives' such as families, groups, communities, and the public at large.

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7. **True or False:** Co-creating approaches with clients goes beyond being client-centred.

**True.** Although the concept of co-creation includes being client-centred, it goes beyond focusing on the client to actively engaging the client as an equal partner – deciding together the approaches that will be used to determine and establish expectations and priorities.



# 3 | The Competencies

## Domain A – Occupational Therapy Expertise

### OVERVIEW OF DOMAIN A

The first and largest domain focuses on the unique expertise of occupational therapists, that is, facilitating occupations.

Many of the seven competencies and indicators in this domain will be familiar to you. Competencies that address initiating services and relationships, determining needs and goals, and developing, implementing, and evaluating services and service delivery are in previous competency documents. While the content may be familiar, the wording, placement, and approaches associated with these competencies may differ in the new competency document.

There are some new concepts introduced and some areas that have been strengthened. Four important concepts introduced in this domain include:

- 1. Context** (*strengthened*) was not specifically captured in the Essential Competencies (2011). However, in the new document it is explicitly noted as it strongly influences occupational possibilities. As defined in the glossary, context involves three levels – micro, meso, and macro. Each one of these is to be considered when conducting an occupational analysis. Review the glossary of the competency document to see what is meant by each of these three levels.
- 2. Occupational analysis** (*new*) is mentioned in the second competency and refers to identifying what people want and need to do and examining the factors that promote or prevent that person from accessing, initiating, or sustaining the occupation.
- 3. Occupational participation** (*new*) is mentioned in two of the competencies. It refers to accessing, initiating, and sustaining valued occupations within meaningful relationships and contexts. You are expected to be competent in assessing and developing plans to facilitate occupational participation.
- 4. Assignment of services to assistants and others** (*strengthened*) now has more explicit expectations due to the increasing use of assistants and other practitioners in health care today. It makes it clear that you are to identify practice situations in which the assignment of services may be beneficial. It reinforces that you only assign services to assistants and others who are competent to deliver the services and that assigned services are to be monitored and supervised to ensure safety and effectiveness.

## DOMAIN A SCENARIO

In this scenario, the intent is to consider the expanded definitions of client, co-creation, occupational analysis, context, and the assignment of services.

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You recently started working as an independent contractor with an older adult psychiatric day program as part of an interprofessional team. The team includes rehabilitation assistants, who report to the day program's nursing supervisor and are assigned to support occupational therapy, physical therapy, and recreation therapy groups.

You quickly realize that according to the program's blanket referral policy, assessing and providing occupational therapy services to all of the clients attending the day program is overwhelming. You are unable to make connections with the clients' support networks, evaluate the effectiveness of the current group programming, or provide individual intervention sessions for all of your clients. You also have concerns that the rehabilitation assistants are going to the nursing supervisor for support related to the occupational therapy groups, instead of to you, reporting that it is because you seem too busy and they are employed directly by the day program.

You ask to speak to the manager of the day program to discuss your concerns.

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## DOMAIN A COMPETENCY APPLICATION

This is how an occupational therapist could apply the competencies in this scenario. The application is not intended to be prescriptive, nor does it address all of the factors an occupational therapist might consider. Its purpose is to help you see the 'Occupational Therapy Expertise' competencies in action.

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Domain A emphasizes the importance of co-creating approaches with clients. This recognizes that a trusted professional relationship with a client (A1) requires you to establish a shared understanding of the scope of services, expectations, and priorities (A1.1). This relationship takes time and can involve family and other people in the clients' support network. The caseload in this scenario suggests that you might not be able to devote the time needed to effectively build these relationships, use occupational analysis throughout practice (A2), facilitate occupational participation (A5), and implement occupational therapy plans (A6).

Domain A also addresses the assignment of services to assistants (A7), which includes identifying opportunities in which clients may benefit from working with an assistant (A7.1). While the scenario suggests that you are able to identify which groups your clients might benefit from participating in, your ability to monitor the safety and effectiveness of assignments through supervision, mentoring, teaching, and coaching (A7.3) is limited.

When meeting with the day program manager, you jointly determine how you can best meet these competencies and address client goals in relation to the 'micro' (the client's immediate environment) and 'meso' (policy and process) contexts.

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## DOMAIN A COMPETENCY REFLECTION

Considering your own role and practice, ask yourself these two important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the seven '*Occupational Therapy Expertise*' competencies?
2. What additional learning or resources do you need to meet these competencies?

## Domain B – *Communication and Collaboration*

### OVERVIEW OF DOMAIN B

The second domain focuses on the respectful relationships that you build with your clients, team members, and others. It also addresses professional documentation and collaboration.

While this domain has a similar title as Unit 5 in the Essential Competencies, 3rd Edition (2011), there are key differences in the expectations.

- The concept of power imbalance that affects relationships and communication is explicitly noted with the expectation that you will strive to **mitigate power imbalances between you and your clients**. This may mean using co-creating approaches, sharing information more openly, clarifying decision-making responsibilities, and taking more time for interactions, etc.
- The terms used to describe the client relationship outlined in the new competencies shifts from being client centred to **working with clients as active partners** in decision-making. Although you may have already been doing this, you are now explicitly expected to use approaches and technologies suited to the context and enable the exchange of information that will lead to a mutual understanding between you and your clients. For example, in the school setting, while considering implications for consent, it would be expected that you think beyond the child and their family and consider that the context also includes the teacher and other children in the same learning environment.
- The increasing use of electronic and digital technologies is recognized, with the expectation that you **will use technology responsibly**.
- Collaboration indicators related to working in a team have been strengthened. The competencies solidify that you **actively** participate in collaborative decision-making, team evaluation, and improvement initiatives.

## DOMAIN B SCENARIO

In this scenario, the intent is to think about clients as partners, as well as communication approaches.

Arif is seven years old and attends school full time. His grade one class has 32 students and his teacher, Ms. Reid, is an experienced teacher. Arif lives with his older brother and both parents in a suburban home within walking distance of the school.

Ms. Reid observed that Arif has considerable difficulty with his pencil grip and participating in fine motor tasks. She attempted to help him and his parents with strategies to correct his grip but his abilities in the classroom have not improved. Arif now avoids written work and experiences frustration with any task that requires fine motor control. His frustration is vocal and disruptive to other students.

As the school-based occupational therapist, you are asked to complete an assessment with Arif. When you reach out to Arif's parents to obtain consent, they inform you that they have already hired a private occupational therapist, who has recently completed an assessment. They are currently waiting for the results and recommendations, but they are agreeable to your involvement, since the cost is covered by the school system, and they want Arif to receive as many supports as possible.

## DOMAIN B COMPETENCY APPLICATION

This is how an occupational therapist could apply the competencies in this scenario. The application is not intended to be prescriptive, nor does it address all of the factors an occupational therapist might consider. Its purpose is to help you see the 'Communication and Collaboration' competencies in action.

Occupational therapists are to identify practice situations that would benefit from collaborative care (B3.3). Therefore, in this scenario, you would determine if it is appropriate for both you and the other occupational therapist to offer services within the context of your job responsibilities. As the competencies outline, there is an expectation to share information about the occupational therapist's role and knowledge (B3.2), and to negotiate shared and overlapping roles and responsibilities (B3.4). Therefore, it would be important for you to be able to communicate a clear plan to Arif, his parents, and Ms. Reid about how each occupational therapist will contribute to collaborative care to address Arif's goals. Based on the influence that the teacher and both occupational therapists have over the client and his family, you should adjust communications in response to power imbalances (B1.4). You could address this with transparent communication regarding how decisions are made and by whom, and by reassuring Arif's parents that any changes will be made in communication and collaboration with them. This demonstrates fostering the exchange of information to develop mutual understanding (B1.2). As part of communication, you would also maintain professional documentation, including maintaining clear, accurate and timely records (B2.1).

## DOMAIN B COMPETENCY REFLECTION

Considering your own role and practice, ask yourself these two important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the three 'Communication and Collaboration' competencies?
2. What additional learning or resources do you need to meet these competencies?

### OVERVIEW OF DOMAIN C

This is a new collection of competencies and there is no equivalent in the Essential Competencies (2011). The new (2021) competencies aim to acknowledge the presence and impact of systemic racism in health care and occupational therapy practice by focusing on inequities in our society and putting competencies in place that will help dismantle structures that privilege some people over others. The competencies explicitly acknowledge Indigenous People given their history in Canada, and the humility needed to create culturally safer services. The competencies apply to all persons facing racism, ableism, and oppression.

The need for this domain is essential. Some people's rights are further compromised because they live with more than one form of oppression. The competencies will help you understand how colonialism can affect an Indigenous person's experience of culturally safe care and their ability to participate in desired occupations. It is important to see how systemic and individual issues can impact people's occupational rights and limit their occupational possibilities.

As a profession, the competencies are believed to be a critical first step in our commitment to acknowledging, learning, and doing more to address inequities that exist in our society. The competencies outline how all occupational therapists respect, and with humility, continue to learn about traditions and ways of living other than their own.

The three competencies in this Domain are as follows and will be explained further below:

1. Promote equity in practice
2. Promote anti-oppressive behaviour and culturally safer, inclusive relationships
3. Contribute to equitable access to occupational participation and occupational therapy

### DOMAIN C COMPETENCY 1

The first competency is to '**promote equity in practice**'; it includes six indicators.

Different from equality where everyone may have the same resources, equity is about allocating resources and opportunities based on a person's circumstances so they can achieve the same outcomes. For example, equality might be giving everyone with a mobility impairment a cane, while equity would be providing them with the mobility device that best meets their needs.

The competency and indicators guide you in how to achieve this competency in practice. Take note of the use of active verbs (**identify, analyze, challenge, respond** and **work to reduce**) used to indicate what you are expected to do in promoting equity in practice. These are shown on page 13 of the Competency document.

These competencies and corresponding indicators require you to reflect on your personal identity and privilege. To approach situations with humility, they require you to think critically about how you can promote equity. You may need to learn more about colonization, different worldviews, and human diversity. You may also need to better understand how systemic and historical factors impact a person's occupational possibilities.

## DOMAIN C COMPETENCY 2

The second competency in the Culture, Equity, and Justice domain expects you to ‘**promote anti-oppressive behaviour and culturally safer, inclusive relationships**’; it has five indicators listed on pages 13 and 14.

In this competency, several terms are noted: anti-ableist, anti-oppressive, anti-racist, culturally safer, humility, and social position and power. The glossary in the competency document provides you with a more fulsome definition of each term and gives you the context in which they apply.

For example:

- **Culturally safer** is a refinement of cultural safety and recognizes that some clients may never feel fully safe. Occupational therapists work toward cultural safety because it is unlikely to be fully achieved. Cultural safety is defined by the person receiving care.
- **Humility** acknowledges that you can never fully appreciate another person’s culture, so you seek to find common ground and mutual respect.
- **Social position and power** embody the concept of positionality and means being aware of your own degree of privilege.
- **Anti-oppressive, anti-ableist, and anti-racist behaviour** definitions are less nuanced, but it is helpful to review the examples of such behaviours provided in the glossary.

## DOMAIN C COMPETENCY 3

The third and final competency in the Culture, Equity, and Justice domain expects you to ‘**Contribute to equitable access to occupational participation and occupational therapy**’; it is accompanied by seven indicators which are listed on page 14.

Different from the first competency in Domain C which focuses on equity, this competency addresses the occupational therapist’s contribution to equitable access to occupational participation and occupational therapy services.

Two new concepts are introduced in these competencies.

1. **Occupational Rights**, citing the World Federation of Occupational Therapists’ description which has three components. A person has the right to:
  - Take part in occupations that support survival, health, and well-being.
  - Choose occupations without pressure or coercion while recognizing that choice comes with responsibilities.
  - Engage freely in the needed and chosen occupations without risks to safety, dignity, or equity.
2. **Occupational Participation** is highlighted specifically in this domain and outlines going beyond a person’s occupational rights to include accessing, initiating, and sustaining valued occupations in meaningful relationships and contexts.

The indicators give you guidance on expectations related to demonstrating activities of awareness, facilitation, assistance, navigation, and advocacy.

1. **True or False:** The term culturally safer is the same as cultural safety.

**False.** Culturally safer is a refinement of cultural safety and recognizes that cultural safety may not be fully achievable – we can only work toward it. The occupational therapist can be responsible for supporting and working toward a safer experience based on culture and traditions; however, the notion of what is an experience of culturally safe care is up to the recipient of the services.

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2. **True or False:** Positionality is a key concept of social position and power and recognizes that differences in social position and power shape personal identity and privilege in society.

**True.** For this reason, occupational therapists need to know how to analyze their positionality to work with others and act in an unjust world. For example, you may want to consider your own cultural origins, amount of personal privilege, upbringing, gender, gender identity, and the roles you have in your personal life that may lead you to see the world from a certain perspective.

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3. **True or False:** Occupational participation is new terminology being introduced in the 2021 competency document.

**True.** Occupational therapists are expected to contribute to equitable access to **both** occupational participation and occupational therapy services. Occupational participation is defined in the glossary of the competency document as accessing, initiating, and sustaining valued occupations within meaningful relationships and contexts.

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4. **True or False:** All occupational therapists need to understand the effects that colonization and settlement have on occupation opportunities and services for Indigenous people.

**True.** The competency and indicators are an expectation for all occupational therapists regardless of their practice area or role. Indigenous history in Canada is important for all health, education, and social service professionals to understand.

## DOMAIN C CULTURE, EQUITY, AND JUSTICE – SCENARIOS

Four scenarios address the Culture, Equity, and Justice competencies, each one examining a different aspect of the competencies. After each scenario, there is a description of how an occupational therapist could apply the competencies. The application descriptions are not intended to be prescriptive, nor do they address all of the factors an occupational therapist might consider. Their purpose is to help you see the 'Culture, Equity, and Justice' competencies in action. At the conclusion of the four scenarios, you will be asked to reflect on your own role and practice and to consider how your practice may need to change to meet the Culture, Equity, and Justice competencies.

## DOMAIN C SCENARIO 1

In this scenario, the intent is to consider culturally appropriate assessment and humility.

Benisi is 62 years old and named after a previous Anishinaabe Elder on his reserve. His name means thunderbird which represents power, protection, and strength and he proudly tells others about his name's significance when given the opportunity. He has hunted and fished for most of his life, helping to support his extended family. He never married and has no children. He currently lives with his sister and her family. His primary language is Ojibwa, but he understands English if it is spoken slowly and without complicated words or medical jargon.

You work in the hospital that Benisi was brought to after he was lost in the woods for two days. This is not the first time he has been lost, but this is the longest period that he has gone missing. On arrival, he was dehydrated, disoriented, and confused. You have been asked to do a cognitive assessment for discharge planning and to determine what supports he might need once he returns home. His younger sister, Aki, has been staying with him out of concern, and to help with translation. Your facility uses a standardized tool for all cognitive assessments, and you are trained in and experienced with this tool. You are aware that the language, concepts, and questions in this tool were not validated with Indigenous people, and you are not sure if the tool is appropriate for him.

## DOMAIN C SCENARIO 1, COMPETENCY APPLICATION

You reflect on the potential biases that you or the organization have in using only one tool to assess cognition and develop a plan to determine the appropriate assessment approaches for this situation/client.

Standardized assessments are not always validated with a representative sample so may not be relevant to all clients. When standardized assessments are used in contexts in which they were not validated, the validity and accuracy of assessment results cannot be verified (C3.7). You therefore take a culturally safer approach to gathering information from Benisi, his family, or others in his community to understand his cognitive abilities to make informed and culturally safer discharge decisions (C2.1 and C3.4).

You might start by building your relationship with Benisi and his sister by asking if there are Elders or other individuals who they would like to be present, offer translation services, ask about their culture and daily routines, and seek to understand how his culture influences his activities. Relaying stories about the history of his name and other stories from his past may help you become aware of some elements of his cognition. There may be people in the community that also know him that you could, with proper consent, call or connect with to get a better understanding of any cognitive changes and required and possible next steps.



## DOMAIN C SCENARIO 2

In this scenario, the intent is to consider the social and structural determinants of health, the importance of positioning your own identity and privilege, and the importance of creating safer and more ethical spaces for service delivery.

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You notice Jie for the first time in the elevator at your workplace, where you exchange greetings and small talk. Jie's outward appearance leads you to assume that Jie is female. Later that day, you meet Jie in the waiting room where Jie is scheduled to attend a new occupational therapy group session on chronic pain management that you are leading.

Jie recognizes you from your elevator exchange and comes over to offer an introduction. Jie also tells you they prefer the personal pronouns 'they/them/theirs'. You notice that several people in the waiting area/treatment space overheard Jie's introduction and are now staring at Jie. It's clear that Jie is aware of the reaction but says nothing. As you have not had a client who has shared they are gender neutral or non-binary until today, you thank Jie for letting you know, say that you will do your best to use the appropriate pronoun, and proceed with the group as scheduled.

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## DOMAIN C SCENARIO 2, COMPETENCY APPLICATION

After the group, you think about how you could have handled the situation differently, given how biases and social structures which can and do marginalize a person's access to health, well-being, and occupational opportunities based on their gender identity and expression (C1). You seek information on how to develop a culturally safer group environment for Jie (C2).

Feeling more prepared, you connect with Jie prior to the next group session. You note the pronouns you use and ask them if it's okay if you add pronoun identification as part of the regular group check-in process (C2). Jie notes that not everyone may feel safe or ready to share their pronouns, but appreciates the intent and consents to you adding this to the group check-in process. When the group starts, you introduce your name and pronouns to create space for other group members to do so. You invite others to introduce themselves and share their pronouns based on their comfort-level to demonstrate sensitivity to each member's experiences (C2 and C3). This leads to a discussion about gender-identity that Jie and the others contribute to before the group starts.

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## DOMAIN C SCENARIO 3

In this scenario, the intent is to think about culture as a component of health and well-being and to employ a process of considering culture in making decisions.

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Ayesha is 78 years old and has lived alone in her three-bedroom townhouse since her husband's death last year. She recently broke her hip climbing the stairs to her prayer room and underwent hip replacement surgery. She has been discharged to her daughter's home because her townhouse is not accessible to her, and she requires care. Your referral is for a home assessment.

You have received five other referrals this week, and they have been prioritized over Ayesha, triaged based on the urgent needs of the other clients. Ayesha is aware that she has been referred to you, and calls asking to speak with you. You return her call, and she discloses more about her situation.

You learn that Ayesha is Muslim and frequently attended her mosque and prayed at home daily before her injury but is no longer able to do either of these activities. There is tension at her daughter's home because her daughter is not as strict as her about following Muslim traditions. Ayesha is anxious because her daughter is not always available at prayer time to help her with modified prayer movements, and she cannot do them on her own. The tension between them is making Ayesha want to return to her own home, and she asks you if you think she can return to her townhouse.

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## DOMAIN C SCENARIO 3, COMPETENCY APPLICATION

As a competent occupational therapist, you are to promote equity in practice (C1), including supporting the factors that promote health, well-being, and occupations (C1.6); promote anti-oppressive behaviour and culturally safer, inclusive relationships (C2); and integrate an understanding of health, well-being, healing, and occupation into the service plan (C2.3). You should also contribute to equitable access to occupational participation and occupational therapy (C3) by raising the clients' awareness of the role of and the right to occupation (C3.1).

To consider culture in decision-making, and in understanding the importance of Ayesha's faith to her, you decide that you would like to gather information from her daughter before prioritizing your week's referrals. You are mindful that her daughter may be struggling to cope with the new responsibilities of caring for her mother and that the tension may be felt on both sides. You get Ayesha's consent to speak with her daughter and gather more information about the factors in Ayesha's environment that may be promoting or preventing her from accessing and sustaining her occupations. You gather enough information to re-consider your referral prioritization and book your appointments accordingly.

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## DOMAIN C SCENARIO 4

In this scenario, the intent is to consider workplace safety and dynamics and how to build a safer culture for colleagues.

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You are the new manager for an interprofessional team in a community health centre in a remote community. You are aware that the centre has been experiencing ongoing challenges with staff recruitment and retention.

One of the team members approaches you with concerns about racism in the workplace. She is the only person of colour on the team and shares that she experiences ongoing micro-aggressions from colleagues. Although you had heard about staff recruitment and retention challenges in general, you weren't aware of this specific situation. You learn that this is not the first time the team member raised this issue because she tells you that her experience with the previous manager did not result in any actions to improve the situation.

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## DOMAIN C SCENARIO 4, COMPETENCY APPLICATION

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You are expected to act on situations and systems of inequity and oppression within your sphere of influence. Although it is not expected that you could solely or immediately address every level where racism exists in the organization, you would be expected to: promote equity in practice (C1); promote anti-oppressive behaviour and culturally safer, inclusive relationships (C2); and contribute to equitable access to occupational participation and occupational therapy for your clients (C3) within yourself and your team.

As the manager, you would first be conscious of your own personal identity and areas of privilege. You would practise self-awareness to minimize personal biases and inequitable behaviour based on these (C2.2). The staff raising the concern is someone to whom you have a professional responsibility; you are expected to demonstrate respect and humility (C2.3) by listening and providing a safe space for the staff member to share their experiences. Within your sphere of influence (your team), you could work with other staff to ensure that biases and social structures that privilege or marginalize people and communities in the workplace culture and setting are challenged (C1.3) and you could seek internal/external resources to help develop culturally safer and inclusive knowledge and spaces (C2.4).

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## DOMAIN C COMPETENCY REFLECTION

You have read the four scenarios pertaining to Culture, Equity, and Justice. Considering your own role and practice, ask yourself these two important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the three 'Culture, Equity, and Justice' competencies?
2. What additional learning or resources do you need to meet these competencies?

### OVERVIEW OF DOMAIN D

This domain focuses on you as an occupational therapist and how you aspire to do your best and improve your practice. It contains three competencies that show your commitment to ongoing learning and reflection:

- The first competency focuses on ongoing learning and professional development.
- The second competency highlights self-assessment and reflection to improve practice.
- The third competency expects you to monitor developments in practice.

You will be familiar with many of these as expectations. Developing ongoing professional development plans; enhancing your knowledge, skills, behaviours, and attitudes; appraising and using evidence in your practice; and staying current regarding practice trends were expected in the previous competency document.

What's new in this domain? You are expected to:

- Do more than be aware of political, social, economic, environmental and technology effects on occupational therapy practice; you are expected to consider the **social, economic, and ecological costs of care**.
- Go beyond seeking feedback about your practice or performance to providing **useful feedback to others**.
- Be mindful of your own **occupational balance and well-being** and the impact of capacity on safe practice.

### DOMAIN D SCENARIO

In this scenario, the intent is to consider professional development, learning strategies, and managing resource demands.

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**You have worked in acute care for almost five years. Due to ongoing staff shortages and the high demand for occupational therapy services in your organization's affiliated long-term care facility, you will be permanently reassigned there in four weeks. You speak to the manager responsible for occupational therapy services at the long-term care facility and learn that there is a backlog of referrals. You are confident in your ability to complete most of the service requests in a timely, safe, effective, and ethical manner.**

**However, the most pressing service requests are from a vocal group of residents who moved to the facility after a fire in their group home. They have been unable to use their power chairs until a formal assessment of their cognitive/physical/visual perceptual functioning and a power mobility driving assessment are completed. This policy was implemented due to past incidents of dangerous driving that resulted in damage to site property and resident injury. You have never conducted a power mobility driving assessment.**

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## DOMAIN D COMPETENCY APPLICATION

This is how an occupational therapist could apply the competencies in this scenario. The application is not intended to be prescriptive, nor does it address all of the factors an occupational therapist might consider. Its purpose is to help you see the 'Excellence in Practice' competencies in action.

**You take time to consider and reflect on your knowledge and skills to practise in this new practice setting and generate ideas for how to manage the competing demands of the workload (D2). Your plan of action considers how you can address the residents' needs as soon as possible while taking the time to acquire the required clinical knowledge and skills (D1). You engage with your manager and reach out to your network of colleagues for information on the most reliable selection of cognitive/visual perceptual/physical assessment tools to use for power mobility assessment; review literature and arrange to observe and be supervised for the first few power mobility driving assessments until competency is developed (D2 and D3).**

## DOMAIN D COMPETENCY REFLECTION

Considering your own role and practice, ask yourself these three important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the three 'Excellence in Practice' competencies?
2. What additional learning or resources do you need to meet these competencies?

## Domain E – Professional Responsibility

### OVERVIEW OF DOMAIN E

This domain acknowledges that you have high standards of professionalism and are responsible for safe, effective, and ethical practice. It contains two competencies: the first focuses on legislative and regulatory requirements and the second on minimizing risk.

As in previous domains and the Essential Competencies (2011), many of the expectations in this domain are not new. The difference lies in the degree of specificity now explicit in the competencies, such as:

- Follow organizational policies and procedures and act if they conflict with professional standards, client values, protocols, or evidence.
- Respond to and report unprofessional, unethical, or oppressive behaviour (this would include behaviour that is racist, ableist, or discriminatory).
- Respect clients' occupational rights and choices while minimizing risks.

## DOMAIN E SCENARIO

In this scenario, the intent is to consider risk minimization within the context of the client's occupational rights and choices.

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Jeannine was in a car accident two years ago when she suffered multiple orthopedic fractures and a brain injury. You run your own private rehabilitation company and have been working with Jeannine since her accident. Your services are funded through her insurance policy. It has not been an easy recovery for her, but with home modifications, care, and social supports, she has resumed some of her previous activities. However, due to her cognitive concerns, she has not yet resumed driving.

With some of the urgent issues now resolved, you have started to focus your work with Jeannine on better understanding her brain injury and resulting functional impairments. In completing a kitchen safety assessment, you noted executive functioning and decision-making challenges as she forgot to turn off the stove, mishandled knives, and needed to be reminded to wear oven-mitts before removing something hot from the oven.

Before you can start to provide strategies and intervention with Jeannine regarding the safety issues you noted in the kitchen, she has asked you to help her to obtain an insurance-funded scooter so she can venture into the community and engage in previously enjoyed activities such as shopping and visiting local parks. She has spoken with her psychologist about this, and the psychologist called you expressing their support for a scooter for Jeannine, as a tool to aid her in her emotional recovery. Jeannine and the psychologist want you to submit the funding request to the insurer. You have concerns about Jeannine being able to safely operate a scooter and of the safety risks involved. You are deciding how to approach the situation as both Jeannine and the psychologist feel the device will help her. Jeannine is also talking about purchasing it herself.

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## DOMAIN E COMPETENCY APPLICATION

This is how an occupational therapist could apply the competencies in the described scenario. The application is not intended to be prescriptive, nor does it address all of the factors an occupational therapist might consider. Its purpose is to help you see the 'Professional Responsibility' competencies in action.

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While acknowledging Jeannine's right to live at risk and recognizing the importance of her goal to resume community activities, you explain to Jeannine and the psychologist that you would need additional information to make the appropriate clinical decision about her use of a scooter (E1.1). After being clear about the information you need to support submitting for funding of the scooter to the insurer, you collaborate with Jeannine and her psychologist to outline a plan that includes conducting further functional and cognitive assessments associated with her safe and intended use of a scooter (E2, specifically E2.2 and E2.3). If Jeannine elects to purchase the scooter on her own, you prepare to have a fulsome discussion with her about safety risks and recommendations. You keep the psychologist apprised of the information you gather and leverage their knowledge about Jeannine's situation and need for additional input into her decision-making (E1.7).

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## DOMAIN E COMPETENCY REFLECTION

Considering your own role and practice, ask yourself these two important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the two '*Professional Responsibility*' competencies?
2. What additional learning or resources do you need to meet these competencies?

## Domain F – *Engagement with the Profession*

### OVERVIEW OF DOMAIN F

This domain recognizes you as a leader throughout your professional career and in all practice areas, regardless of your job title or role. It reminds you that all occupational therapists help the profession grow to benefit society.

The domain has four competencies and as in previous domains, many of the expectations are not new. The difference lies in how the expectations have been expanded, strengthened, or made more explicit, such as:

- Learning is expanded to outline your role in the learning of others – going beyond providing support to active contribution.
- Leadership expectations in the workplace are more explicit – supporting and influencing others, and taking responsible action.
- Contributing to the development of occupational therapy is a new expectation – making it clear that you help to build the occupational therapy body of knowledge, participate in improvement initiatives, as well as collaborate in and contribute to research.
- Professional leadership expectations are enhanced – showing leadership in the profession, the wider community, and influencing how the profession contributes to society.

## DOMAIN F SCENARIO

In this scenario, the intent is to think about the learning of others, taking action, and participating in improvement initiatives.

You are a clinical lead working in a small, publicly funded, inpatient rehabilitation hospital. Part of your role is to conduct performance reviews for the occupational therapists you work with. You have a new director who is not an occupational therapist. The director notified you about the upcoming performance evaluations of all employees in the program and provides you with the performance evaluation forms and schedule for the upcoming reviews.

To prepare, you review the forms that the occupational therapists must complete, and you realize they are not based on the current set of competencies for occupational therapists in Canada. You contact the director to point out that the existing forms are outdated. The director replies that it's okay to use the old forms as there is not enough time to update them. They also state that the competencies are generally the same although you know there are differences.

While it is not your role to update the assessment forms, you revisit the competency document and wonder how you can approach this with the director, who does not feel that changing the form at this time should be prioritized over the other work that needs to be completed.

## DOMAIN F COMPETENCY APPLICATION

This is how an occupational therapist could apply the competencies in the described scenario. The application is not intended to be prescriptive, nor does it address all of the factors an occupational therapist might consider. Its purpose is to help you see the 'Engagement with the Profession' competencies in action.

As an occupational therapist, you are to show leadership in the workplace (F2), including supporting improvement initiatives at work (F2.3). Leadership is to be shown throughout your career (F4) and can be supported by advocating for an alignment between occupational therapy standards and processes, organizational policies, social justice, and emerging best practices (F4.2). Considering this, you again bring the issue to the attention of the director and the two of you discuss the importance of the change, and the timing of when it might be possible. You discuss the need to form a committee to update the performance evaluation forms to reflect the new Competencies for Occupational Therapists in Canada (2021). You discuss together that this should be done to align with next year's reviews so that there is time to make and communicate the changes, and to ensure that those being reviewed understand any changed requirements.

## DOMAIN F COMPETENCY REFLECTION

Considering your own role and practice, ask yourself these two important questions. You can use the worksheet provided to document your answers.

1. How will your practice need to change to meet the four 'Engagement with the Profession' competencies?
2. What additional learning or resources do you need to meet these competencies?



# 4 | Ensuring Competence



## PROFESSIONAL DEVELOPMENT

Ongoing professional development is not new to occupational therapists. This eLearning module is one way for you, as a professional, to stay current on trends and expectations.

This eLearning module covered the **Competencies for Occupational Therapists in Canada. ACOTRO, ACOTUP & CAOT (2021)**. The competency document set forth the competencies that you must demonstrate throughout your career, regardless of your career stage, role, practice setting, or the clients you serve.

The goal was for you to be able to meet the following six objectives. We hope that this was accomplished:

**Describe** the importance of one competency document for all occupational therapists in Canada.

**Summarize** key differences between the Competencies for Occupational Therapists in Canada and the previous Essential Competencies of Practice for Occupational Therapists in Canada, 3rd Edition.

**Identify** the competencies that are new to the occupational therapy profession.

**Recall** the three competencies in the 'Culture, Equity, and Justice' domain.

**Demonstrate** application of the new competencies (using practice scenarios) to advance practice that is safe, effective, and ethical.

**Determine** new areas for learning and professional development and how they could be addressed.

For next steps, we also ask you to stay informed about the **Competencies for Occupational Therapists in Canada. ACOTRO, ACOTUP & CAOT (2021)**, including continuing to follow communications from your regulatory body about the implementation date of the competencies and their expectations for how you should document and/or report completion of this module.