Building a Sound Foundation in Occupational Therapy Practice

Welcome Message from Elinor Larney, Registrar and CEO of the College:

Health care is constantly evolving, so we decided to revisit the basics in this year's module: Building a Sound Foundation in Occupational Therapy Practice.

As occupational therapists, we use the Code of Ethics, the Competencies, and Standards of Practice as our building blocks.

This module presents these essential resources, including the new Standards, and demonstrates how they are used every day.

We hope you enjoy this module, find it informative and are able to apply the learnings in your practice.

Purpose of this Module

There is great diversity among occupational therapy areas of practice, so much so that, even within similar practice settings, roles and responsibilities can vary widely. There are, however, commonalities that all sound practices share.

While it is important for you to incorporate all the Standards of Practice, this module highlights specific areas where occupational therapists encounter issues or where there is a significant risk to the client. These areas include consent, record keeping, professional boundaries, sensitivity to client experiences, conflict of interest, and assessment and intervention.

The Competencies and Standards have been updated recently. The Standards of Practice have been updated to make finding information quicker and easier for occupational therapists. New information has been included in the Standards of Practice using a culturally safer, equity, and justice lens in key areas, including consent, record keeping and professional boundaries. Additionally, the language throughout the Standards has been updated to be more in line with the Competencies. These changes could all impact your practice – so let's take a look.

In this module, we refer to specific resources to demonstrate how the expectations of practice outlined in these can help you to articulate and support day-to-day reasoning and in doing so contribute to a sound occupational therapy practice.

COTO Resources – A Reorientation

Big changes have been underway with the COTO resources. To begin, let's review some of the key resources that guide occupational therapy practice:

- Code of Ethics
- Competencies
- Standards
- Practice Guidance Documents

These resources are developed ***by*** occupational therapists ***for*** occupational therapists. They outline components of sound occupational therapy practice and, in doing so, promote public protection. Knowledge and application of the Code of Ethics, Competencies, and Standards of Practice is *required,* as occupational therapists are held accountable to demonstrating each in their practice.

The Guidance documents are more specific and apply to certain practice situations, for example, reporting fitness to drive.

These resources can change your practice – make sure you visit the Standards and Resources section of the COTO website to see what's there.

Code of Ethics

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

Competencies

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

Standards of Practice

Standards of Practice outline the minimum expectations for occupational therapists – expectations that contribute to public protection. They describe the level of performance required when providing services to the public. The Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.

Practice Guidance Documents

Practice *Guidance Documents* provide information about specific practice situations or legislation. These are recommended practices.

About the Scenarios

We have put together scenarios for this module. Many of these, with adapted details, are based on actual situations. Each includes interactive features to work through. When responding to these questions, you can draw on your practice experience and knowledge of the new Standards of Practice and Competencies for Occupational Therapists in Canada (2021), which are referenced throughout.

The themes of the scenarios reflect changes taking place in healthcare and within the wider societal environment. Data from College programs added to these trends and helped to identify current challenges faced by occupational therapists. These scenarios were developed collaboratively with occupational therapists across sectors who offered their valuable experience within these areas. We are thankful to all who contributed.

This module is designed with all occupational therapists in mind. We have intentionally included scenarios from across a variety of practice settings and roles to represent the diverse work that occupational therapists do across the province. Between 20-25% of occupational therapists work in non-clinical roles and so we have woven both clinical and non-clinical considerations into the module, therefore, where applicable, please consider the references to ‘clients’ in the broadest way.

Your responses to the interactive questions are for your personal reflection purposes only and are optional – they will not be collected or reviewed by the College. A Scenario Reflection Worksheet, which summarizes the resources and reflective questions, has also been sent to you. Please note that this is for your reference; only the date and the status of completion is noted by the College.

Scenario Activities

The rest of this module will ask you to work through the various scenarios on key topics, including:

- Assessment & Intervention
- Consent
- Virtual Assessment & Intervention
- Record Keeping
- Professional Boundaries
- Sensitivity to Client Experiences
- Conflict of Interest

Assessment & Intervention Scenario

This scenario will ask you to think about standards of practice for assessment and intervention.

John is an older adult admitted to hospital due to a hip fracture. Last evening, John was escorted to the bathroom. He was instructed to use the call button for an escort when finished. Instead of calling for assistance, John attempted to make his way back to the bed on his own. He fell during his transfer to the bed.

Sofia, an occupational therapist, works within the interprofessional team on this rehabilitation unit. Her colleague has been temporarily helping another program, so it has been particularly busy for Sofia. Late that afternoon, Sofia had conducted an initial cognitive screening assessment with John. The overall results indicated mild cognitive impairment and he also performed poorly on the delayed recall subset. Sofia informed John that she would meet with him again tomorrow and quickly noted the score of the tool in the clinical record. She then went to facilitate a group before leaving to go home.

When Sofia arrived back to the unit the next morning, she was told about John's fall. Although John was not seriously injured, the team makes it a practice to debrief together when a patient has a fall on the unit. They meet to talk about what they could do individually, and as a team, to reduce the risk of future falls on the unit and confirm a plan for John.

Here are some of the topics the team discussed:

More Than Just a Number - Implications of Assessment Findings

Based on Sofia's clinical reasoning, she recognizes that the low score in delayed recall may indicate John's potential difficulty in judgement and recalling instructions, including his ability to remember to ask for assistance to return to bed.

Sofia's Learning: Sofia recognizes the importance of not just reporting the assessment score, but the functional and safety implications as well. She explicitly details and communicates these findings.

Learn from the Standard for Assessment and Intervention

2.2 Select assessment methods and tools that are most suitable for clients and that consider the scope of services, using current theories, relevant evidence, and best-practice approaches.

2.3 Know the properties of standardized assessments, including reliability, validity, and administration criteria. Have the knowledge, skills, and required training to administer any assessment tools used.

2.4 Manage any risks or limitations to using the selected assessment tools and methods with clients (for example, communication needs, culturally sensitive practices, and physical impairments).

3.3 Analyze clients' strengths, challenges, contexts, and occupations and the impacts these have on occupational participation.

Learn from the Competencies

A4. Assess occupational participation

A4.1 Agree on the assessment approach.

A4.2 Select assessment tools and methods that fit the approach.

A4.3 Take into account the impact of the client's context on the assessment process and outcome.

A4.4 Incorporate the client's perspectives and opportunities throughout the assessment process.

A4.5 Analyze the assessment results in context.

A4.6 Communicate assessment findings clearly.

Augmenting with Functional Assessment

Sofia was planning on doing a more comprehensive functional assessment with John the next day. Is it possible that this may have demonstrated judgement and functional deficits in delayed recall and heightened the need for immediate fall prevention strategies? Sofia was also planning on getting collateral information from John's partner the next time they visited to see how he had been managing with tasks that involve recall.

Sofia's Learning: Sofia makes it her practice to synthesize the results of multiple assessments to inform her decisions.

She also considers how the team could best share and synthesize the assessments from other team members to optimize client safety from a variety of clinical perspectives.

Learn from the Standard for Assessment and Intervention

2.7 Within the identified circle of care, collaborate and communicate with clients and others to obtain relevant information and gather collateral data to identify the occupational participation challenges and goals to be addressed.

Communication

In addition to the timely documentation of the functional and safety implications, Sofia may have verbally communicated these results right away with other team members. This may have provided the opportunity to implement strategies for John's safety that evening.

Learn from the Standard for Assessment and Intervention

2.6 Collaborate and communicate with clients, other professionals, partners, and interested parties to support evidence-informed decision-making.

4.5 Collaborate with other professionals to navigate shared or overlapping roles and responsibilities.

5.1 Be clear and timely when communicating assessment and intervention information, such as results, opinions, recommendations, and updates. Use terms that clients and other professionals, partners, and interested parties can understand. Allow time for asking and answering questions.

Awareness of Personal Dignity

John may strongly value his ability to get to and from the washroom independently. Sofia considers how values like dignity and autonomy also influence client preferences and behaviours. These may be especially relevant in activities that involve personal care and mobility.

Sofia's Learning: She is now more aware and could explore how a client's values may impact their behaviours. For example, wanting to walk independently.

Learn from the Standard for Assessment and Intervention

2.5 Apply culture, equity, and justice considerations throughout the assessment process.

3.2 Ensure that assessments represent a fair and balanced evaluation of clients. Consider assessment findings with all other relevant information collected. Analyze findings and outline recommendations in the context of each client and their specific situation.

Learn from the Competencies

A4.3 Take into account the impact of the client's context on the assessment process and outcome.

Learn from the Code of Ethics

Occupational therapists promote respect by applying the principles of:

Client-centred practice: Determine what has meaning and purpose for the client and recognize that clients are diverse and that each client is an individual.

Respect for autonomy: Recognize each client's right to make choices for themselves and honour the dignity and worth of each individual.

Managing Competing Demands

Sofia recognizes that factors related to time and processes may have played a role in the assessment, intervention, and in her documentation.

Sofia's Learning: She thinks about ways that she can maintain safety for the client while practicing efficiently and discusses options with the team. There are a couple of suggestions that she talks to the team about to see if the changes may result in a better process for clients.

Learn from the Competencies

B3.3 Identify practice situations that would benefit from collaborative care.

B3.4 Negotiate shared and overlapping roles and responsibilities.

B3.5 Maintain mutually supportive working relationships.

B3.6 Participate actively and respectfully in collaborative decision-making.

B3.7 Participate in team evaluation and improvement initiatives.

Team Discussion

The conversation with the team revealed other potential contributing fall factors, like dehydration, medication and confusion. Each of the team members reflects on their individual role as well as some collective changes that together may enhance the safety of clients.

For example:

- It was suggested that they may form a working group to implement an inter-disciplinary falls assessment that would trigger risk mitigation strategies;
- In the meantime, they agree on a short-term solution to communicate the potential of risk for falls or other injuries; and
- They discuss the busyness of the unit and talk about strategies that would help with managing time. People put forth ideas such as the development of a template for streamlined documentation and re-evaluating the ideal timing of various unit activities, such as group education.

Reflection and Application to Your Practice

- What are the main safety risks in your practice?
- What are some of the ways you address risk and promote safety?

Let's Review

Occupational therapists play a key role in interprofessional teams, often addressing complex services with clients. This is a foundational ability in occupational therapy practice.

Occupational therapy service delivery includes all aspects of assessment, intervention, and consultation. Assessments are the foundation for occupational therapists' professional opinions and the interventions they recommend. Assessments and interventions involve a collaborative approach with clients where their occupational needs and preferences are prioritized when possible.

The Standard for Assessment and Intervention outlines the expectations including those for communicating assessment findings. The Code of Ethics explores the important core values of trust and respect that are reflected in the process. The Competencies describe overarching principles that contribute to sound practices in the assessment and intervention of clients.

Consent Scenario

Iman is an occupational therapist and practice lead within a large health organization. She is preparing for an orientation with several new occupational therapists who have recently joined the team. Given the importance of the consent process and how it is reflected in the clinical record, it has become a main part of orientation of new staff.

Iman is aware of some of the pitfalls in obtaining consent. In the past there have been different ways occupational therapists have approached the consent discussion with clients. Iman hopes that the orientation will help create consistency so that clients have a similar experience, including all the essential aspects of how consent is communicated to the client and documented.

She starts by introducing new occupational therapists to the organization's policies and processes for obtaining and documenting consent as well as referencing College resources.

Reflection and Application to Your Practice

Iman has put together some questions and answers to help clarifying expectations in day-to-day practice.

Before you help the new occupational therapists answer Iman's questions, take a moment to think of the ways that you obtain consent from clients or substitute decision makers.

Question 1

The first question Iman asks the new occupational therapists is about the overall consent process.

Occupational therapists are responsible for obtaining which of the following:

A. Informed consent

B. Knowledgeable consent

C. Both

The correct answer is C – Both.

Learn from the Standard for Consent (the introduction)

Under the law, occupational therapists are required to obtain two types of consent:

1. **Informed consent** before starting and throughout the delivery of occupational therapy services (assessment, intervention, and consultation). This is stipulated in the *Health Care Consent Act, 1996*; and
2. **Knowledgeable** consent for the collection, use, and disclosure of clients' personal information and personal health information. This is stipulated in the *Personal Health Information Protection Act, 2004.*

*In short, **informed consent** is about the OT service itself and **knowledgeable consent** is about the information that is collected, used and disclosed in service.*

Learn from Colleagues: Iman's Discussion with the Team

Iman explains that the process of obtaining consent involves **both** informed and knowledgeable consent.

In their communication with clients, occupational therapists are responsible for **explaining the services** and **how personal information is collected, used, or disclosed**.

Occupational therapists must allow time for clients to ask questions and consider if they want to participate in services.

Question 2

The second question Iman asks is which of the following aspects are communicated as essential parts of the informed consent process? There is more than one correct answer.

A. Scope and reason for the referral or services;
B. Purpose and nature of the services;
C. Expected benefits and risks of proceeding;
D. Likely consequences of not proceeding;
E. Expected outcomes;
F. Alternative courses of action; or
G. The right of clients to withdraw consent at any time.

The correct answer is all of these must be communicated.

Learn from the Standard for Consent

2.1 Follow the *Health Care Consent Act,1996* to ensure that clients have all the information a reasonable person would need to decide about the occupational therapy services. This information includes:

a. Scope and reason for the referral or services

a. Purpose and nature of the services

b. Expected benefits and risks of proceeding, including any cultural, ecological, or economic considerations

c. Likely consequences of not proceeding

d. Expected outcomes

e. Alternative courses of action

f. The right of clients to withdraw consent at any time

g. How services will be paid for

h. Any legal authority given through a legal process for occupational therapy services

Learn from Colleagues: Iman's Discussion with the Team

Iman refers to COTO's Consent Checklist and hands out an adapted form that the organization uses so each occupational therapist is including the same aspects in their communication about consent.

The group asks if they must document each aspect listed. Iman clarifies, yes, details must be included in the clinical record. As per the organization's policy, this can be done by either documenting all details of the communication or by referring to the process outlined in policy and available upon request. They discuss when each method would be appropriate.

Question 3

A signed consent form is always sufficient to document that consent has been obtained.

A. Yes

B. No

The correct answer is No. A signed consent form is not always sufficient to document that consent has been obtained.

Learn from the Standard for Consent

Documentation can take the form of a note in the client record, signed and dated consent forms, or a consent policy, procedure, or guideline that is referenced in the client record. A signed consent form does not necessarily prove that informed or knowledgeable consent has been obtained. Consent forms should not be a substitute for the communication process that must accompany proper informed consent. Forms, however, can be used to support the process and to standardize methods of obtaining consent.

Learn from the Standard for Record Keeping (introduction)

Occupational therapists' records are legal documents intended to officially capture the entirety of occupational therapy services provided. Records document the following:

- How occupational therapists are monitoring client health status
- The processes of consent and assessment
- Professional analysis and interventions made
- Client input, intervention plans, and outcomes
- Other clinically significant events

Records are a mechanism to communicate health information to clients and other professionals, partners, and interested parties. They enable interprofessional collaboration and continuity of care. Client records demonstrate the provision of safe, ethical, and effective occupational therapy.

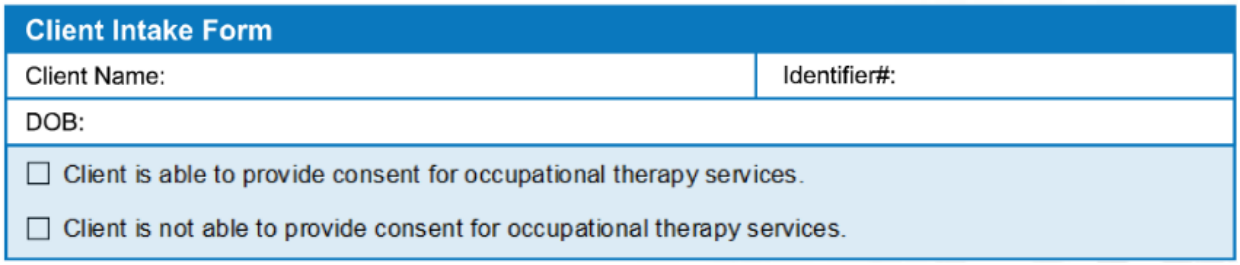
In addition to complying with the Standard for Record Keeping, occupational therapists must complete and retain records according to applicable privacy laws and organization-specific policies and procedures.

Learn from Colleagues: Iman's Discussion with the Team

While Iman's organization has opted to use a signed form to help in the initial consent process, Iman is clear that it does not replace conversation and the opportunity for clients to ask questions. A written form may augment the discussion and offers clients an alternative way to review information about aspects of the occupational therapy service and about the collection, use and disclosure of personal information.

Question 4

The type of checkbox option shown here, which asks the occupational therapist to check whether or not the client is able to provide consent for occupational therapy services, is always sufficient to document that consent has been obtained.



Client Intake Form	
Client Name:	Identifier#:
DOB:	
☐ Client is able to provide consent for occupational therapy services.	
☐ Client is not able to provide consent for occupational therapy services.	

A. Yes

B. No

The correct answer is No.

Learn from the Standard for Consent (1)

1. Determine client capacity to provide consent

1.1 Collaborate with clients using relevant communication and information-gathering methods to determine capacity. Use interpreters or augmentative communication tools if needed. Allow time for clients to understand the information and ask questions before finalizing capacity decisions.

1.2 Assume that clients are capable of providing consent unless there is information that indicates otherwise. Do not presume incapacity based on:

i. Age

j. Communication challenges

k. Diagnosis of a psychiatric or neurological condition

l. Disability

m. The fact that a guardian, power of attorney, or substitute decision-maker is in place

n. Language differences

o. Personal bias about social or cultural structures of marginalized groups or communities

p. Refusal of intervention

1.3 Gather relevant information and apply clinical reasoning and judgement to determine the client's capacity to decide on the proposed services.

1.4 If the occupational therapist finds that the client does not have the capacity to provide consent:

a. Explain to or assist the client in exercising their right to have a review of the finding.

b. Use the *Health Care Consent Act, 1996* hierarchy of substitute decision-makers (see Appendix) to determine who is to provide consent.

c. Inform the client that the substitute decision-maker will make decisions regarding occupational therapy services. Involve the client in discussions about services whenever possible.

Learn from Colleagues: Iman's Discussion with the Team

Iman reminds the new occupational therapists that they will need to determine or confirm a client's ability to provide consent. Documenting is a way to provide evidence of this process. Clients or others have access to their clinical record and occupational therapists will want to include enough context about the consent process should a question or need arise in the future.

A checkbox doesn't necessarily provide evidence of the process used in making this determination. In complex cases, like ones involving fluctuating ability to provide consent, occupational therapists might need to document additional information such as the steps involved in determining capacity, the substitute decision maker hierarchy, and details about the plan.

Forms can be used to support the process and to standardize methods of obtaining consent. A checkbox can be augmented by including a reference to a document or resource, such as a decision tree, consent checklist, or process, that details what steps the occupational therapist followed during the consent process.

In addition to the checkbox, an open textbox on the fillable form could be added to capture more information.

Question 5

The consent process is complete once informed and knowledgeable consent has been obtained and documented.

A. True

B. False

The correct answer is False.

The process of obtaining consent is ongoing. When occupational therapists ask clients for consent, it is expected that they consider the power imbalance in client-therapist relationships. Occupational therapists must ask for consent in a way that is culturally sensitive and that allows clients time to ask questions, decline all or part of the services, or withdraw from services at any time.

Learn from the Standard for Consent

2.4 Explain each component of the plan, and obtain ongoing consent when moving from one component of services to another.

Learn from the Standard for Record Keeping

3.2 Include the initial and ongoing consent of clients or substitute decision-makers.

Learn from Colleagues: Iman's Discussion with the Team

Iman confirms that consent happens at the onset and throughout the duration of the occupational therapy service. It is not a one-time event (except if the occupational therapy service is for a single consultation).

Ongoing consent relies on a shared understanding about the scope of services, expectations, priorities, and any shifts in the service. Confirming consent at points throughout the duration of the service gives a chance for open discussion about the client's interest or ability to participate.

Acknowledging that ongoing consent may look different in different settings, the group shares ideas about how ongoing consent can be incorporated and documented, including when there is a change in the service plan.

Reflection and Application to Your Practice

- What steps do you take to ensure clients have provided **ongoing** consent for occupational therapy services?
- If you are an occupational therapist in a non-clinical role, how might the consent process impact your work?

Team Suggestions

To incorporate ongoing consent, the team suggests that they:

- Ask clients directly during sessions to confirm they are still interested and able to participate;
- Clearly explain any changes to the occupational therapy service and welcoming questions;
- Have another comprehensive consent discussion if required by substantial changes to assessment or treatment;
- Anticipate and build in time for consent conversations. Ensure the appropriate people are present to co-create a shared understanding of scope of services, expectations, and priorities; and
- Document about obtaining both initial and ongoing consent.

Remember, compliance is not necessarily consent; it may be better to confirm explicitly.

Let's Review

Consent is a process that requires **communication** (conversation or alternative form of communication if needed) between the person proposing the service and the person giving consent for that service.

The consent conversation addresses both **informed** and **knowledgeable** aspects of consent. Both are reflected in the documentation and capture all the relevant aspects of the process. The documentation should stand the test of time and clearly relay consent information if the clinical record is requested or reviewed in the future.

To avoid any misunderstanding during the consent conversation, an occupational therapist ensures that the client has **all the information** a reasonable person would need to decide about the occupational therapy services.

Consent includes both the initial consent dialogue, as well as evidence of **ongoing** consent throughout the duration of the occupational therapy service. Obtaining and documenting knowledgeable and informed consent with clients is a cornerstone of occupational therapy practice, from both a legislative and ethical point of view.

For more information on consent, please review the Standard for Consent, the Consent Check List and the Standard for Record Keeping.

Virtual Assessment & Intervention Scenario

Grace is a 67-year-old woman who resides at home with her spouse. They have no other family in the area. Grace has had several falls over the past six months and recently fell in her bathroom when her knee gave way again as she tried to get out of the tub.

Grace has severe arthritis in her knees and a referral was made for a home safety assessment. Grace has been very worried about the possibility of another fall and, to prevent this risk, she is doing partial sponge bathing at her sink.

Nick is an occupational therapist who works at an agency in the community that focuses on home safety and equipment recommendations.

Nick receives Grace's referral and reaches out to her to book a visit. In their initial conversation, Grace indicates she wants to have the visit as soon as possible as she is concerned about falling again. Grace says that she won't use her tub/shower until she knows it is safe, but that she can't fully bathe herself at her sink as she has problems accessing her lower body.

Nick is fully booked for in person visits for the next several weeks although he does recognize Grace's urgency. He also recognizes the potential risk of her falling in her bathroom again, possibly resulting in serious injury. As part of his referral process, Nick reaches out to several colleagues to see if they can accommodate this referral earlier, however, in the interim Nick considers offering a virtual visit, as he has an opening to provide a virtual appointment.

Factors to Consider

Here are some of the factors that Nick considers in this situation:

- **Technology** - Does Grace have the appropriate technology? Can Grace's phone (or other device) be set-up to conduct the assessment effectively? Is Grace comfortable using the technology for the appointment?
- **Safety** - Can a virtual visit be done safely? Is Grace's spouse physically able to accompany her to the bathroom in case Grace needs assistance during the assessment? Can I confirm a backup plan for a medical emergency or technical issues? Do I know Grace's address in case there is an emergency during the assessment?
- **Consent** - Does Grace understand the risks, benefits, and alternatives of a virtual visit? Is Grace comfortable with and does she consent to her spouse's involvement? Has Grace been made aware of any limitations of the virtual appointment? Does Grace agree to a virtual visit?
- **Effectiveness** – Can I obtain all the necessary clinical information through virtual means? Do I feel comfortable and competent performing this kind of virtual appointment?
- **Organizational direction** – A re there organizational policies for directing when and how virtual services are used?

Occupational therapists are responsible for screening the request for services and analyzing assessment findings and recommending the services needed.

Learn from the Standard for Assessment and Intervention

Screen the request for services

1.1 Gather enough information to decide whether to proceed with services, including considering any conflicts of interest.

1.2 Compile client information only with consent.

1.3 Understand the laws, rules, and organizational policies relevant to the area of practice and method of service delivery.

1.4 Carefully consider the social, ecological, and economic implications of care.

1.5 Decide whether it is safe to proceed with the services and what method of delivery is best (for example, in-person or virtual).

1.6 If it is not appropriate to proceed, explain the rationale to the client, the referral source, and any other professionals, partners, and interested parties. Discuss any alternatives available.

1.7 If it is appropriate to proceed:

a. Clearly explain the occupational therapist's role and responsibilities

b. Clearly explain the scope and time frames of the services and the next steps

c. Follow the Standard for Consent

d. Make reasonable efforts to ensure that referral information remains accurate, including any details collected from other sources.

Learn from the Standard for Assessment and Intervention

Analyze assessment findings and recommend the services needed

3.1 In formulating professional opinions and recommendations, identify any gaps in the assessment findings, and decide whether additional information is needed, including assessments by other health professionals.

3.2 Ensure that assessments represent a fair and balanced evaluation of clients. Consider assessment findings with all other relevant information collected. Analyze findings and outline recommendations in the context of each client and their specific situation.

3.3 Analyze clients' strengths, challenges, contexts, and occupations and the impacts these have on occupational participation.

If you were Nick, how would you proceed? Note, each choice has its own benefits and risks:

A. Not offer the virtual visit; instead, book Grace for an in-person assessment the following month, prioritizing her if a cancellation happens.

Benefits:

- Although the appointment may not be immediate, an in-person visit will allow a comprehensive assessment of Grace in the context of her home.

Risks:

- A delay in recommendations, including strengthening exercises and equipment, could prolong the risk of falls.
- Grace may be limited in performing her activities of daily living, like personal hygiene and bathing preferences.

A. Offer a virtual visit next week, ensuring that a phone or other device can be set up so you can have a video conversation and observe Grace transferring.

Benefits:

- Nick is able to assess Grace's transfers in her home environment.
- Nick can provide informed safety education.
- Nick can provide some equipment recommendations based on his observations from the video as well as measurements provided by Grace's spouse.
- Grace can have immediate service, rather than waiting for a month.

Risks:

- There is an increased risk of falls during the session and Grace's spouse may not be equipped to assist.
- Nick may not be able to get the full perspective that an in-person view allows. This may impact the integrity of the assessment or recommendations.
- Nick will be relying on the ability and accuracy of Grace or Grace's spouse for measurements to provide equipment recommendations.

A. Offer a telephone appointment next week to provide Grace with a partial assessment and safety tips before determining the next appointment.

Benefits:

- With a thorough verbal assessment, Nick is able to gather specific information and initiate recommendations about falls risk. Based on this verbal assessment, Nick determines that Grace is likely safe until the in-person visit.
- Nick is able to provide some education to Grace to help prevent the risk of future falls.
- Nick is also able to suggest tools to help Grace sponge bathe the lower part of her body in the meantime (i.e., long handled loofahs).

- Grace would not be performing transfers during the call, so there would be no increased falls risk.

Risks:

- Even though Nick has determined that Grace is likely until the in-person visit, she still may be at risk for falls if she attempts to use the tub before the full assessment is completed.
- Grace will need to wait for an in-person assessment in order for Nick to see her complete the task for more accurate recommendations. Therefore, she might not be able to access her tub/shower until next month which would limit her personal hygiene and bathing preferences.

Reflection and Application to Your Practice

Now, take a few moments to think about the role of virtual services in your practice:

- Is there a role for virtual services in your practice?

- If you use virtual methods to deliver services, how do you manage some of the risks to clients?

Let's Review

Assessments are the foundation for occupational therapists' professional opinions and the interventions they recommend. Sound occupational therapy practice assessments and interventions involve a collaborative approach with clients where their occupational needs and preferences are prioritized when possible. The Standard for Assessment and Intervention describes these expectations.

Much is changing in the use of technology. Occupational therapists must have the knowledge, skills, and abilities required to provide virtual services, and are best suited to determine if virtual service delivery will effectively address the needs of their clients. The appropriateness of virtual services should be based on client and environmental factors and align with the nature of the service. Client choice and preference, availability, and accessibility of technology for both, and the client's physical, behavioural, cognitive, and sensory abilities must be considered.

Also refer to the **Virtual Services** document, a resource that outlines considerations for occupational therapists when using virtual services in their practice.

Record Keeping Scenario

Darian has been newly hired to complete comprehensive assessments and determine client needs. These assessments then generate recommendations for other services or funding. He has received a referral for a 32-year-old client, Sam, with a traumatic brain injury. As a result of their injuries, Sam is unable to return to work and is unable to complete some of their daily tasks.

Darian arrives at Sam's apartment for the initial assessment. A great deal of valuable information is shared and, during the step of confirming demographic information, Sam tells Darian that their preferred pronouns are they/them. Darian acknowledges this as part of the comprehensive information that is discussed about Sam's current functioning. The assessment is done over several sessions and then Darian completes his report.

Darian acknowledged that on occasion he has a hard time knowing how to document certain observations in the client's clinical record. He asks for some advice from Lynn. While Lynn supports Darian's assessment and recommendations, she wants to ensure the information is also presented in the most respectful and objective way possible.

Together, Darian and Lynn review the Competencies and Standard for Record Keeping with an emphasis on section 1 about sensitivity when documenting in the clinical record.

Learn from the Standard for Record Keeping

It is expected that occupational therapists "Be sensitive to the wording of notes...

1.1 When entering information into client records, ensure that all information is truthful and accurate. Consider the subtleties of what is being said and what is not being said and how information is phrased. The occupational therapist should be mindful of their own social positions and refrain from comments that contain biases when documenting about clients.

1.5 Keep in mind how the information in the records will be received by clients and others who will read it. For example, there is a difference in tone between writing that a client "refused" versus "declined" an element of service.

1.6 Keep all parts of records respectful, using professional and culturally sensitive language."

Learn from the Competencies

B1. Communicate in a respectful and effective manner

B1.1 Organize thoughts, prepare content, and present professional views clearly

Activity 1

How would you revise the following sentence from Sam's documentation to ensure that the information is conveyed appropriately? Darian wrote that "Sam has become aggressive sine their brain injury."

Suggested:

"Sam raised their voice when asked about their challenges following their brain injury and said "stop asking me about the accident!"

Tip: Use objective language and quote or paraphrase the client's words rather than using judgmental or stigmatizing language.

Activity 2

Darian documented that "Sam doesn't try to do their own meal preparation." How would you revise the sentence?

Suggested:

"Sam has attempted to prepare simple meals, but during the assessment was unable to recall the steps to prepare their favourite dish."

Tip: Record observations using context and language that add clinical value. Observations are written fairly and purposefully to ensure accuracy and to avoid incorrect assumptions.

Activity 3

Darian noted that "Sam has been non-compliant for their home exercise plan and has not followed through with recommendations." How would you revise the sentence?

Suggested:

"Sam requires daily cueing to initiate the recommended exercise program."

Tip: Be objective. Avoid generalizations and words that may be judgmental or stigmatizing.

Activity 4

In the assessment record, Darian documents that "Sam's same-sex partner has been providing assistance with their daily activities." How would you revise the sentence?

Suggested:

"Sam's partner has been providing assistance with Sam's daily activities."

Tip: Only include information that has clinical value or relevant context. Be sensitive to how personal and private information about the client is documented.

Activity 5

Darian documented that "It is crowded and there are too many people living in Sam's apartment." How would you revise the sentence?

Suggested:

"Sam lives within a multigeneration home with 5 family members residing in the apartment."

Tip: Be aware of your biases and how they may be reflected in your occupational therapy practice, including the words you choose and the meaning that is attached to them.

Learn from the Competencies

C2. Promote anti-oppressive behaviour and culturally safer, inclusive relationships.

C2.1 Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive.

C2.2 Practise self-awareness to minimize personal bias and inequitable behaviour based on social position and power.

C2.3 Demonstrate respect and humility when engaging with clients and integrate their understanding of health, well-being, healing, and occupation into the service plan.

C2.4 Seek out resources to help develop culturally safer and inclusive approaches.

C2.5 Collaborate with local partners, such as interpreters and leaders.

Learn from the Culture, Equity and Justice in Occupational Therapy Practice (Guidance Document)

More about Biases

Biases refer to the views that individuals consciously and/or unconsciously hold toward diverse groups of people because of their own unique social location. Biases can be emotional (causing prejudice), cognitive (causing stereotypes), and behavioural (causing discrimination). Implicit biases are views that an individual holds unconsciously, whereas explicit biases are views that an individual is aware they hold. All people, including occupational therapists, have biases that inform their actions, behaviours, and judgements. Occupational therapists' biases can intentionally and/or unintentionally impact clinical decision-making and client interactions, at times perpetuating discrimination. While it is difficult to completely remove all biases, occupational therapists can take steps to identify and challenge their biases to reduce the impact these have on their practice.

Reflection and Application to Your Practice

What are some ways that you can incorporate respectful and culturally sensitive language into your practice?

Let's Review

Records are legal documents intended to officially capture the entirety of occupational therapy services provided. They are also a way to communicate health information to clients and others. Interprofessional collaboration and continuity of care is enabled through record keeping. Importantly, the clinical record tells the "client journey" and that story is told in respectful, objective, and efficient ways. Professional documentation is a foundational skill that embodies respect and trust with the client.

Some of the resources that outline record keeping approaches and requirements include Standard for Record Keeping, Record Keeping Checklist, Competencies, and Code of Ethics.

Professional Boundaries Scenario

Genevieve is a 16-year-old who has been having increased symptoms of anxiety, depression, and fluctuating suicidal ideation. She has low mood and is having difficulty sleeping, doing schoolwork, and fitting in with her peers at high school. Genevieve has been referred for individual mental health services.

Tia is an occupational therapist who has a private practice focusing on mental health. She provides service in a shared office space with other mental health professionals. While some clinic amenities are shared between providers, a private phoneline is not and Tia uses her personal cellphone to book and confirm her appointments.

Tia has been providing weekly occupational therapy service to Genevieve for the past several months. Genevieve enjoys the sessions and, together, they have developed strategies to manage her symptoms of depression and anxiety. Very early in the service, Tia and Genevieve developed a safety plan for crisis situations, including crisis intervention supports for Genevieve in case they are needed outside of Tia's availability for scheduling appointments.

One evening, Tia received an urgent phone call from Genevieve, explaining that she was feeling very anxious and wasn't sure what to do. Tia answered the call, and it ended up being a lengthy conversation in which Tia provided support to Genevieve and reinforced some of the coping strategies they had previously talked about.

Since that phone call, Genevieve often sends Tia text messages in the evening. Tia has responded back to these messages as best she can, although she is beginning to grow uncomfortable with the frequency and method of their communication.

One evening a few weeks later, Tia notices several missed phone calls and urgent texts from Genevieve. In the texts, Genevieve has stated that she is in crisis and needs Tia to call her back as soon as possible.

As Tia is thinking about how to respond, she considers:

- How is Genevieve's immediate risk best assessed in this moment?
- Am I equipped to provide the crisis services Genevieve may require?
- Have I been clear to Genevieve about what I can safely offer as part of my services?
- Do my actions align with Genevieve's expectations about the service?
- How do I capture the interactions outside the weekly sessions with Genevieve in my documentation?
- What policies or processes do I or should I have in place to guide situations like these?

Imagine you are Tia. What action would you choose? Note, each choice has its own benefits and risks:

A. You are concerned that these latest text and phone messages have really crossed a boundary. To establish a new boundary, you switch your phone to "do not disturb" so Genevieve will see that you are currently unavailable.

Benefits:

- Allows you to enforce your professional boundaries
- May be appropriate in specific situations and only after expectations have been clearly agreed upon and where crisis planning resources have been part of the treatment plan

Risks:

- This response is unclear and inconsistent with your past actions of responding to Genevieve outside regularly scheduled sessions
- The directness of this response may negatively affect the client-therapist relationship
- The response does not equip Genevieve sufficiently on how to manage the situation safely

B. You respond to Genevieve's text message with a brief reminder about when you are available to schedule appointments and that you aren't able to respond to regular crisis calls. You direct Genevieve to contact the crisis line (as outlined in the crisis safety plan) and provide her with the crisis line phone number.

Benefits:

- You've directed Genevieve to an alternative resource
- The response upholds and models the boundary that you will not respond to requests outside of your scheduled appointments

Risks:

- This change from your past behaviour, without any discussion, may result in Genevieve feeling pushed away or dismissed
- Genevieve may not follow through with the crisis intervention plan which could be a risk to her safety

C. You call Genevieve back after your last client appointment of the evening (when you notice her urgent calls and texts) and assess and deescalate the situation with her. At the next regularly scheduled appointment, you review the boundaries, services, and the crisis safety plan for crisis situations with Genevieve to re-establish the boundary.

Benefits:

- You address Genevieve's immediate needs
- The boundary conversation may be better received or understood at a time when Genevieve is not in crisis
- It provides an opportunity to check with Genevieve that she understands the resources available to her in a crisis situation and make any refinements to the plan

Risks:

- By replying, it may encourage the boundary crossing and a continued over reliance on your services

D. You call Genevieve immediately as she is in distress. Providing this level of responsiveness is part of providing good client care.

Benefits:

- You address Genevieve's immediate needs

Risks:

- It may impact your own personal health and wellness
- It may impact other clients and your caseload or show preferential treatment
- It may lead to an overreliance on your services and set unrealistic expectations for Genevieve and other clients
- It does not give Genevieve the opportunity to use new coping strategies or options in the crisis safety plan to manage distress long term
- It means that you are working outside of the boundaries you have set with your client and potentially outside of what you described as your scope of practice

What are some practical ways that Tia could establish and maintain boundaries in her practice?

Learn from the Standard for Professional Boundaries and the Prevention of Sexual Abuse

2. Recognize power dynamics

2.1 Be aware of the power imbalance inherent in the client-therapist relationship.

2.2 Understand how power dynamics are related to **intersectionality**.

2.3 Maintain professionalism by limiting excessive sharing of personal or private information, and consider how communication is being interpreted.

2.4 Avoid creating situations where dependencies develop between clients and the occupational therapist.

2.5 Educate students, occupational therapy assistants, and others being supervised about maintaining professional boundaries.

2.6 Never form intimate, personal, or romantic relationships with current students or anyone under the occupational therapist's supervision. Such relationships would exploit the power imbalance in the professional relationship.

Learn from the Standard for Professional Boundaries and the Prevention of Sexual Abuse

3. Monitor and manage boundaries and boundary violations

3.1 Know that boundaries extend beyond clients and include those who support them. Boundaries also extend to people the occupational therapist supervises. Maintain all boundaries regardless of the actions, consent, or participation of clients, their support people, or those being supervised.

3.2 Respect each client's boundaries, which are unique to their beliefs, capacity, choices, culture, disability, ethnicity, gender, language, life experiences, lifestyle, past trauma, race, religion, socioeconomic status, and values.

3.3 Be sensitive to how the practice setting and service location (for example, in the client's or therapist's home or in a community setting) may affect boundaries.

3.4 Recognize and manage any shifts in clients' expectations of boundaries (in-person or online) within the client-therapist relationship.

3.5 Be aware of and reflect on any feelings that are developing toward clients and could result in boundary violations (for example, the desire to form intimate connections or the internalization of a client's grief).

3.6 Immediately take steps to document, address, and rectify boundary violations if they occur. This can include discontinuing services and facilitating a referral to another provider.

3.7 Address boundary risks or violations committed by those under the occupational therapist's supervision or direction (for example, assistants, students, or support persons).

3.8 Ensure that policies and procedures are in place to identify and manage boundary risks or violations, including those related to conflicts of interest. Policies should include the documentation process for boundary violations, resulting actions, and resolutions.

Learn from Colleagues

Here are some practical ways to help establish and maintain boundaries at the outset and throughout service:

- Have a conversation about boundaries during the initial consent discussion;
- Consider a written resource that clearly explains what to do in crisis situations;
- Have an automated message on her voicemail and/or email explaining her hours and how to access help outside of business hours;
- Have a separate work and personal phone if needed to maintain boundaries; and

Have open conversations with colleagues to talk about boundaries situations and how to manage them safely and sensitively.

Reflection and Application to Your Practice

- Think about the ways in which boundaries can be blurred or crossed in the type of occupational therapy work that you do.
- What is one strategy you use to address these?

Let's Review

Occupational therapists are fully responsible for establishing and maintaining professional relationships with clients, colleagues, students, and all others they encounter in their practice setting. Not doing so can jeopardize the client's emotional and personal safety.

Understanding the importance of this principle and having well defined ways of preventing boundary crossings and managing professional boundaries proactively is indicative of sound practice. Refer to the Standard for Professional Boundaries and the Prevention of Sexual Abuse for more on this topic.

Sensitivity to Client Experiences Scenario

Elena recently sustained a severe burn to her arm and is receiving weekly treatment sessions at an outpatient clinic. Steven is the occupational therapist providing Elena with services.

Although not known to Steven, Elena and her family come from a country of extreme instability. Elena has experienced the effects of this instability firsthand and, as a result, she is reluctant to trust strangers, especially those in positions of authority, such as health care providers.

Although Elena is diligent with her exercises at home, she did not attend her last two appointments and feels uncomfortable in the treatment sessions. Therapeutic activities that involve physical touch are especially distressing. She very much wants the function in her arm to improve, but is finding it hard to fully participate in the occupational therapy services as they are being offered.

This week's session was stopped short by Elena after Steven touched her arm when demonstrating range of motion exercises. Steven noticed immediately that Elena looked alarmed and she pulled her arm away. Not sure what to do, Steven stopped and said, "Okay, well then try this exercise at home, but don't torture yourself doing it". Elena then became even more withdrawn.

Steven's professional instincts prompted him to pause and contemplate Elena's reactions to his interventions and the occupational therapy services so far.

As Elena hurries out of the clinic, Steven takes a moment to reflect on his observations about the situation:

Observations

- Elena pulls away during occupational therapy activities that involve physical touch
- Her attendance is inconsistent, and some appointments have been missed
- Elena appeared upset when Steven touched her arm and even more so after his comment about "don't torture yourself doing it" with home exercises

With these observations in mind, Steven wonders if previous injury, trauma, and/or cultural influences may play a part in Elena's interaction with his occupational therapy services. This prompts a discussion amongst his team about the role of trauma and cultural influences. The discussion brings new awareness and the team exchanges thoughts on ways to approach this possibility with any client within their service. Each team member is tasked with finding out more.

Learn from the Competencies

A.1. Establish trusted professional relationships with clients

A1.1 Co-create with clients a shared understanding of scope of services, expectations, and priorities.

A1.2 Use a mutually respectful approach to determine the nature of the services to be delivered.

A1.3 Respond to requests for service promptly and clearly.

A1.4 Support clients to make informed decisions, discussing risks, benefits, and consequences.

C1. Promote equity in practice

C1.1 Identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples.

C1.2 Analyse the effects of systemic and historical factors on people, groups, and their occupational possibilities.

C1.3 Challenge biases and social structures that privilege or marginalize people and communities.

C1.4 Respond to the social, structural, political, and ecological determinants of health, wellbeing, and occupational opportunities.

C1.5 Work to reduce the effects of the unequal distribution of power and resources on the delivery of occupational therapy services.

C1.6 Support the factors that promote health, well-being, and occupations.

C2. Promote anti-oppressive behaviour and culturally safer, inclusive relationships

C2.1 Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive.

C2.2 Practise self-awareness to minimize personal bias and inequitable behaviour based on social position and power.

C2.3 Demonstrate respect and humility when engaging with clients and integrate their understanding of health, well-being, healing, and occupation into the service plan.

C2.4 Seek out resources to help develop culturally safer and inclusive approaches.

C2.5 Collaborate with local partners, such as interpreters and leaders.

Learn from the Standard for Professional Boundaries and the Prevention of Sexual Abuse

4.2 Always obtain informed consent before initiating any clinical services that involve touching unless in an emergency.

4.3 Respect clients' privacy and dignity. For example, use curtains or dividers in assessment and intervention spaces, use draping and garments to minimize exposure, and provide the option of an observer for potentially sensitive situations.

Learn from the Code of Ethics

Respect for autonomy

- Recognize each client's right to make choices for themselves.
- Honour the dignity and worth of each individual.

Learn from the Culture, Equity, and Justice in Occupational Therapy Practice (Guidance Document)

The team references the *Culture, Equity, and Justice in Occupational Therapy Practice* resource which notes that, "trauma is prevalent…research demonstrates that individuals of equity-deserving groups are more likely to experience both interpersonal and systemic trauma and violence." This can affect the services clients and communities require and receive.

The document includes a section entitled *What Occupational Therapists Can Do* which provides guidance on how to gain awareness and skill in specific areas, for example, avoid making assumptions that a client will or will not benefit from a given tool or approach based on presumptions about the client's social identities and contexts.

Together, the team discusses ways to support services that are sensitive to client experiences by asking questions like:

- Am I ensuring informed consent at each step, including being clear when the treatment will require touch?
- Have I checked with the client to see how they are experiencing my services?
- Are there aspects of my practice or practice setting that may cause upset or perpetuate difficult experiences?
- What steps do I take to respect clients' preferences and pace?
- In what ways might the power imbalance impact clients? What can I do to address this?
- Have I reflected on my own biases and the impact that they may have on clients? In which ways can I increase my awareness and understanding?
- How can we continue to learn as a team?

Steven reflects on the questions he identified with the team as he plans how he'll approach the conversation and delivery of his occupational therapy services with Elena at their next session.

He determines that:

- He will be more mindful of the language he uses, in order to avoid potentially triggering words like 'torture';
- He will ask Elena if she would prefer he demonstrate the exercises on himself or someone else so she knows how to do the exercises at home without having to be touched; and
- He will use these learnings to adjust and improve his approach with other clients.

Reflection and Application to Your Practice

Take a few moments to think about ways in which previous injury, trauma, and/or cultural influences can impact how the client experiences your occupational therapy services.

What is one way that you can build trust and create a safe environment for clients?

Let's Review

As occupational therapists, we recognize the importance of creating safe and inclusive environments with clients. We acknowledge that clients have complex histories and backgrounds that we may not be able to understand from reading their chart or reviewing their intake form. Occupational therapists consider various factors which may be impacting a client's performance and participation in services. Several resources provide more information related to this topic: Competencies, Culture, Equity, and Justice in Occupational Therapy Practice, Standards for the Professional Boundaries and the Prevention of Sexual Abuse, and Code of Ethics.

Conflict of Interest Scenarios

Clients rely on the foundation of a trusting relationship with their health providers. Occupational therapists have both an ethical and legal responsibility to act in the best interest of clients, not in the best interests of the occupational therapist, organization, vendor, research project, etc.

A conflict of interest arises when an occupational therapist's responsibility to act in clients' best interests may be influenced by competing interests. Situations that compromise our ability to be objective should be avoided where possible.

Conflicts of interest can take several forms: **actual** (a real conflict of interest exists), **potential** (a situation could become an actual conflict of interest), or **perceived** (may be viewed by others as an actual conflict of interest). Sometimes they are obvious and sometimes more subtle.

Developing an awareness of these situations is the first step in being able to spot a conflict of interest.

There are three situations about these different types of conflict of interest:

Scenario 1

Niimi is having more difficulty getting in and out of her home, so the occupational therapist, Sylvia, has come to do an assessment for modifications to improve accessibility to the home and within the small community. After providing a list of her recommendations, Sylvia tells Niimi that her partner does handywork and could build the ramp she requires. Wanting to be agreeable, Niimi uses Sylvia's partner to build and install the ramp.

Is this an actual, perceived, or potential conflict of interest?

- - - - -

*This is an **actual** conflict of interest.*

When Niimi hired Sylvia's partner to build the ramp, Sylvia benefited financially from her partner's additional income. This addition to the household income is a result of business that Sylvia has directed to her partner. Sylvia prioritized the interests of her partner.

This situation could have been handled differently by avoiding the conflict by providing other building options for Niimi that would not result in any personal gain. If the conflict could not be avoided because, for example, Sylvia's partner was one of the only building options, she could have determined how to manage the conflict as outlined in the Standard.

Learn from the Standard for the Prevention and Management of Conflict of Interest

Occupational therapists are required to:

1.2 Recognize that client consent is not an acceptable reason to practise while in a conflict of interest.

2.2 Never take advantage of their position as an occupational therapist, and always maintain relationships of trust and confidence with clients.

3.3 Recommend only products or services that are appropriately indicated, and that do not involve any

personal gain, relationship, or financial interest for the occupational therapist or someone close to them. This applies unless the occupational therapist can manage the conflict of interest by taking these steps:

a. Disclose the nature of the benefit or relationship to clients in advance

b. Discuss other options for products or services, and allow clients to choose

c. Assure clients that services will not be adversely affected should they select an alternative supplier or product

d. Document the discussion in the client record

Scenario 2

Rita is an occupational therapist that works within the school system. She has received a referral for an assessment of a student that lives on her street. She has seen the student playing outside the house with other children and Rita had to intervene on one occasion for safety reasons. Both families are part of a neighbourhood online group. The parent has reached out to Rita privately on the online chat to ask about the soonest date Rita could see the student.

Is this an actual, perceived, or potential conflict of interest?

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*This is a **potential** conflict of interest.*

Rita's professional judgment may be influenced by several factors: her currently held opinion of the child, a time pressure from the parent, discomfort at having sensitive personal health information about a neighbourhood child, as well as the attitudes or relationships within the community. Any of these may result in an advantage or a disadvantage to the proposed client. In addition to a potential conflict of interest, the scenario also highlights a potential boundary crossing because of the nature of the personal relationships between the occupational therapist and the child and their family.

Sometimes we are unsure how or if to proceed. We may get a professional instinct or general unease about a situation.

In this situation, Rita could:

- Inquire to see if there is another provider who could see the child and be aware of any impact this may cause, for example, would another provider result in a delay of service?
- Discuss her concerns with the parents, and have a shared understanding of a plan and next steps. This understanding, as well as any steps to mitigate a potential conflict of interest should the decision be made to proceed, must be documented.

Learn from the Standard for the Prevention and Management of Conflict of Interest

The Standard (1.3) stipulates that *If uncertain whether a conflict of interest exists, seek advice from knowledgeable individuals such as managers, peers, the College, or legal counsel.* Identifying and avoiding potential conflict is best. In some circumstances (for example, if there are no other available providers), it may not be possible to avoid and, in these cases, an occupational therapist must take reasonable measures to manage the situation so it doesn't impact the client.

Scenario 3

Jeff is an occupational therapist who has been asked to do a joint presentation with a supplier of equipment and one specific manufacturer. The audience is a group of older adults who are interested in learning more about mobility equipment.

After attending the presentation, Roy, an older adult with worsening mobility, considers purchasing the scooter demonstrated at the presentation in order to get around the community. He assumes that the one displayed by the manufacturer is the best because the occupational therapist, supplier, and manufacturer all talked about its outstanding features and how it could help him get to and from his neighbour's apartment.

Is this an actual, perceived, or potential conflict of interest?

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*This is a **perceived** conflict of interest.*

Managing all the aspects of our health can be a big task, especially for those with complex conditions. Choosing mobility equipment is no exception – it can be overwhelming, costly, and have some tough emotions associated with the decision. It is also highly individualized. Occupational therapists must be aware of power dynamics and, carefully, objectively, present clients with options. They must be mindful of not appearing to endorse certain products. Clients need to feel confident that they are getting recommendations for the best equipment for them and not because the occupational therapist is a friend of the manufacturer or is receiving financial or other possible benefits.

In this situation, Jeff could have:

- Ensured that there would be a wide representation of vendors or manufacturers present or noted that the displayed equipment was just one example, and that there are other options available;
- Provided clients with a choice of possible vendors when recommending other services, professionals, and equipment. He could have had a list of other manufacturers ready to demonstrate that he was aware of the perceived conflict of interest and taking steps to manage it;
- Let the clients know that equipment should be recommended specifically for each person; and
- Described his relationship with the vendors and manufacturers, the implications of that, and what it means for his equipment recommendations.

Learn from the Standard for the Prevention and Management of Conflict of Interest

Manage relationships with interested parties

4.1 Ensure that professional interactions with other professionals, partners, and interested parties (for example, vendors or lawyers) are in clients' best interests. Recognize that the occupational therapist's primary obligation is to their clients. Relationships with other professionals, partners, and interested parties must never affect the integrity of, trust in, and confidence in the client-therapist relationship.

4.2 Provide clients with options when recommending other services, professionals, and equipment.

Reflection and Application to Your Practice

Think about what aspects of your practice might be susceptible to conflicts of interest.

What strategies do you put in place to mitigate conflicts of interest in your practice?

Let's Review

Part of establishing a sound occupational therapy practice is being proactive in preventing, recognizing, and managing conflicts of interest in their practice. Occupational therapists must ensure that the clients' interests and well-being are always prioritized. This is foundational in creating a practice that centres on of respect and trust.

To learn more about perceived, potential, or real conflicts of interest and expectation for management, review the Standard for the Prevention and Management of Conflict of Interest.

Summary

We thank you for your active participation in this module on Building a Sound Occupational Therapy Practice. We hope it has helped you to become more familiar with the documents that are available to direct and support your practice.

Throughout the scenarios, you were presented with specific sections of the applicable resources. We recommend that you read each document in its entirety for context and completeness. They go together and are intended to be used in combination. A complete list of resources is found within the Standards & Resource section of the COTO website.

If you have questions about how the resources apply to a situation in your practice, we encourage you to speak to a member of our practice team at practice@coto.org.