



**ACOTRO**

ASSOCIATION OF CANADIAN OCCUPATIONAL THERAPY  
REGULATORY ORGANIZATIONS

LEADING, PROTECTING, ADVANCING



## **Essential Competencies**

of Practice for Occupational Therapists  
in Canada, 3rd Edition



## Who We Are

Established in 1989, the Association of Canadian Occupational Therapy Regulatory Organizations has a membership comprised of the ten provincial occupational therapy regulatory bodies in Canada. Our members work to protect the public by fulfilling their

statutory mandate to regulate the practice of occupational therapy in their respective jurisdictions. Together, we work to promote consistency and excellence within the occupational therapy regulatory environment across Canada.

## About This Publication

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission of the Association of Canadian Occupational Therapy Regulatory Organizations.

If citing this document, please use the following:

Association of Canadian Occupational Therapy Regulatory Organizations (2011). *Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed.)*. Toronto, ON: Association of Canadian Occupational Therapy Regulatory Organizations.

First Edition, 2000

Second Edition, 2003

Third Edition, 2012, though produced initially in 2011

Disponible en français sous le titre:  
*Les compétences essentielles à la pratique pour les ergothérapeutes au Canada - troisième édition*

All rights reserved. © The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), 2012. Incorporated: 2011

To learn more about ACOTRO, please visit:  
[acotro-acore.org](http://acotro-acore.org)

Or email us at:  
[info@acotro-acore.org](mailto:info@acotro-acore.org)

900-20 Rue Bay St.  
PO Box 78  
Toronto, ON  
M5J 2N8

This project was funded by Human Resources and Skills Development Canada.

Graphic design: midair.ca.



## Contents

What's New in the Third Edition.....	iv
<b>1</b> Document Background .....	7
1.1 Purpose and Uses .....	7
1.2 The Difference Between the <i>Essential Competencies (3rd Ed.)</i> and the <i>Profile of Occupational Therapy Practice in Canada (2007)</i> .....	9
1.3 Framework for <i>Essential Competencies (3rd Ed.)</i> .....	9
<b>2</b> Assumptions about the <i>Essential Competencies (3rd Ed.)</i> .....	11
<b>3</b> Addressing the Nonclinical Work of Occupational Therapists.....	12
3.1 How do the Competencies Compare? .....	13
<b>4</b> Looking at the Competence of Occupational Therapists .....	14
4.1 Practice Context for Occupational Therapists .....	14
4.1.1 Practice Context: <b>to Whom</b> Occupational Therapists Provide Services.....	14
4.1.2 Practice Context: <b>What</b> Occupational Therapists Do.....	15
4.1.3 Practice Context: <b>Where</b> Occupational Therapists Work.....	15
4.1.4 Practice Context: <b>How</b> Occupational Therapists Practice .....	16
4.2 Capability of Occupational Therapists .....	17
<b>5</b> The Key Role & Units of Competence .....	18
5.1 Key Role of Occupational Therapists.....	18
5.2 Units of Competence of Occupational Therapists.....	18
<b>6</b> Competencies of Occupational Therapists .....	19
Unit 1: Assumes Professional Responsibility.....	19
Unit 2: Thinks Critically.....	19
Unit 3: Demonstrates Practice Knowledge .....	19
Unit 4: Utilizes an Occupational Therapy Practice Process to Enable Occupation .....	20
Unit 5: Communicates and Collaborates Effectively .....	20
Unit 6: Engages in Professional Development .....	21
Unit 7: Manages Own Practice and Advocates Within Systems .....	21



<b>7</b>	<b>Competencies &amp; Performance Indicators</b> .....	<b>22</b>
	Unit 1: Assumes Professional Responsibility.....	22
	Unit 2: Thinks Critically.....	24
	Unit 3: Demonstrates Practice Knowledge .....	25
	Unit 4: Utilizes an Occupational Therapy Practice Process to Enable Occupation .....	27
	Unit 5: Communicates & Collaborates Effectively .....	31
	Unit 6: Engages in Professional Development .....	34
	Unit 7: Manages Own Practice and Advocates Within Systems .....	35
<b>8</b>	<b>Units &amp; Competencies for Nonclinical Work</b> .....	<b>39</b>
	Unit A: Assumes Professional Responsibility.....	39
	Unit B: Thinks Critically .....	39
	Unit C: Communicates and Collaborates Effectively.....	39
	Unit D: Engages in Professional Development .....	40
	Unit E: Manages Own Work and Advocates Within Systems .....	40
<b>9</b>	<b>Competencies for Nonclinical Work &amp; Performance Indicators</b> .....	<b>41</b>
	Unit A: Assumes Professional Responsibility.....	41
	Unit B: Thinks Critically .....	43
	Unit C: Communicates and Collaborates Effectively.....	44
	Unit D: Engages in Professional Development .....	45
	Unit E: Manages Own Work and Advocates Within Systems .....	46
<b>10</b>	<b>References</b> .....	<b>48</b>
<b>A</b>	<b>Appendix: Glossary of Terms</b> .....	<b>49</b>
<b>B</b>	<b>Appendix: Steering &amp; Advisory Group Members</b> .....	<b>50</b>



## What's New in the Third Edition

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) undertook a project to develop the *Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed.)*. This document describes the knowledge, skills, and attitudes required for occupational therapists

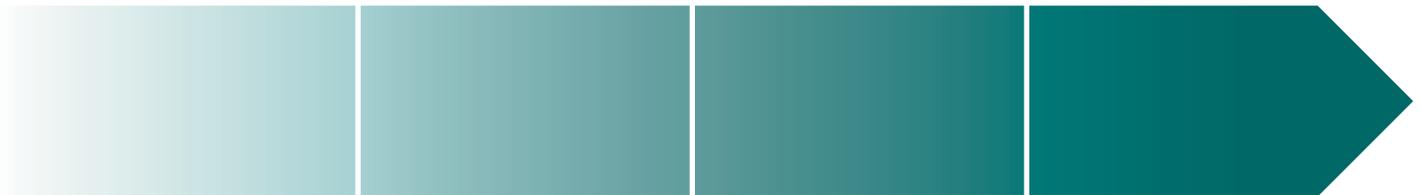
to demonstrate they are competent for occupational therapy practice in Canada for both clinical and nonclinical work. It replaces the *Essential Competencies of Practice for Occupational Therapists in Canada (2nd Ed.)*.<sup>1</sup>

1. ACOTRO, 2003

## Building on the Work of the Past

The first edition was published in 2000. The document proved to be a useful tool for its intended purposes, particularly for the development of continuing competence programs by occupational therapy regulators. For more information on the initial development of the Essential Competencies, the reader is referred to the document the *Essential Competencies of Practice for Occupational*

*Therapists in Canada* (ACOTRO, 2000). In 2003, ACOTRO published the *Essential Competencies (2nd Ed.)* that included specific indicators for the essential competencies, i.e., performance indicators. The work on the *Essential Competencies (3rd Ed.)* began in 2008 and includes many additions, as outlined below, including competencies for occupational therapists doing nonclinical work.



**2000**

**First Edition**

Knowledge, skills and abilities required for an occupational therapist to practice safely, effectively, and ethically.

**2003**

**Second Edition**

Added performance indicators for the essential competencies.

**2012**

**Third Edition**

Added competencies for nonclinical work.



## The Need for Review and Revision

There were three primary reasons for ACOTRO to review and revise the second edition:

1. to ensure the validity of standards-related documents;
2. to be consistent with educational and assessment best practices which recommend the regular review and renewal of practice descriptions (e.g. essential competencies documents) every five to seven years; and
3. to reflect ongoing developments and changes in areas internal and external to the profession, including:
  - expectations of the public
  - the health care environment
  - occupational therapy practice, and
  - occupational therapist educational programs.

## New Features in the Third Edition

The following additions and revisions were completed:

- A definition of competence and a description of the elements of competence;
- A description of the competencies for occupational therapists with nonclinical work;
- An overview of the approach used for the *Essential Competencies (3rd Ed.)* and that used for the *Profile of Occupational Therapy Practice in Canada, 2007*;<sup>2</sup>
- Fine-tuning of areas which were duplicative or redundant in the previous edition;
- A more explicit description of the competencies related to interprofessional practice, teamwork, and collaboration in occupational therapy;
- A more explicit inclusion of the competencies related to client safety in occupational therapy practice; and
- Adjustments to reflect other changes in practice context, such as health, human resources, and culture.

A comprehensive methodology was used to develop the *Essential Competencies (3rd Ed.)*. It began with a comprehensive environmental scan and document analysis, followed by consultations with key informants as the competencies were reviewed and revised. A field consultation using a national survey of occupational therapists was also done to validate the content and construct of this edition. Additionally, focus groups were used as needed. The project was guided by a diverse group of experts on the Steering Group and Advisory Group which included members

2. CAOT, 2007



from ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT), as well as other experts external to occupational therapy. A list of Steering Group and Advisory Group members can be found in Appendix B. For details regarding the methodology, please refer to the companion document: *Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed). - Methodology Supplement* (Glover Takahashi, S., Beggs, C., & Herold, J., 2011).

ACOTRO extends a sincere thank you to all of the occupational therapists who participated in providing guidance, direction, or feedback for development of the document, which is intended to both support and guide occupational therapists in safe and effective occupational therapy practice across Canada.



# 1 Document Background

## 1.1 Purpose and Uses

*The Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed.)* [*Essential Competencies (3rd Ed.)*] describes what is seen and heard in day-to-day occupational therapy practice when a competent occupational therapist demonstrates the appropriate knowledge, skills, and attitudes for the occupational therapy practice context in Canada.

There are many purposes for the *Essential Competencies (3rd Ed.)*. Regulators can use the document for such activities as:

- Guiding and supporting occupational therapists,
- Developing quality assurance and continuing competence programs,
- Developing and monitoring guidelines for registration (entry-to-practice), and
- Developing and monitoring standards of practice.

Other partners and stakeholders, both internal and external to the profession, can also use the document as depicted in Table 1.

**Table 1.** Uses of the *Essential Competencies (3rd Ed.)* for Stakeholders and Partners

Internal Stakeholders & Partners	Potential Uses
Occupational therapists	<p>To guide day-to-day practice of occupational therapy.</p> <p>To support self-reflection, evaluation, continuing competence, and professional development.</p> <p>To provide a foundation upon which advanced competencies may be developed.</p>
Professional associations	To understand the regulatory expectation of occupational therapists.



Students, Canadian-educated occupational therapists, internationally-educated occupational therapists and occupational therapists interested in re-entering the profession	To provide information regarding requirements for occupational therapy practice.
Occupational therapist support personnel	To understand occupational therapists' roles and responsibilities.
Occupational therapist educational programs, Occupational therapist support personnel educational programs	To provide information regarding the requirements for occupational therapy practice.
Clients	To inform expectations regarding occupational therapy services.
<b>External Stakeholders &amp; Partners</b>	<b>Potential Uses</b>
Employers	For planning related to health human resources on the roles and responsibilities of occupational therapists, and performance evaluation.
Funders	To inform policy development.
Government	To provide background information for health human resource planning and policy development.
Client Advocacy Groups	To inform expectations regarding occupational therapy services for development of policy and education.
Other professional groups	To understand occupational therapists' roles and competencies.
Unions	To understand the roles and responsibilities of occupational therapists.
International agencies	To provide information for credentialing of occupational therapists.



## 1.2 The Difference Between the *Essential Competencies (3rd Ed.)* and the *Profile of Occupational Therapy Practice in Canada (2007)*

The ACOTRO *Essential Competencies (3rd Ed.)* and the CAOT *Profile of Occupational Therapy Practice in Canada (2007)* are related and complementary documents. Each document was developed in collaboration with the other agency to ensure that there was a high level of agreement about the “picture” of occupational therapists’ practice. Organizations and individuals may use one or the other, or both, depending on their needs.

The *Essential Competencies (3rd Ed.)* guides day-to-day occupational therapist practice and informs the work of the provincial regulatory organizations. Functions are used to sort the competency statements. This approach is useful in such areas as communicating and evaluating standards and guidelines, i.e., it provides clarity to registrants about what

is essential performance in practice. With a shared description by regulators across Canada, the *Essential Competencies (3rd Ed.)* facilitates labour mobility, as it constitutes the platform for entry-to-practice requirements.

The CAOT *Profile of Occupational Therapy Practice (2007)* uses roles to sort the competency statements. This is broadly used by many different professions. The roles approach is useful in such areas as (a) enhancing interprofessional collaboration, because many professions use “common roles language” to describe what they do, (b) communication external to the profession (because roles are broadly understood external to the profession), and (c) accreditation of occupational therapist educational programs.

## 1.3 Framework for *Essential Competencies (3rd Ed.)*

There are several common approaches for the development of competency frameworks based on tasks, functional analysis, or descriptions of roles. Each has its place in describing competence. What is most important in *any* competency framework is the completeness and accuracy of the description it provides. A metaphor for competency frameworks is a deck of playing cards, where what is important is that one has all 52 cards of the deck.<sup>3</sup> The dealer orders the cards in a manner that

makes sense. Similarly, how the competencies are described and ordered is influenced by the manner that is considered most useful.

The *Essential Competencies (3rd Ed.)* is based on a functional analysis methodology.<sup>4</sup> The functional analysis approach is “an integrated method to competency development whereby competence is inferred from performance, and the context sensitivity of diverse practice is recognized”.<sup>5</sup>

3. Glover Takahashi, S. *Competency Frameworks: A Primer* (in press).

4. *Assessment Strategies, 1998*

5. *Assessment Strategies, 1998, p.6*



This framework appeals to regulatory agencies because it focuses directly on the profession-specific knowledge, skills, and attitudes. This focus has facilitated the development of regulatory standards and also regulatory programs such as those for continuing competence and quality assurance.

Figure 1 depicts how the varying levels of the framework are interrelated and described. Contextual examples may also be used in a functional analysis framework, as necessary, to clarify the meaning and context of practice related to the performance indicators, and thereby assist the occupational therapist in applying the criteria to actual practice situations.

**Figure 1.** Levels of a Functional Analysis Competency Framework<sup>6</sup>

#### **Level 1: Key Role Statement**

Describe purpose or goal of the professional.

#### **Level 2: Units of Competencies**

Describe the major functions for effective performance.

#### **Level 3: Competencies**

Describe the identifiable components of expected performance.

#### **Level 4: Performance Indicators & Cues**

Describe an inter-related set of factors that define the level of expected performance.

6. Jones & Moore, 1993



## 2 Assumptions about the *Essential Competencies (3rd Ed.)*

A number of assumptions were made in developing the third edition. These are designed to describe how the *Essential Competencies (3rd Ed.)* will be interpreted and applied when considering the competence of a registered occupational therapist.

### The *Essential Competencies (3rd Ed.)*:

- Represent the knowledge, skills, and attitudes required for practice of an occupational therapist in Canada;
- Are interpreted within the context of the authority of each provincial regulatory organization;
- Reflect the standards, regulations, guidelines, codes of ethics, and bylaws for practice in a given jurisdiction;
- Are all equally essential; and
- Are overarching to accommodate current and future public policy and trends.

### The occupational therapist:

- Is competent to practice safely, effectively, and ethically in his or her practice domain;
- Is autonomous in decision-making and accountable for his or her professional judgment;
- Makes responsible decisions based on critical thinking, reasoning, and reflection related to current evidence;
- Uses these competencies in diverse practice contexts; and

- Addresses occupational performance issues using a client-centred approach.

Applicants for registration must demonstrate the competencies in this document. In addition, once registered, the occupational therapist is responsible for maintaining the essential competencies.

It is understood that it may not be possible or necessary for an individual occupational therapist to apply certain competencies in specific practice contexts or with certain types of clients. Thus, the *Essential Competencies (3rd Ed.)* must be applied and interpreted in light of the requirements of the practice context and the particular situation of the recipient of services. Nevertheless, it is expected that the vast majority of the essential competencies and performance indicators will be applicable to most situations and most clients. In the event that a competency or performance indicator is not applicable in a particular situation, a reasonable explanation should be available.

Competencies for occupational therapists with nonclinical work are also described in the third edition. The competencies are not mutually exclusive. Occupational therapists may need to draw from both sets of competencies in order to accurately reflect their daily work.



## 3 Addressing the Nonclinical Work of Occupational Therapists

The *Essential Competencies for Occupational Therapists with Nonclinical Work* describes the day-to-day essential knowledge, skills, and abilities of registered occupational therapists whose work is exclusively nonclinical.<sup>7</sup> The process whereby these were developed can be found in the companion document: *Essential Competencies of Practice for Occupational Therapists in Canada (3rd Ed.) - Methodology Supplement* (Glover Takahashi, S., Beggs, c., & Herold, J., 2011).

An occupational therapist's work would be considered nonclinical and subject to meeting the *Nonclinical Essential Competencies* if there is NO direct contact with and/or responsibilities to a client.

If a registered occupational therapist has ANY amount of direct contact with a client, he or she would be required to meet the *Essential Competencies (3rd Ed.)*.

Contact is interpreted as **CLINICAL** in such situations as:

- The occupational therapist is providing unpaid client services.
- The occupational therapist is communicating the results of the assessment to the person or his or her substitute so he or she can make choices

(including a decision to refuse occupational therapy services).

- The occupational therapist is expressing an opinion about the person's condition that will assist in determining eligibility for benefits or funding for treatment/services.
- The occupational therapist is gathering information that will be used in the treatment/care of the person.
- Clients are involved in research by/with occupational therapists.
- Clients are involved in occupational therapist education.
- Researchers or managers provide client services on a part-time basis.

Although provincial and territorial governments are most interested in the services provided by occupational therapists who provide direct care to clients, regulatory organizations are charged with the duty of supporting the quality of services provided by occupational therapists who wish to retain the title of "occupational therapist" and/or "OT". Developing competencies that would be inclusive of all occupational therapists recognizes that public protection is dependent on a profession that supports and monitors the competence of all its members, regardless of their present roles.

**The Essential Competencies for Nonclinical Work appear on pages 39-47.**

7. The term 'clinical' and its derivatives are used in the general sense and are not meant to indicate that occupational therapists only work in medical environments where the term 'clinical' is the most common.



## 3.1 How do the Competencies Compare?

The most significant difference is the omission of the competence units specific to work knowledge and work processes for occupational therapists' work that is exclusively nonclinical. The omitted units include:

- Demonstrates Practice Knowledge; and
- Utilizes an Occupational Therapy Process to Enable Occupation.

This recognizes that occupational therapists with nonclinical work may also be responsible to others, for example employers and certifying organizations.



## 4 Looking at the Competence of Occupational Therapists

### 4.1 Practice Context for Occupational Therapists

One of the elements of competent practice is the context. The essential competencies are intended to be practiced within the occupational therapy practice context which describes details about the practice milieu including:

- **Who** (types of clients, groups, populations).
- **What** (see Table 2 for areas of practice).
- **Where** (see Table 3 for practice settings).

- **How** (see Tables 4 and 5 for positions, funding sources).

The areas describing the context of practice are interrelated and impact on which essential competencies occupational therapists require for safe and effective practice. The following sections describe the various contexts of practice for occupational therapists in Canada.

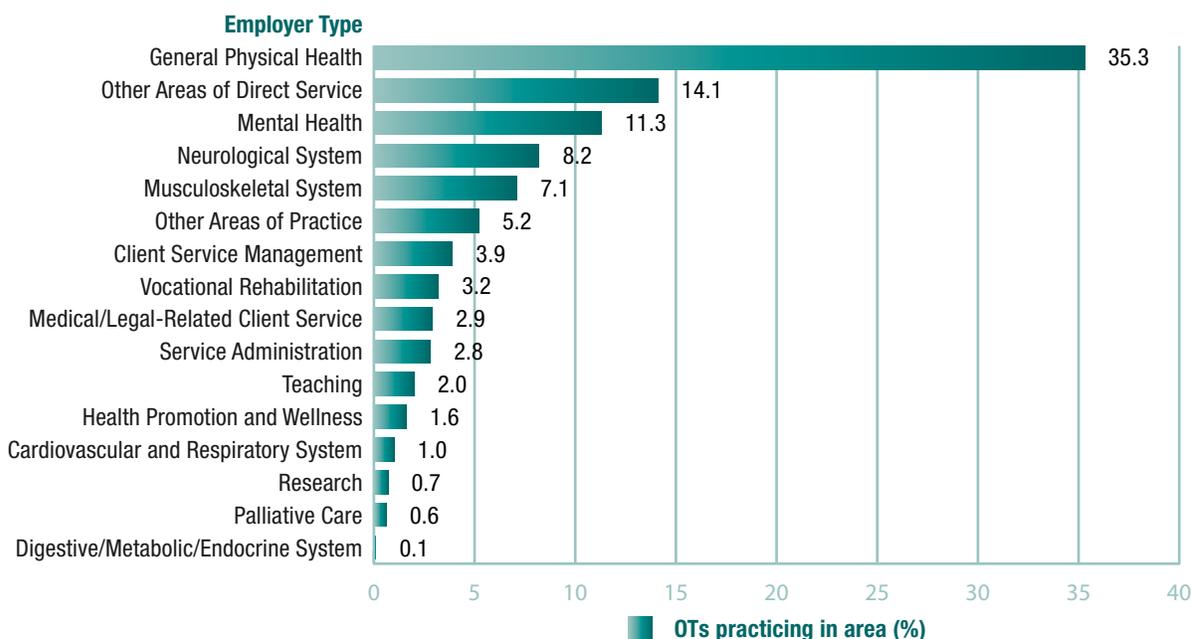
#### 4.1.1 Practice Context: **to Whom** Occupational Therapists Provide Services

In the context of occupational therapist regulation, “client” means the person, group, community, or organization receiving professional services, products, or information. The client is the direct recipient of occupational therapy services regarding an occupational performance issue. The “funder” is not the same as the client.



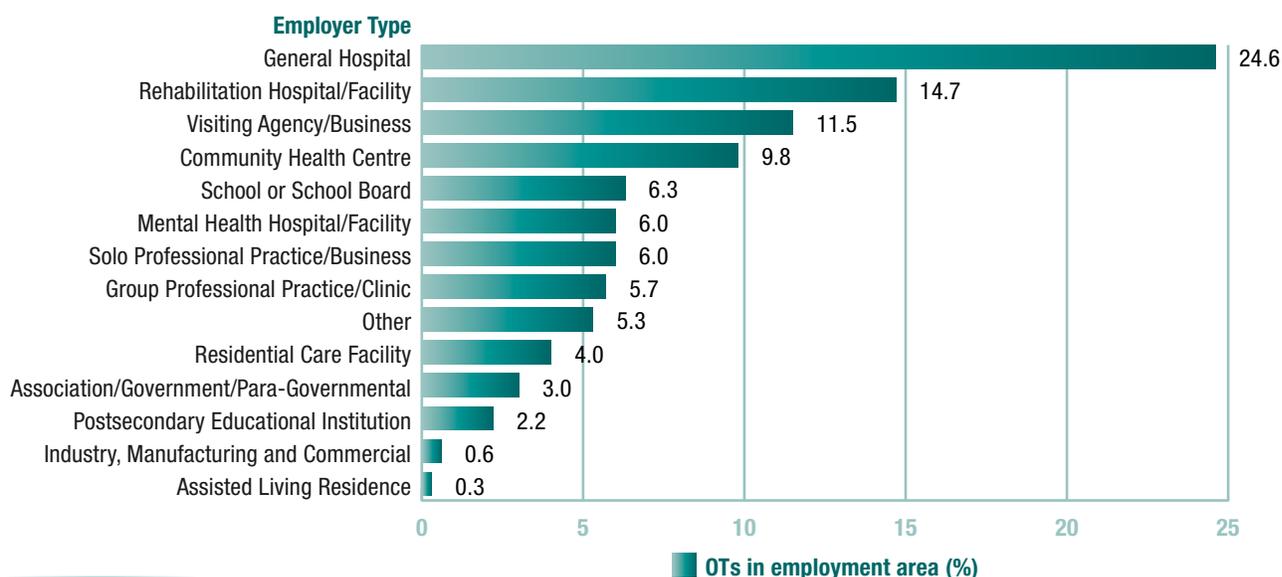
### 4.1.2 Practice Context: What Occupational Therapists Do

**Table 2.** Areas of Practice for Primary Employment (2009)<sup>8</sup>



### 4.1.3 Practice Context: Where Occupational Therapists Work

**Table 3.** Employer Type for Primary Employment (2009)<sup>9</sup>



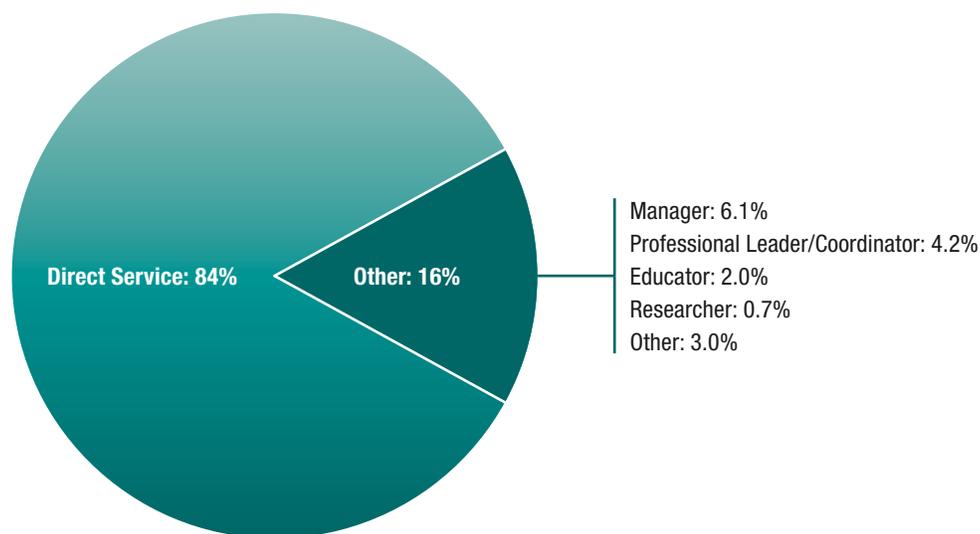
8. CIHI, 2010; Figure 17, p. 58, data exclude Quebec

9. CIHI, 2010, Figure 15, p. 54; Quebec data not available



### 4.1.4 Practice Context: How Occupational Therapists Practice

**Table 4.** Occupational Therapy Workforce by Position for Primary Employment (2009)<sup>10</sup>



**Table 5.** Occupational Therapy Workforce by Funding Source for Primary Employment (2009)<sup>11</sup>



10. CIHI, 2010, Figure 14, p. 51; Quebec data not available

11. CIHI, 2010, Figure 16, p. 57; Quebec data not available



## 4.2 Capability of Occupational Therapists

One of the elements of competent practice is the capability of the occupational therapist. “Capability” refers to the physical, mental, and emotional potential, and facility<sup>12</sup> of an individual required to fulfill his or her professional role. Generally, much of an occupational therapist’s capability is the “raw materials” and the “take for granted” implicit aspects.

Capability for an occupational therapist is often demonstrated through the achievement of the educational credential (e.g. in achieving a university education, a person demonstrates that he or she has the mental ability for their professional role). Other sources of information about an occupational therapist’s capability may be required at the time of application and renewal for registration with a professional regulatory organization. For example, registration information gathered about an occupational therapist’s capability for practice might include language tests, criminal record checks, verification of the applicant’s “good standing”, standards with respect to capacity, and undertakings with respect to mental and/or psychological fitness to practice.

*12. Synonyms for capability that further help explain the ability include talent, aptitude, and adequacy.*



## 5 The Key Role & Units of Competence

### 5.1 Key Role of Occupational Therapists

The **Key Role Statement** describes the purpose or goal of the occupational therapist.

As autonomous primary health professionals, occupational therapists work in partnership with clients<sup>13</sup> and relevant others to provide safe, effective, ethical, and client-centered occupational therapy.

*13. Clients are the direct recipient of occupational therapy service and may include the individual, family, caregiver, group, or organization that accesses the services of an occupational therapist.*

Occupational therapists apply a collaborative and reasoned approach to enable occupation, using a practice process, thinking critically, and communicating effectively while focusing on the physical, cognitive, affective, and spiritual components of performance as well as the physical, institutional, social, and cultural aspects of the environment.

Occupational therapists abide by ethical principles to act with integrity, accountability, and judgment in the best interests of the client, available services, and application of available evidence.

### 5.2 Units of Competence of Occupational Therapists

**Units** describe the major functions for effective performance of occupational therapists.

1. Assumes Professional Responsibility
2. Thinks Critically
3. Demonstrates Practice Knowledge
4. Utilizes an Occupational Therapy Process to Enable Occupation
5. Communicates and Collaborates Effectively
6. Engages in Professional Development
7. Manages Own Practice and Advocates Within Systems



# 6 Competencies of Occupational Therapists

**Competencies** describe the identifiable components of expected performance by an occupational therapist. They appear under each unit and are numbered as 1.1, 1.2, etc.

## Unit 1: Assumes Professional Responsibility

Occupational therapists assume professional responsibility for safe, ethical, and effective practice.

- |  |   |
|--|---|
| <p><b>1.1</b> Demonstrates a commitment to their clients, public, and profession.</p>            | <p><b>1.3</b> Adheres to the Code of Ethics recognized by the provincial regulatory organization.</p> |
| <p><b>1.2</b> Practices within scope of professional and personal limitations and abilities.</p> | <p><b>1.4</b> Applies ethical frameworks to solve ethical situations.</p>                             |
|  | <p><b>1.5</b> Demonstrates professional integrity.</p>  |

## Unit 2: Thinks Critically

Occupational therapists use critical reasoning and reflection approaches for safe, ethical, and effective practice.

- |   |   |
|---|---|
| <p><b>2.1</b> Demonstrates sound professional judgment and clinical reasoning in decision making.</p> | <p><b>2.2</b> Engages in reflection and evaluation and integrates findings into practice.</p> |
|---|---|

## Unit 3: Demonstrates Practice Knowledge

Occupational therapists demonstrate practice knowledge for safe, ethical, and effective practice.

- |  |   |
|--|---|
| <p><b>3.3</b> Uses current occupational therapy foundational knowledge in day-to-day practice.</p> | <p><b>3.4</b> Demonstrates awareness of the physical, social, cultural, institutional, and economic environment relevant to the jurisdiction of practice.</p> |
|--|---|



**3.5** Demonstrates awareness of experiential knowledge of client and occupational therapist.

**3.6** Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.

#### Unit 4: Utilizes an Occupational Therapy Practice Process to Enable Occupation

Occupational therapists use systematic approaches to enabling occupation for safe, ethical, and effective practice.

**4.1** Clarifies role of occupation and enablement when initiating services.

**4.5** Develops client-specific plan with client, interprofessional team members, and other stakeholders.

**4.2** Demonstrates a systematic client-centred approach to enabling occupation.

**4.6** Implements plan for occupational therapy services.

**4.3** Ensures informed consent prior to and throughout service provision.

**4.7** Monitors plan to modify in a timely and appropriate manner.

**4.4** Assesses occupational performance and enablement needs of client.

#### Unit 5: Communicates and Collaborates Effectively

Occupational therapists use effective communication and collaboration approaches for safe, ethical, and effective practice.

**5.1** Communicates effectively with client, interprofessional team and other stakeholders using client-centred principles that address physical, social, cultural, or other barriers to communication.

**5.3** Maintains confidentiality and security in the sharing, transmission, storage, and management of information.

**5.2** Communicates using a timely and effective approach.

**5.4** Collaborates with client, interprofessional team, and other stakeholders.

**5.5** Works effectively with client, interprofessional team, and other stakeholders to manage professional relationships.



## Unit 6: Engages in Professional Development

Occupational therapists engage in professional development for safe, ethical, and effective practice.

- |   |  |
|---|--|
| <p><b>6.1</b> Uses self-evaluation, new learning, and evidence in professional development.</p> <p><b>6.2</b> Demonstrates commitment to continuing competence.</p> | <p><b>6.3</b> Enhances personal competence through integration of on-going learning into practice.</p> |
|---|--|

## Unit 7: Manages Own Practice and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective practice.

- |  |   |
|--|---|
| <p><b>7.1</b> Manages day-to-day practice processes.</p> <p><b>7.2</b> Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.</p> <p><b>7.3</b> Contributes to a practice environment that supports client-centred occupational therapy service that is safe, ethical, and effective.</p> | <p><b>7.4</b> Demonstrates commitment to client and provider safety.</p> <p><b>7.5</b> Participates in quality improvement initiatives.</p> <p><b>7.6</b> Advocates for the occupational potential, occupational performance, and occupational engagement of clients.</p> |
|--|---|



## 7 Competencies & Performance Indicators

**Performance Indicators** describe an inter-related set of factors that define the level of expected performance for occupational therapists. These appear under each competency as i, ii, iii, etc.

### Unit 1: Assumes Professional Responsibility

Occupational therapists assume professional responsibility for safe, ethical, and effective practice.

#### Competency 1.1

Demonstrates a commitment to clients, public, and the profession.

#### Performance Indicators

- i.** Demonstrates knowledge of self-regulation.  
**Cues:** accountability to the client, public interest, regulatory organization, profession, other statutes (e.g. privacy laws)
- ii.** Demonstrates professional behaviours.  
**Cues:** accountability, confidentiality, transparency, disclosure, integrity, honesty, compassion, respect
- iii.** Takes action to ensure that practice and setting support professional responsibilities.  
**Cues:** monitors consistency with policies and regulations; checks that terms of agreement in a contract with payer are not in contravention of professional obligations to client; manages power issues
- iv.** Supports others to practice professional responsibility.  
**Cues:** education, resources, services, policies which are supportive
- v.** Takes necessary actions to ensure client safety.

#### Competency 1.2

Practices within scope of professional and personal limitations and abilities.

#### Performance Indicators

- i.** Demonstrates an understanding of the scope of practice as defined by the relevant provincial jurisdiction or regulatory organization.



- ii. Demonstrates an understanding of the interconnections between scope of practice and practice setting.
- iii. Takes action to ensure that personal and professional limitations do not cause competence to fall below a level considered acceptable in the jurisdiction.  
**Cues:** develops technical skills, refers to other team members, ensures qualified for restricted acts
- iv. Manages overlaps in scope of practice with other professions.

### Competency 1.3

Adheres to the Code of Ethics recognized by the provincial regulatory organization.

### Performance Indicators

- i. Communicates title and credentials accurately.
- ii. Complies with client confidentiality and privacy practice standards and legal requirements.
- iii. Responds appropriately to ethical issues encountered in practice.  
**Cues:** autonomy, client well-being
- iv. Maintains appropriate relationships and boundaries with clients.
- v. Manages conflict of interest.

### Competency 1.4

Applies ethical frameworks to solve ethical situations.

### Performance Indicators

- i. Recognizes situations which impact ethical behavior.
- ii. Responds appropriately to observed unprofessional behaviours in practice.
- iii. Complies with the obligation to report, and processes for reporting, unsafe, unethical, or incompetent practice by an occupational therapist.  
**Cues:** ensures client safety, mandatory reporting requirements for jurisdiction



### Competency 1.5

Demonstrates professional integrity.

### Performance Indicators

- i.** Accepts responsibility for actions and decisions.
- ii.** Shows respect for the dignity, privacy, and confidentiality of clients.
- iii.** Manages conflicts of interest (real or perceived).  
**Cues:** disclosure, compliance with standards/policies about vendors
- iv.** Demonstrates sensitivity to power imbalance (real or perceived).
- v.** Understands the impact of values and beliefs that may affect practice.  
**Cues:** values and beliefs of client, occupational therapist, interprofessional team, other stakeholders
- vi.** Demonstrates sensitivity to diversity.  
**Cues:** understands that diversity includes, but is not limited to, age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability

## Unit 2: Thinks Critically

Occupational therapists use critical reasoning and reflection approaches for safe, ethical, and effective practice.

### Competency 2.1

Demonstrates sound professional judgment and clinical reasoning in decision-making.

### Performance Indicators

- i.** Demonstrates effective and evidence-based problem solving and judgment to address client needs.  
**Cues:** uses literature searches, best available evidence, research, consultation with experts and others
- ii.** Negotiates common ground with clients, interprofessional team members, and other stakeholders.



- iii. Integrates complexity of client issues, needs, and goals within occupational therapy service.
- iv. Integrates relevant information with previous learning, experience, professional knowledge, and current practice models.
- v. Synthesizes and analyzes the information to inform occupational therapy service.  
**Cues:** sorts information, prioritizes information

### Competency 2.2

Engages in a reflective and evaluative approach to practice that integrates findings into practice.

### Performance Indicators

- i. Demonstrates insight into personal expertise and limitations.
- ii. Demonstrates effective, appropriate, and timely consultation with other health professionals as needed for optimal client service.
- iii. Investigates alternative explanations for deficits in occupational performance and engagement.  
**Cues:** barriers, psychosocial components, financial resources
- iv. Recognizes situations where services (i.e. client processes for occupation, occupational performance, and/or engagement) should be adjusted, limited, modified, or discontinued.

## Unit 3: Demonstrates Practice Knowledge

Occupational therapists demonstrate practice knowledge for safe, ethical, and effective practice.

### Competency 3.1

Uses current occupational therapy theory in day-to-day practice.

### Performance Indicators

- i. Applies relevant current knowledge of foundational biomedical and social sciences to practice.  
**Cues:** anatomy / neuroanatomy, neurology / neurophysiology, development across the lifespan (i.e., children, adolescents, adults, older adults), social sciences (i.e. psychology, sociology, education), disease/conditions



- ii. Uses current models and approaches that apply in occupational therapy practice.  
**Cues:** models of practice, occupational therapy theories, health and disability, occupation and occupational engagement, client-centered care, mental health
- iii. Integrates appropriate current occupational therapy knowledge into practice.  
**Cues:** assessment of person–physical, affective, cognitive, emotional, and spiritual; analysis of occupations; environmental enablers and barriers; physical, cultural, economic, political, and institutional determinants; assessment of occupational performance; self-care, productivity, leisure, mobility, IADL (instrumental activities of daily living); standardized assessment; occupational performance factors; intervention strategies, methods, and assistive technologies; environmental modification; technical skills, e.g., splinting and wheelchair positioning for function

### Competency 3.2

Demonstrates awareness of the physical, social, cultural, institutional, and economic environment relevant to the jurisdiction of practice.

### Performance Indicators

- i. Understands the impact of physical, cultural, institutional, and economic factors relevant to practice.  
**Cues:** determinants of health, funding for service; education, justice, health, and social service systems; socio-economic basis of community, cultural influences
- ii. Adjusts occupational therapy service to reflect a client-centred approach related to physical, social, cultural, institutional, and economic environment.

### Competency 3.3

Demonstrates awareness of experiential knowledge of client and occupational therapist.

### Performance Indicators

- i. Understands the impact of experiential knowledge of client and occupational therapist.  
**Cues:** client biases, client values, self-awareness



- ii. Adjusts occupational therapy services to reflect a client-centered approach related to the client's experiential knowledge as well as the occupational therapist's experiential knowledge.

### Competency 3.4

Demonstrates awareness of legislative and regulatory requirements relevant to the province and area of practice.

### Performance Indicators

- i. Understands the impact of legislative and regulatory requirements relevant to the province and area of practice.  
**Cues:** restricted activities, local policies, consent process, health information, protection of confidentiality and privacy, child protection, mental health, occupational health and safety requirements
- ii. Ensures practice-setting policies are consistent with regulations and legislative requirements.

## Unit 4: Utilizes an Occupational Therapy Practice Process to Enable Occupation

Occupational therapists use systematic approaches to enabling occupation for safe, ethical, and effective practice.

### Competency 4.1

Clarifies the role of occupation and enablement when initiating services.

### Performance Indicators

- i. Identifies the recipient(s) of occupational therapy service as the client(s).  
**Cues:** screens referrals, determines appropriateness of referral
- ii. Clarifies the expectations of stakeholders, third-party payers, and relevant others<sup>14</sup> that impact or complement service.  
**Cues:** communicates with families, advocates, teachers, caregivers, and other agencies regarding the service to be provided
- iii. Identifies the knowledge, skills, and attitudes required to provide the appropriate service to the client.

14. Others may include contractors, key individuals, organizations, and/or groups.



- iv. Communicates scope and parameters of services to clients, referring agents, and relevant others.  
**Cues:** discusses frequency and duration of service, variance
- v. Identifies and communicates to client and relevant others the strengths and limitations of practice.  
**Cues:** discusses available funding, access to services, personal knowledge and skills
- vi. Establishes with the client a shared understanding of occupation, occupational performance, engagement, and enablement issues.

### Competency 4.2

Demonstrates a systematic client-centred approach to enabling occupation.

### Performance Indicators

- i. Uses strategies that engage the client in a collaborative approach.  
**Cues:** interview techniques, therapeutic use of self
- ii. Builds rapport and trust within the relationship.
- iii. Discusses client expectations with regard to occupational therapy services.
- iv. Enables client to identify issues and clarify client concerns, expectations, and priorities.
- v. Enables client to examine risks and consequences of options.  
**Cues:** provides information, allows time
- vi. Achieves mutual understanding and agreement concerning services to be provided.

### Competency 4.3

Ensures informed consent prior to and throughout service provision.

### Performance Indicators

- i. Adheres to regulatory, legislative, and service requirements regarding informed consent.



- ii. Demonstrates the principles and practices for obtaining informed consent.  
**Cues:** risk of harm, risk of doing nothing, capacity, range and benefits of services, release of information, etc.
- iii. Obtains consent for involvement of support personnel, students, and other providers involved in the provision of occupational therapy service components.
- iv. Identifies situations where informed consent may be problematic and takes steps to rectify issues.  
**Cues:** written explanation for nonverbal client, substitute decision maker if client does not have capacity for consent

#### Competency 4.4

Assesses occupational performance, engagement, and enablement needs of client.

#### Performance Indicators

- i. Assesses occupational performance and engagement  
**Cues:** self-care, productivity, and leisure; roles, demands, expectations, goals, settings, spiritual values of the client
- ii. Identifies the client's strengths and resources.
- iii. Assesses components related to the occupation and occupational performance and engagement issues identified.  
**Cues:** cognitive, affective, meaning, values, and physical
- iv. Gathers additional relevant information  
**Cues:** reviews client record; consults family, caregivers, and other professionals; collects complete subjective and objective data
- v. Determines the appropriate service delivery approach for client-centred occupational therapy services

#### Competency 4.5

Develops client-centred plan with client, interprofessional team members, and other stakeholders.

#### Performance Indicators

- i. Integrates client wants and needs into all aspects of planning.
- ii. Identifies client's priority occupational issues and possible occupational goals.



- iii. Analyzes physical, cultural, social, and institutional environmental impact on occupational performance and engagement issues.
- iv. Analyzes and proposes options to increase inclusion and accessibility in the client's environment.  
**Cues:** cultural, institutional, physical, social
- v. Develops realistic, measurable, understandable, and targeted outcomes consistent with client's values and life goals.
- vi. Plans for needed service delivery, which considers limits or constraints on the various service delivery methods.  
**Cues:** resources, support personnel, time, equipment, environment, frequency, and duration of service
- vii. Refers to additional services as appropriate.  
**Cues:** funding, equipment, community services, other professional services, social agencies

#### Competency 4.6

Implements plan for occupational therapy services.

#### Performance Indicators

- i. Implements the client-specific plan with client, interprofessional team members, and other stakeholders.  
**Cues:** plans include recommendations, direct service, and consultation
- ii. Monitors impact of plans on person, occupation, and environment.
- iii. Implements interventions in an effective and ethical manner.

#### Competency 4.7

Monitors plan to modify in a timely and appropriate manner.

#### Performance Indicators

- i. Regularly re-assesses client's progress to compare with initial findings, occupational goals, and plan.
- ii. Adapts or redesigns plan as needed.  
**Cues:** modifies plan of care, revises occupational therapy services recommendations



- iii. Documents conclusion/exit and disseminates information and recommendations for next steps such as discharge, coordinated transfer, or re-entry.
- iv. Discontinues service in situations when occupational therapy should not continue.

## Unit 5: Communicates & Collaborates Effectively

Occupational therapists use effective communication and collaboration approaches for safe, ethical, and effective practice.

### Competency 5.1

Communicates effectively with the client, interprofessional team members, and other stakeholders using client-centred principles that address physical, social, cultural, or other barriers to communication

### Performance Indicators

- i. Fosters open, honest, and clear communication.
- ii. Delivers information in a respectful, thoughtful manner.  
**Cues:** verbal, nonverbal, language, tone
- iii. Uses strategies that empower communication.  
**Cues:** active listening, clarifying statements, inviting questions, plain language, appropriate level of explanation, educating, prompting, communication styles, appropriate use of technology
- iv. Adapts communication approach to ensure that barriers to communication do not impact the client's ability to direct own care process.  
**Cues:** language, hearing loss, vision loss, literacy level, inability to communicate verbally, cognitive loss, need for an interpreter
- v. Employs educational approach as appropriate.  
**Cues:** teaching aids, written materials, learner needs, formal teaching, informal teaching, feedback, evaluation

### Competency 5.2

Communicates using a timely and effective approach.

### Performance Indicators

- i. Uses a systematic approach to record keeping of occupational therapy services.  
**Cues:** client-centred, clinical reasoning, occupation-based



- ii. Maintains clear, accurate, and appropriate records of client encounters and plans.  
**Cues:** informed consent, results of assessment, interventions, client involvement, written, electronic
- iii. Applies the various regulations that are specific to record keeping in occupational therapy.  
**Cues:** provincial and federal regulations, institutional policies
- iv. Determines with client the right of others to client's information.  
**Cues:** client right to have access, to clarify, and to comment on or modify the information

### Competency 5.3

Maintains confidentiality and security in the sharing, transmission, storage, and management of information.

### Performance Indicators

- i. Adheres to legislation, regulatory requirements, and facility/ employer guidelines regarding protection of privacy, security of information.
- ii. Establishes and/or adheres to provincial and facility policies and procedures related to the management of information.  
**Cues:** acquiring, documenting, using, transmitting, storing, and disposing of information
- iii. Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality of information.  
**Cues:** confidentiality and privacy of conversations, risks of disclosure in public or shared spaces, information technology, encryption, communication devices

### Competency 5.4

Collaborates with client, interprofessional team, and other stakeholders.

### Performance Indicators

- i. Explains role in client services to team members and clients.
- ii. Demonstrates receptiveness to others' perspectives that serve the best interest of the client.  
**Cues:** considers others' opinions and perspectives



- iii. Demonstrates flexibility within team.  
**Cues:** consults with, listens to, tasks with, is supportive of, responsive to, collaborates with
- iv. Asks for support when appropriate.
- v. Demonstrates leadership techniques appropriate to the situation.

### Competency 5.5

Works effectively with client, interprofessional team, and other stakeholders to manage positive professional relationships.

### Performance Indicators

- i. Demonstrates sensitivity to issues related to diversity and difference  
**Cues:** diversity includes, but is not limited to, the impact of age, gender, religion, cultural beliefs, sexual orientation, ethnicity, ability
- ii. Adapts approach to consider impact of diversity on occupational therapy service outcomes.
- iii. Demonstrates willingness to set team goals and priorities, measure progress, and learn from experience together as a team.
- iv. Enables parties to openly communicate and consider other opinions.
- v. Manages differences, misunderstandings, and limitations that may contribute to interprofessional tensions in an effective and diplomatic manner.



## Unit 6: Engages in Professional Development

Occupational therapists engage in professional development for safe, ethical, and effective practice.

### Competency 6.1

Uses self-evaluation, new learning, and evidence in professional development.

### Performance Indicators

- i. Conducts a regular assessment of personal learning needs required to ensure ongoing competence.  
**Cues:** monitor impact of change in practice, monitor changes in context, identify changes in responsibility areas requiring new learning; identify risks and supports to personal competence; identify personal and professional abilities and limitations that may impact on professional practice
- ii. Adjusts assessment of personal learning needs with external information.  
**Cues:** performance review, client feedback, peer feedback, supervisor feedback
- iii. Reviews various sources of information and new knowledge and determines applicability to practice.  
**Cues:** research articles, databases, guidelines, expert opinion, conferences, discussion groups, critical appraisal

### Competency 6.2

Demonstrates commitment to continuing competence.

### Performance Indicators

- i. Maintains the knowledge, skills, and attitudes to provide safe, efficient, and effective service in areas of practice.  
**Cues:** essential competencies, evidence informed practice
- ii. Integrates new knowledge, skills, and attitudes into practice.
- iii. Implements a plan for continual professional improvement.
- iv. Takes action to address deficiencies to enhance practice.  
**Cues:** acquiring needed knowledge and skills



### Competency 6.3

Enhances personal competence through integration of on-going learning into practice.

### Performance Indicators

- i. Keeps abreast of changes in practice setting that affect scope of practice.  
**Cues:** advances in technology, changes in scope of practice, new and revised standards of practice, evidence informed practice
- ii. Adapts to changes in practice using evidence, practice standards, and best practices.
- iii. Enhances knowledge, skills, and attitudes in needed areas of personal competence.

## Unit 7: Manages Own Practice and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective practice.

### Competency 7.1

Manages day-to-day practice processes.

### Performance Indicators

- i. Prioritizes professional duties including when faced with multiple clients and competing needs.
- ii. Allocates occupational therapy services balancing client needs and available resources.
- iii. Balances work priorities and manages time with respect to client services, practice requirements, and professional responsibilities.
- iv. Manages professional responsibilities by recognizing personal and professional limits of functioning.  
**Cues:** limits or stops work if physically or mentally unable to practice safely and effectively; monitors impact of work-life balance on professional responsibilities



### Competency 7.2

Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.

### Performance Indicators

- i.** Adheres to regulatory requirements and/or guidelines relating to the assignment of tasks and supervision of support personnel, students of occupational therapy, and other students.  
**Cues:** delegates and assigns per standards, guidelines, and regulations; student supervision directives
- ii.** Orients to role, duties, and responsibilities.
- iii.** Supports effectiveness and safety through monitoring, preceptorship, supervision, mentoring, teaching, and coaching.
- iv.** Assigns appropriate work activities.
- v.** Provides regular feedback and evaluation.  
**Cues:** learning objectives, feedback, evaluation forms

### Competency 7.3

Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical, and effective.

### Performance Indicators

- i.** Participates in established organizational processes.  
**Cues:** workload measurement, annual performance reviews.
- ii.** Manages risk in practice to prevent and mitigate safety issues.  
**Cues:** infection control, client safety, workplace safety, workplace hazards, harassment legislation, labour laws
- iii.** Takes appropriate action to align consistency of practice environment requirements with regulatory requirements.  
**Cues:** number of years to keep client records, requirements for blanket or client-specific consent, addresses differences with facility leaders

### Competency 7.4

Demonstrates commitment for client and provider safety.

### Performance Indicators

- i.** Demonstrates knowledge of policies and procedures as they relate to client and provider safety.



- ii. Integrates safety practices into daily activities.  
**Cues:** hand hygiene; seeks assistance for transfers when needed
- iii. Demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences.  
**Cues:** settings or clinical areas that might lead to high-risk situations
- iv. Recognizes safety problems in real-time and responds to correct them, preventing them from impacting the client.
- v. Employs safety techniques.  
**Cues:** diligent information-gathering, cross-checking of information, using checklists, investigating mismatches

### Competency 7.5

Participates in quality improvement initiatives.

### Performance Indicators

- i. Demonstrates accountability for quality of own practice.  
**Cues:** improve outcomes, increase efficiency, mitigate errors, reduce waste, and minimize delays
- ii. Shows awareness of health systems, error, and client safety concepts.  
**Cues:** human factors, systems design, risk management, context-specific safety solutions
- iii. Works with clients and others in quality improvement initiatives.
- iv. Takes action on identified risks to self, client, or practice setting.  
**Cues:** disclosure, improves practice
- v. Advocates for change to ensure that recommended interventions are implemented and sustained.

**Competency 7.6**

Advocates for the occupational potential, occupational performance, and occupational engagement of clients.

**Performance Indicators**

- i.** Balances the ethical and professional issues inherent in client advocacy including altruism, autonomy, integrity, and idealism.
- ii.** Manages the conflict inherent between advocacy role for a client and manager of finite services and resources.
- iii.** Advocates appropriately for the role of occupational therapy to clients and the interprofessional team.
- iv.** Communicates the role and benefits of occupational therapy in occupational performance and occupational engagement.
- v.** Acts on identified advocacy, promotion, and prevention opportunities for occupation and occupational performance with individuals for whom occupational therapy services are provided.



## 8 Units & Competencies for Nonclinical Work

**Units** describe the major functions for effective performance of occupational therapists who do nonclinical work.

**Competencies** describe the identifiable components of expected performance by an occupational therapist. They appear under each unit and are numbered as A.1, A.2, etc.

### Unit A: Assumes Professional Responsibility

Occupational therapists assume professional responsibility for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

- |  |   |
|--|---|
| <p><b>A.1</b> Demonstrates a commitment to their work, the public, and the profession.</p>   | <p><b>A.3</b> Adheres to the Code of Ethics recognized by the provincial regulatory organization.</p> |
| <p><b>A.2</b> Works within scope of professional and personal limitations and abilities.</p> | <p><b>A.4</b> Applies ethical frameworks to solve ethical situations.</p>                             |
|  | <p><b>A.5</b> Demonstrates professional integrity.</p>  |

### Unit B: Thinks Critically

Occupational therapists use critical reasoning and reflection approaches for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

- |  |   |
|--|---|
| <p><b>B.1</b> Demonstrates sound professional judgment and reasoning in decision-making.</p> | <p><b>B.2</b> Engages in reflection and evaluation and integrates findings into work.</p> |
|--|---|

### Unit C: Communicates and Collaborates Effectively

Occupational therapists use effective communication and collaboration approaches for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

- |   |  |
|---|--|
| <p><b>C.1</b> Communicates using a timely and effective approach.</p> | <p><b>C.2</b> Maintains confidentiality and security in the sharing, transmission, storage, and management of information.</p> |
|---|--|



## Unit D: Engages in Professional Development

Occupational therapists engage in professional development for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

- |            |   |            |  |
|------------|---|------------|--|
| <b>D.1</b> | Uses self-evaluation, new learning, and evidence in professional development. | <b>D.3</b> | Enhances personal competence through integration of on-going learning. |
| <b>D.2</b> | Demonstrates commitment to continuing competence.                             |            |  |

## Unit E: Manages Own Work and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

- |            |                                    |            |  |
|------------|------------------------------------|------------|--|
| <b>E.1</b> | Demonstrates commitment to safety. | <b>E.2</b> | Participates in quality improvement initiatives. |
|------------|------------------------------------|------------|--|



# 9 Competencies for Nonclinical Work & Performance Indicators

**Performance Indicators** describe an inter-related set of factors that define the level of expected performance for occupational therapists. These appear under each competency as i, ii, iii, etc.

## Unit A: Assumes Professional Responsibility

Occupational therapists assume professional responsibility for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

### Competency A.1

Demonstrates a commitment to their work, the public, and the profession.

### Performance Indicators

- i.** Demonstrates knowledge of self-regulation.  
**Cues:** accountability to the public interest, regulatory organization, profession, other statutes (e.g. privacy laws)
- ii.** Demonstrates professional behaviours.  
**Cues:** accountability, confidentiality, transparency, disclosure, integrity, honesty, compassion, respect
- iii.** Takes action to ensure that work setting supports professional responsibilities.  
**Cues:** monitors consistency with policies and regulations, checks terms of agreement in a contract with payer are not in contravention of professional obligations
- iv.** Supports others towards professional responsibility.  
**Cues:** education, resources, services, policies which are supportive to others
- v.** Takes necessary actions to ensure safety.

### Competency A.2

Works within scope of professional and personal limitations and abilities.

### Performance Indicators

- i.** Demonstrates an understanding of the scope of work as defined by the relevant provincial jurisdiction or regulatory organization.



- ii. Takes action to ensure that personal and professional limitations do not cause their competence to fall below a level considered acceptable in the jurisdiction.

**Cues:** develops work skills, refers to other team members

### Competency A.3

Adheres to the Code of Ethics recognized by the provincial regulatory organization.

### Performance Indicators

- i. Communicates title and credentials accurately.
- ii. Complies with work confidentiality and privacy standards and legal requirements.
- iii. Responds appropriately to ethical issues encountered in work.
- iv. Maintains appropriate relationships and boundaries with staff, team members, and in the work environment.

**Cues:** manages power relationships

### Competency A.4

Applies ethical frameworks to solve ethical situations.

### Performance Indicators

- i. Recognizes situations which impact ethical behaviour.
- ii. Responds appropriately to observed unprofessional behaviours in work.
- iii. Complies with the obligation to report, and processes for reporting, unsafe, unethical, or incompetent work by an occupational therapist.

**Cues:** understands mandatory reporting requirements for jurisdiction

### Competency A.5

Demonstrates professional integrity.

### Performance Indicators

- i. Accepts responsibility for actions and decisions.
- ii. Shows respect for the dignity, privacy, and confidentiality with staff, team members, and others within their work environment
- iii. Manages conflicts of interest (real or perceived).

**Cues:** disclosure, compliance with standards/policies about vendors



- iv.** Demonstrates sensitivity to power imbalance (real or perceived).
- v.** Understands the impact of values and beliefs that may affect work.
- vi.** Demonstrates sensitivity to diversity.  
**Cues:** understands diversity includes, but is not limited to, age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability

## Unit B: Thinks Critically

Occupational therapists use critical reasoning and reflection approaches for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

### Competency B.1

Demonstrates sound professional judgment and reasoning in decision-making.

### Performance Indicators

- i.** Demonstrates effective and evidence-based problem solving and judgment.  
**Cues:** literature search, best available evidence, research, consultation with experts and others, etc.
- ii.** Negotiates common ground with team members and other stakeholders. Integrates complexity of issues, needs, goals.
- iii.** Integrates relevant information with previous learning, experience, professional knowledge, and current work practices.
- iv.** Synthesizes and analyzes the information to inform work.  
**Cues:** sorts information, prioritizes information

### Competency B.2

Engages in reflection and evaluation and integrates findings into work.

### Performance Indicators

- i.** Demonstrates insight into personal expertise and limitations.
- ii.** Demonstrates effective, appropriate, and timely consultation with others as needed to optimize outcomes.



- iii. Investigates alternative explanations for problems, issues, and challenges.
- iv. Recognizes situations where goals and/or work plans should be adjusted, limited, modified, or discontinued.

## Unit C: Communicates and Collaborates Effectively

Occupational therapists use effective communication and collaboration approaches for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

### Competency C.1

Communicates using an effective approach.

### Performance Indicators

- i. Fosters open, honest, and clear communication.
- ii. Delivers information in a respectful, thoughtful manner.  
**Cues:** verbal, non-verbal, language, tone
- iii. Uses strategies that empower communication.  
**Cues:** active listening, clarifying statements, inviting questions, plain language, appropriate level explanation, educating, prompting, communication styles, appropriate use of technology.

### Competency C.2

Maintains confidentiality and security in the sharing, transmission, storage, and management of information.

### Performance Indicators

- i. Adheres to legislation, regulatory requirements, and facility/ employer guidelines regarding protection of privacy, security of information.
- ii. Establishes and/or adheres to provincial and facility policies and procedures related to the management of information.  
**Cues:** acquiring, documenting, using, transmitting, storing, information access rights and disposing of information.
- iii. Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality of information.  
**Cues:** confidentiality and privacy of conversations, risks of disclosure in public or shared spaces, information technology, encryption, communication devices, etc.



## Unit D: Engages in Professional Development

Occupational therapists engage in professional development for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

### Competency D.1

Uses self-evaluation, new learning, and evidence in professional development.

### Performance Indicators

- i.** Conducts a regular assessment of personal learning needs required to ensure ongoing competence.  
**Cues:** monitor changes in context, identify changes in responsibility areas requiring new learning; identify risks and supports to personal competence; identify personal and professional abilities and limitations that may impact on professional practice.
- ii.** Adjusts assessment of personal learning needs with external information.  
**Cues:** performance review, peer/supervisor feedback
- iii.** Reviews various sources of information and new knowledge and determines applicability to work.  
**Cues:** research articles, databases, guidelines, expert opinion, conferences, discussion groups, critical appraisal.

### Competency D.2

Demonstrates commitment to continuing competence.

### Performance Indicators

- i.** Maintains the knowledge, skills, and attitudes to provide safe, efficient, and effective service in areas of work.  
**Cues:** essential competencies, evidence-informed practice
- ii.** Integrates new knowledge, skills, and attitudes into work.
- iii.** Implements a plan for continual professional improvement.
- iv.** Takes action to address deficiencies to enhance work.  
**Cues:** acquiring needed knowledge and skills



### Competency D.3

Enhance personal competence through integration of ongoing learning into work.

### Performance Indicators

- i.** Keeps abreast of changes in practice setting that affect scope of work.  
**Cues:** advances in technology, changes in scope of practice, new and revised standards of practice, evidence-informed practice
- ii.** Adapts to changes in work using evidence, practice standards, and best practices.
- iii.** Enhance knowledge, skills, and attitudes in needed areas of personal competence.

## Unit E: Manages Own Work and Advocates Within Systems

Occupational therapists manage the quality of practice and advocate within systems for safe, ethical, and effective development, delivery, oversight, and/or improvement of systems and services.

### Competency E.1

Demonstrates commitment for safety.

### Performance Indicators

- i.** Demonstrates knowledge of policies and procedures as they relate to work and work setting.
- ii.** Integrates safety practices into daily activities.
- iii.** Demonstrates situational awareness by continually observing the whole environment, thinking ahead, and reviewing potential options and consequences.  
**Cues:** work or work settings that might lead to high risk situations
- iv.** Recognizes safety problems in real-time and responds to correct them, preventing them where possible.

### Competency E.2

Participates in quality improvement initiatives.

### Performance Indicators

- i.** Demonstrates accountability for quality of own practice.  
**Cues:** improve outcomes, increase efficiency, mitigate errors, reduce waste, and minimize delays.



- ii.** Shows awareness of health systems, error, and safety concepts.  
**Cues:** human factors, patient safety, systems design, risk management, context-specific safety solutions
- iii.** Works with others in quality improvement initiatives.  
**Cues:** others can include staff, team members, clients, others in work environment
- iv.** Takes action on identified risks to self, others, or practice setting.  
**Cues:** disclosure, improves practice.
- v.** Advocates for change to ensure that recommended interventions are implemented and sustained.



# 10

## References

Assessment Strategies. (1998). *Report on the development of the competency profile for the entry-level occupational therapist in Canada*. Toronto: Author.

Association of Canadian Occupational Therapy Regulatory Organizations. (2000). *Essential competencies of practice for occupational therapists in Canada*. Toronto: Author.

Association of Canadian Occupational Therapy Regulatory Organizations. (2003). *Essential competencies of practice for occupational therapists in Canada (2nd Ed.)*. Toronto: Author.

Canadian Association of Occupational Therapists. (1997). *Enabling occupation: An occupational therapy perspective*. Ottawa: CAOT Publications ACE.

Canadian Association of Occupational Therapists. (2002). *Enabling occupation: An occupational therapy perspective*. (Rev. ed.). Ottawa: CAOT Publications ACE.

Canadian Association of Occupational Therapists. (2007). *Profile of occupational therapy practice in Canada*. Ottawa: CAOT Publications ACE.

Canadian Institute for Health Information. (2010). *Occupational therapists in Canada, 2009*. Ottawa: Author.

Glover Takahashi, S. (unpublished manuscript). *Competency frameworks: A primer*.

Glover Takahashi, S., Beggs, c., & Herold, J. (2011). *Essential competencies of practice for occupational therapists in Canada, 3rd Ed. – methodology supplement*. Toronto: ACOTRO.

Jones, L., & Moore, R. (1993). *Education, competence and the control of expertise*. *British Journal of Sociology of Education*, 14(4),385-397.

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa: CAOT Publications ACE.



# A Appendix: Glossary of Terms

## Client

Is the direct recipient of occupational therapy service and may include the individual, family, caregiver, group, or organization that accesses the services of an occupational therapist.

## Competent

Being competent refers to the practice at a skill level of an individual, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements:

1. context of practice,
2. capability of individual (e.g., physical, cognitive, affective), and
3. competencies demonstrated by an individual.

## Context of Practice

Context of practice is the environment in which practice occurs. Context of practice describes the details about the practice milieu, including the **who** (types of clients, groups, populations), **what** (areas of practice, types of service), **where** (practice settings), and **how** (professional roles, funding models) in which individuals may practice. The areas describing the context of practice are interrelated and impact on the essential competencies needed for safe and effective practice.

## Capability

Capability refers to the physical, mental, emotional potential, and facility of an individual that enables him or her to fulfill a professional role.<sup>15</sup>

## Competency/Competencies

A competency is a unit of or component part of the whole (i.e. competence). A competency is an outcome statement that reflects the knowledge, skills, and attitudes to achieve a major part of one's job (a role or responsibility). Each competency can be measured against well-accepted standards, and can be improved via training and development.

## Enabling Occupation

Refers to enabling people to “choose, organize, and perform those occupations they find useful and meaningful in their environment.”<sup>16</sup>

## Engagement

Refers to actively involving clients in doing, participating.<sup>17</sup>

## Performance Indicators

The inter-related set of measurable behaviours related to the demonstration of a given competency (i.e. outcome). Performance indicators are often key “parts” or “processes” related to demonstrating the knowledge, skills, or attitudes related to the competency.

15. Synonyms for capability include talent, aptitude, and potential.

16. CAOT, 1997a; 2002, p. 180

17. Townsend & Polatajko, 2007



## B Appendix: Steering & Advisory Group Members

### Steering Group Members

#### **Coralie Lennea**

Executive Director, Saskatchewan Society of Occupational Therapists (Chair)

#### **Kathy Corbett**

Registrar, College of Occupational Therapists of British Columbia (COTBC)

#### **Gayle Salsman**

Registrar, College of Occupational Therapists of Nova Scotia (COTNS)

#### **Barbara Worth**

Registrar, College of Occupational Therapists of Ontario (COTO)

#### **Susan Glover Takahashi**

Project Consultant

#### **Jayne Kirby**

Project Manager

### Advisory Group Members

#### **Gayle Salsman**

Registrar, College of Occupational Therapists of Nova Scotia (COTNS) (Chair)

#### **Ann Bossers**

Association of Canadian Occupational Therapy University Programs (ACOTUP)

#### **Kathy Corbett**

Registrar, College of Occupational Therapists of British Columbia (COTBC)

#### **Leanne Worsfold**

College of Occupational Therapists of Ontario (COTO)

#### **Claudia von Zweck**

Executive Director, Canadian Association of Occupational Therapists (CAOT)

#### **Susan Glover Takahashi**

Project Consultant

#### **Jayne Kirby**

Project Manager