COTNS
COLLEGE of OCCUPATIONAL THERAPISTS of NOVA SCOTIA
COTNS NEWS
Newsletter Fall 2015

Substantial Equivalency Assessment System (SEAS)

The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) launched its new assessment process, the Substantial Equivalency Assessment System (SEAS), on May 1st, 2015. Now, all internationally educated applicants, including Canadians who have received their occupational therapy education outside Canada, will engage in a multi-step assessment process that evaluates their educational qualifications and competencies. Once applicants have been assessed through SEAS, they can apply to a provincial occupational therapy regulatory organization, like COTNS, for registration.

Prior to SEAS, occupational therapy regulators, like the majority of professional health regulators in Canada, used different processes to assess IEOT applications. For example, they used different language fluency tests and standards, and had different ways of assessing academic credentials. To better ensure consistency, safety and fairness in the assessment system, all ten OT regulators in Canada came together through the Harmonization Project, which sought not only to create a common approach to IEOT assessment, but also to better recognize the knowledge and skills that IEOTs have gained through their education and work experience. The result was SEAS, an innovative approach to assessing internationally educated health professionals.

SEAS measures the extent to which the educational qualifications and competencies of an IEOT are substantially equivalent to those of an OT educated in Canada. "Substantially equivalent" means that while an IEOT's education doesn't need to be identical to that of an OT educated in Canada, it needs to be equivalent in some essential ways. The system looks at qualifications and competencies to determine that equivalence.

This new assessment approach has several stages. SEAS evaluates the education that IEOTs originally completed by reviewing their academic credentials and course content materials, and allows them to demonstrate what they know and can do by engaging them in a day-long competency assessment interview. It also includes an open-book Jurisprudence Knowledge Assessment Test that helps build their knowledge about Canadian legislation, ethics and standards.

Inside this issue:

CONTINUING COMPETENCE COMMITTEE

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The Continuing Competence Committee has spent many years planning, developing and rolling out the College's Continuing Competence Program. This program was based on self-assessment which was the cornerstone for most Continuing Competency programs across Canada and in many other countries. So the research by Dr. Glen Regehr and others from the University of British Columbia's Centre for Health Education Scholarship demonstrating that self-assessment does not promote competence raised concerns for Committee members. He and other scholars (Regehr and Eva, 2005) argued that high performers underestimate their abilities and the lowest performers overestimate their abilities.

In addition, although peer and colleague feedback (such as required by the College's self-assessment) can help low performers identify their weaknesses; Regehr and Myopoulos (2008) argued that even when weaknesses are identified, we don't necessarily seek out opportunities for improvement. Instead, we focus on improving what we already do well.

Based on this information, the Committee engaged consultant Kris Head in order to:

1. Conduct an environmental scan of continuing competence relevant to COTNS including the programs utilized by health professional regulatory bodies within Nova Scotia as well as other Occupational Therapy regulators across Canada.
2. Conduct an enhanced literature search to identify and evaluate relevant research within the continuing competency field.
3. Conduct search for potential vendors able to provide various program elements of the continuing competency program in order to better inform subsequent RFPs.
4. Create options and recommendations for COTNS regarding continuing competency programs incorporating COTNS' goals and guiding principles of continuing competency.

The results of this consultation are outlined below:

Continuing Competence Program Components:

The CCP has three components:

a) Competence Maintenance:

This is the **supportive** component of the Continuing Competency Program. Competence Maintenance is an ongoing process in which occupational therapists engage in activities to maintain and/or enhance their competence and expertise. Maintenance of a professional development plan and prescribed regulatory education modules make up this component.

b) Competence Review:

This is the **evaluative** component of the Continuing Competency Program. It is designed to assess registrants' skills, knowledge and judgment required for occupational therapy practice and identify the registrants who require improvement. This component involves two -step review:

i) **Assessment** of skills, knowledge and judgment of all registrants using a written exam

ii) Onsite **assessment** of registrants by an assessor. This step is designed for registrants who require further assessment following the written exam or registrants randomly selected by the College.

c) **Competence Improvement:**
This component is the **improvement** component of the Continuing Competency Program. It is designed to **improve** competencies of registrants identified through Competence Review as having competence level below acceptable standards. The Peer Assessment Committee makes improvement recommendations based on results from Competence Review.

Next Steps

The College has embarked on a number of information sessions with members from across the province. These sessions will continue throughout the year. In addition, the College will hold web based information sessions throughout the winter. Please contact the College should you wish for more information or to set up a session in your area.

Calling for Volunteers

The College is looking for volunteers to assist in the development of the prescribed education modules. If you would like to volunteer, please contact the College office.

Resources

College of Occupational Therapists of British Columbia. (2009). Continuing Competence Program for College of Occupational Therapists of BC: From Ideas to Design. Victoria BC:

Regehr, G., & Eva, K. (2006). Self-assessment, self-direction, and the self-regulating professional. Clinical Orthopaedics and Related Research, 449, 34-38.

Regehr, G., & Mylopoulos, M. (2008). Maintaining competence in the field: Learning about practice, through practice, in practice. Journal of Continuing Education in the Health Professions, 28(S1), S19-S23.

Obtaining Informed Consent

Occupational therapists will find the latest practice guideline from the College: *Obtaining Informed Consent to Occupational Therapy Services* along with the *College's Risk Assessment and Management Tool* on our website. We hope that the guideline will encourage you to examine your present practices regarding consent, and consider within your practice context, how you can ensure that you are obtaining valid, informed consent.

[1]Obtaining informed consent requires us to manage risk factors that will vary depending on the complexity of the client's condition, the practice context, our own skills and knowledge and the nature of the referral. By managing the risk factors we can be more confident that the client understands the nature of the occupational therapy services we are proposing, and appreciates the consequences of the decision to give consent or not. Assessing risk also increases our awareness of situations that require more diligent documentation. When the probability of not obtaining informed consent is low, it may be enough to record that oral consent was obtained, but in higher risk situations, obtaining written consent, specific to the situation, is the safest method for proving that informed consent was received.

Try answering the following questions to test your present knowledge, and review the guideline for more information. **Taken from the COTBC Instep Spring 2008** (*Answers appear at the bottom of the next page.*)

1. The Healthy Living program is an outpatient program for seniors with low incomes living independently. It is designed to assist seniors to continue to live independently but also to identify seniors who may be at risk and need institutional care. Clients do not need a referral to participate in the program, which is delivered in the clients' homes and includes a variety of individual care delivered by many different health professionals. When clients are accepted into the program they sign a form consenting to the program. This is sufficient to proceed with an occupational therapy assessment of independent living skills.

   True **False**

2. A client is being seen regularly in the rehabilitation unit by occupational therapist Sally Jones. Sally is ill and Sue Smith covers her caseload. Sue must obtain consent to occupational therapy services prior to continuing with the program set up by Sally.

   True **False**

3. Mr. Brown is on a rehabilitation unit recovering from a stroke. He does not have a client representative or substitute decision maker, and is considered capable of making decisions regarding his care. He initially refused occupational therapy services but later agreed when told he would be discharged home without any mobility aids that he needed. The occupational therapist was successful in obtaining informed consent.

   True **False**

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Obtaining Informed Consent Con't

4. Mr. Smith is recovering from a rotator cuff repair. He is 40-years-old, self-employed and anxious to return to work as soon as possible. He consented to an occupational therapy assessment but has not agreed to the intervention, which includes a graduated return to work plan and modified work such as no lifting. The occupational therapist was short on time and explained that he might tear the muscles again if he resumed work right away. Mr. Smith said he was willing to take the risk. The occupational therapist made a brief note in the chart that Mr. Smith had decided not to participate in occupational therapy and the file was closed.
She did not have time to record any details of the discussion. She obtained informed consent and documented sufficiently.

True False

5 If a client is admitted to hospital involuntarily due to a suicide attempt it is still necessary to obtain consent to an occupational therapy assessment to see if he can return to his former work.

True False

This column is intended to encourage occupational therapists to reflect critically on their current practices and make decisions that promote safe, ethical and competent care. The questions and answers should not replace ongoing professional judgment.

1 False

A form agreeing to participate in a program may not be specific enough to be considered valid, especially if the client does not have opportunities to ask questions and receive answers related to the occupational therapy services he or she is to receive. In this case, it is best to obtain consent specific to the occupational therapy services.

2 False

Although many occupational therapists would obtain oral consent while explaining that the regular therapist was ill, it is not necessary to obtain consent unless there is a significant change in the care plan or a new intervention is recommended

3 False

Consent should be given voluntarily and not under threat of losing future services and/or equipment. Explaining the occupational therapy service, the risks and benefits, and allowing Mr. Brown to ask questions and receive answers, may have been more successful in obtaining valid consent.

4 False

Although Mr. Smith was motivated to return to work due to loss of income, he may have needed more time to discuss the consequences of not modifying his return to work. Without more discussion and detailed documentation, it might be considered that the occupational therapist did not explain the risks of refusing the intervention sufficiently.

5 True

A person who is involuntarily detained can still be capable of making a decision to accept or refuse occupational therapy services.[1]

[1] From COTBC Instep Spring 2008

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5 Minute

PRIVACY CHECKUP …..

Nova Scotia Freedom of Information & Protection of Privacy Review Officer

www.foipop.ns.ca

Sally's Checkup

It's late on a Friday afternoon and Sally is running a bit behind. Her impatient teenaged daughter is sitting next to her in her office waiting for Sally to finish up. She completes her online performance review for a member of her team and is about to logout when her phone rings. She answers and has a brief discussion about disciplinary issues related to another team member. By now her daughter is quite impatient and has started leafing through documents on the desk to keep herself occupied. Sally hangs up the phone, throws some duplicate audit reports into her recycling box under her desk and heads for the door. She doesn't bother locking her office door because she knows the cleaner usually vacuums on Fridays. She is almost out of the office when she realizes she forgot to give a co-worker a phone message from one of his team members. She says hello to the cleaner and then yells to her co-worker, who is just down the hallway, advising him to call the team member who is suffering a recurrence of his persistent lumbago.

What is your privacy 'diagnosis' for Sally?

Mobile & Portable Devices		
	Y	N
Do you always store mobile or portable storage device such as laptops in a locked cabinet when not in use?		
Is all sensitive information contained on your portable storage devices limited to the absolute minimum necessary?		
Have you ensured that all sensitive information contained on any portable storage device you use is encrypted?		
Do you permanently delete sensitive information from your portable storage devices as soon as possible after use?		
Secure Disposal of Sensitive Information		
Do you dispose of hard copy records containing sensitive information by placing them in a secure shredding bin or by shredding them yourself?		
Privacy Habits		
Do you avoid discussing personal information in any area where the conversation can be overheard by unauthorized personnel?		
Do you disclose personal information to co-workers only where the information is necessary for the performance of the duties of your co-workers?		
If you must travel with personal information, do you always ensure that any personal information you have is stored in a locked cabinet or cupboard and never in your car?		

Does it fall within the scope of practice of occupational therapy?

The College frequently receives questions from registrants asking if a particular skill or technique falls within the scope of practice of occupational therapy. There is some value in approaching any scope of practice question in the following manner:

(1) Is the activity limited by legislation?

Unlike in provinces with "umbrella" legislation (Ontario, British Columbia, Alberta, Manitoba and Quebec) which outlines a set of "restricted" or "reserved" activities, in Nova Scotia, each health profession has its own legislation which outlines the scope of practice of that profession.

(2) If the answer to #1 is "No" and therefore there is no legal impediment to taking on the activity, then the OT must be able to confirm that he or she has the training and skill to be able to carry out the activity. The training may have been acquired by formal or informal means but confirming the acquisition of skill is recommended through notation in the personnel file.

(3) Thirdly, one must explore the manner in which the new technique is indeed the practice of occupational therapy.

The definition of occupational therapy as outlined by the OT Act 1998 c. 21 is as follows:

(p) "occupational therapy" means the performance of professional services requiring substantial specialized knowledge of occupational therapy theory in order to promote, develop, restore, improve or maintain optimal occupational functioning in the area of self-care, productivity and leisure and includes, but is not limited to,

(i) the application and interpretation of procedures designed to evaluate occupational functioning,

(ii) the planning, administration and evaluation of developmental, restorative, maintenance, preventative and educational programs,

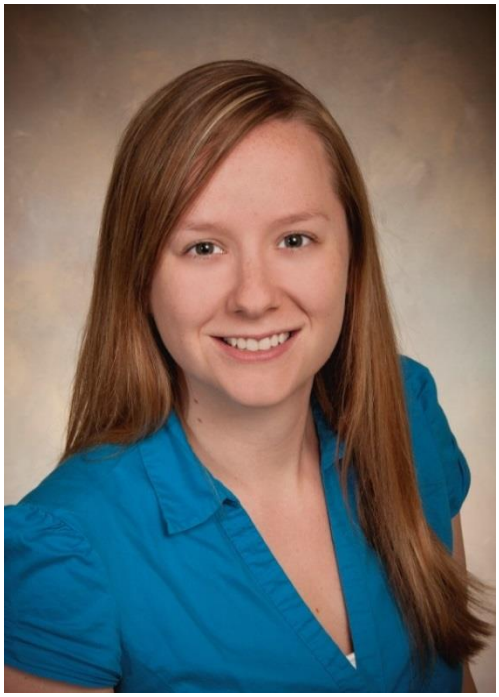
(iii) providing education, health promotion, consultation, management, research or other such services that implement and advance the practice of occupational therapy;

A technique on its own is neutral but COTNS would expect that any technique is used within the scope of practice of occupational therapy as defined by the Act.

Lastly, and in summary, the OT must be able to be fully accountable for what he or she is doing and assume full responsibility for the effective provision of services.

From the College of Occupational Therapists of Manitoba

Meet your New Board Member



My name is Crystal Perry and I am excited to announce that I have joined the Board of Directors for the COTNS as Secretary. I applied for a position on the board to further improve my knowledge and skills as an occupational therapist, to participate in decisions and changes affecting occupational therapists and to network with my fellow colleagues.

I graduated from Dalhousie University in 2008 with a Bachelor of Science, majoring in Psychology. I continued my education with Dalhousie University and graduated with a Master's of Science in Occupational Therapy in 2010.

Upon graduation, I initially worked with a non-profit organization, Affirmative Industries which is a company that assists individuals with mental and/or physical health disabilities to achieve economic independence. I then went on to work with Centric Health, where I have gained skills in assisting individuals with mental and/or physical health concerns to increase their functional abilities and quality of life.

Throughout my career to date I have taken many professional development courses, including the following: Functional Capacity Evaluation, Evaluating Cognitive Demands and Function, Cognitive Abilities Evaluation, Cognitive Behavioural Therapy, Motivational Interviewing, Stott Pilates, and Concussion Therapy.

As a believer in living a balanced lifestyle, I also enjoy yoga, pilates, fitness classes, camping, canoeing, hiking, reading and cooking. I am also currently involved in the community as a Girl Guide Leader.

I look forward to the year ahead and working with such a great group of individuals at the COTNS!

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REMINDERS

Update the College!

Each member is required to update the College of a change to any information contained on the annual registration forms. These may include:

- Change of Home Address or Phone
- Change of Employment Information
- Change of Practising Status
- Change of email Address
- Change of Name

Please note that while the College shares office space with NSSOT, we act as separate and distinct entities. Therefore, it is the responsibility of the individual OT to update both offices of information changes as required.

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