



**PROFILE OF PRACTICE  
OF OCCUPATIONAL THERAPISTS  
IN CANADA**

2012



## PROFILE OF PRACTICE OF OCCUPATIONAL THERAPISTS IN CANADA 2012

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## A. Introduction

The 2012 *Profile of Practice of Occupational Therapists in Canada* reflects current evidence in the areas of competency and Canadian occupational therapy practice. The Profile provides a vision for practice and a model for excellence for occupational therapy in Canada and is aligned with the professional directions presented in the CAOT publication *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation* (Townsend & Polatajko, 2012).

The Profile presents a model of practice that includes a wide spectrum of competencies, some of which may be expected for occupational therapists at the beginning of their career, while others may be associated with more advanced levels of performance and experience. The competencies were identified and validated in a five-phase project process and first published in 2007 (see Appendix A). In addition to these competencies, this 2012 version of the Profile includes new and updated descriptive information regarding the practice of occupational therapy in Canada. This vital information is required for career development and health human resource management and planning and includes issues such as the occupational therapy practice context, scope of practice, interprofessional practice, advanced competencies and career mobility.

## B. Occupational Therapy and Occupational Therapists in Canada

The Profile depicts occupational therapy as both an art and a science that has a focus of enabling engagement in occupation in order to promote health and well-being (Townsend & Polatajko, 2012). Interventions are directed at the individual, group, community, and population level in order to address barriers effectively that interfere with occupational engagement and/or performance.

Occupational therapists are the primary providers of occupational therapy services in Canada. Occupational therapy support workers or support personnel may also be directly involved in the provision of occupational therapy services under the supervision of an occupational therapist. Most occupational therapists work in positions that involve contact with occupational therapy clients. However, many occupational therapists also balance multiple other positions in their practices, such as clinicians that also are involved in education, research, policy development or professional leadership.

## C. The Roles of Occupational Therapists

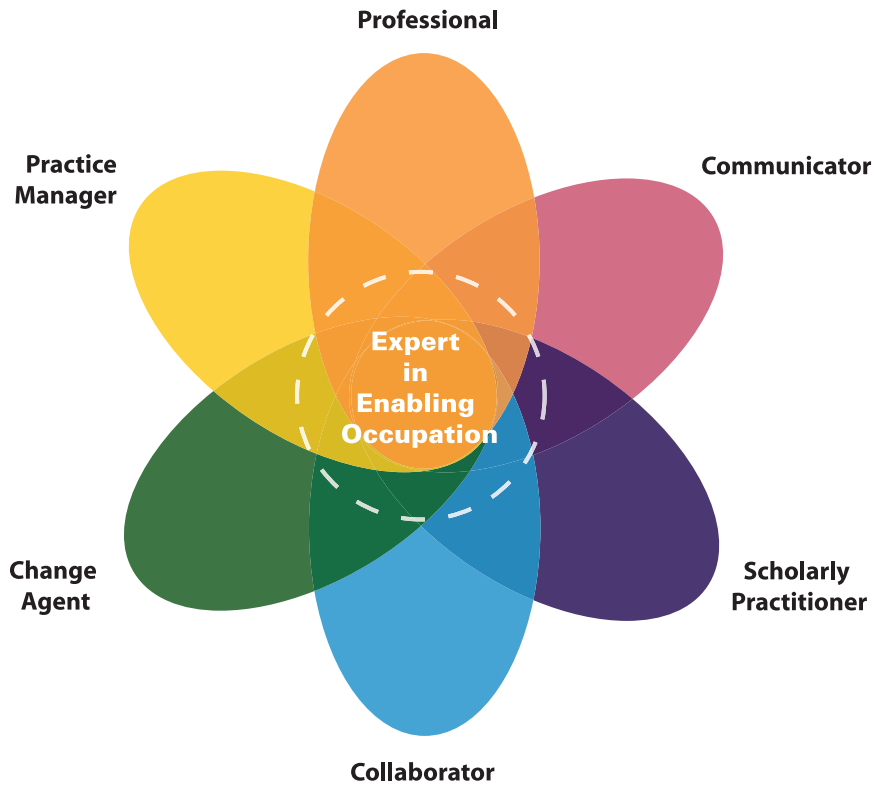
The Profile recognizes the wide range of requirements of occupational therapists for today's practice context. Occupational therapy demands occupational therapists use evidence-based processes and complex knowledge, skills, and abilities in relation to seven "roles".

Consistent with the Canadian Model of Client-Centred Enablement (see Townsend & Polatajko, 2012), work in occupational therapy as an Expert in Enabling Occupation is considered the central role, expertise, and competence of an occupational therapist. Work in this core function is interconnected with all other roles, drawing upon required competencies in order to use occupation effectively as both a medium for engagement and an outcome for occupational therapy intervention.

The competencies of an occupational therapist as an expert in enabling occupation are aligned with the Canadian Practice Process Framework (CPPF), (Townsend & Polatajko, 2012). The CPPF is applicable to the many diverse practice contexts of occupational therapists in Canada and outlines the steps involved in provision of occupational therapy service.

Figure 1 illustrates the central role of the occupational therapist as an expert in enabling occupation, as surrounded by the six supporting roles, including communicator, collaborator, practice manager, change agent, scholarly practitioner and professional. Table 1 below outlines the definition and description of each role.

**Figure 1** Profile of Practice of Occupational Therapists in Canada.



**Table 1** The Roles of Occupational Therapists in Canada.

Definition	Description
<b>1. Expert in Enabling Occupation</b>	
<p>Expert in Enabling Occupation is the central role, expertise, and competence of the occupational therapist. As an Expert in Enabling Occupation, occupational therapists use evidence-based processes that focus on a client’s occupations—including self-care, productive pursuits, and leisure—as a medium for action and outcome. Clients include individuals, families, groups, communities, populations, or organizations.</p>	<p>Occupational therapists use knowledge of occupation, occupational performance, and occupational engagement, and other appropriate processes and interventions of enablement in the evidence-based provision of client-centred service.</p> <p>Occupational therapists provide services that are current, ethical and resource-efficient, and use effective communication with clients, other service providers, and the community. Client perspectives and diversity are taken into account. Services are uniquely designed, context sensitive, holistic, and flexible to respond to changing conditions in the occupations, persons, and environments of the client, service providers, and service systems. Occupational therapists work within the boundaries of their profession, personal expertise, the service setting, and the client’s preferences and context.</p> <p>The role of Expert in Enabling Occupation draws on the competencies included in the roles of Communicator, Collaborator, Practice Manager, Change Agent, Scholarly Practitioner, and Professional.</p>
<b>2. Communicator</b>	
<p>As a Communicator, the practitioner-client relationship is central to</p>	<p>Occupational therapists enable communication and effective dynamic interactions with clients, team members, and others about occupations, engagement</p>

occupational therapy. Communication includes oral, written, non-verbal, and electronic means.

in life's occupations, as well as occupational therapy services. The communication role is also demonstrated in mediating and negotiating solutions, raising awareness of diversity, or other challenges. Communication approaches vary widely and require a high level of expertise that is adapted and changed in each different practice setting.

### 3. Collaborator

As a Collaborator, occupational therapists work effectively with key stakeholders to enable participation in occupations by using and promoting shared decision-making approaches.

Occupational therapists collaborate, both in an interprofessional and intraprofessional environment, sometimes leading, and sometimes sharing with key stakeholders including professionals and other members of the community. Occupational therapists work closely with stakeholders together at one site or are extended groups working across multiple settings and in the broader community.

### 4. Practice Manager

As a Practice Manager, occupational therapists manage time, prioritize, and support the management of effective and efficient practice.

Occupational therapists develop and support sustainable practices, managing caseloads, allocating resources, and demonstrating accountability to the public and funders for contributing to effective client programs and services that enable participation through occupation. Practitioners manage their personal and professional needs in everyday practice activities. Occupational therapists are skilled in the supervision, support and mentorship of occupational therapists, support personnel and other team members in occupational therapy.

### 5. Change Agent

As a Change Agent, occupational therapists use their expertise and influence responsibly to advance occupation, occupational performance, and occupational engagement.

Occupational therapists advocate on behalf of, and with clients, working toward positive change to improve programs, services, and society, within health and other systems. Practitioners work for population and community change in the funding, management, policy, and other systems that impact occupations in daily life. Occupational therapists collaborate with those inside and outside the system, and draw on strategies to enable the empowerment of populations.

### 6. Scholarly Practitioner

As a Scholarly Practitioner, occupational therapists incorporate critique, reflection, and quality improvement in their everyday practice and through lifelong learning. As educators, occupational therapists facilitate learning with clients, team members, and other learners.

Occupational therapists base their work on the best evidence from research, best practices, and experiential knowledge. Practitioners evaluate the effectiveness, efficiency, and cost-effectiveness of client services and programs.

Occupational therapists engage in a lifelong pursuit to continuously maintain and build personal expertise. A commitment is demonstrated to facilitate learning and contribute to the creation, dissemination, application, and translation of knowledge.

### 7. Professional

As a Professional, occupational therapists are committed to ethical practice and high personal standards of behaviour in enabling occupation.

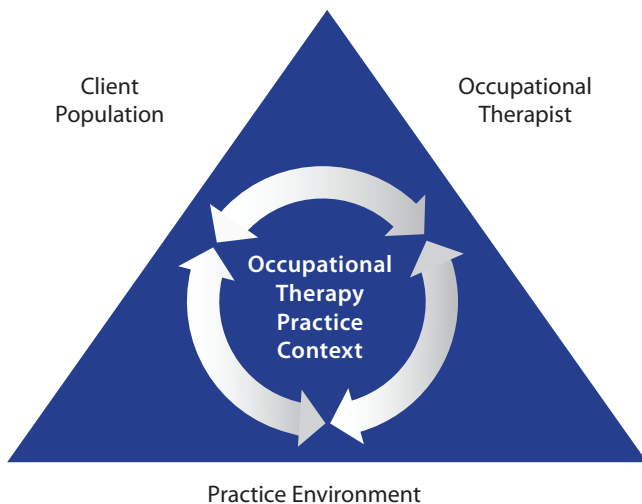
Occupational therapists are autonomous, self-regulated professionals, who individually and collectively monitor and manage their personal and professional limits.

Practitioners are guided by ethical codes of practice and a commitment to competence, embracing of appropriate attitudes and behaviours, integrity, altruism, attention to diversity and injustice, personal well-being, critical inquiry, and the promotion of the public good within their domain.

## D. The Practice Context of Occupational Therapists

The Profile advances a general definition of the work of occupational therapists, which includes clinicians as well as practitioners involved in other areas of practice such as community development, research, education, administration, and policy. An accurate picture of the occupational therapy practice context (i.e. where and with whom work “happens”) is necessary to describe the competencies of occupational therapists required to function effectively. Involvement of occupational therapists in each of the seven roles of the Profile is not equal, as not all roles may be part of everyday practice. The roles required by an occupational therapist in any situation are influenced by, and depend on the practice context. The practice context refers to the interaction of dimensions that describe both who is providing and who is receiving services, as well as where the work is undertaken (Figure 2):

**Figure 2** Occupational Therapy Practice Context.



1. **Client population:** Occupational therapists work with clients of all ages as individuals, families, groups, communities or populations. Clients of occupational therapists experience, or are at risk of encountering barriers to occupational engagement, for example restrictions resulting from personal health issues or limitations imposed by physical, social or cultural factors within the environment.

Client needs in occupational therapy are defined in terms of occupation. The enablement of engagement in desired and/or needed occupations of life is the core domain of occupational therapy. Occupations are

groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture and reflect everything people do to occupy themselves, including looking after themselves, enjoying life and contributing to the social and economic fabric of their communities (CAOT 1997, 2002).

Data regarding the practice context of occupational therapists is collected by the Canadian Institute for Health Information (CIHI) for all jurisdictions in Canada, except Quebec. These data indicate that in 2010, occupational therapists worked with populations most frequently experiencing general physical health issues (34.9%) or neurological system problems (8.1%). Eleven percent of occupational therapists worked primarily in mental health (CIHI, 2011). Information collected from the voluntary membership of CAOT indicates occupational therapists work most frequently with adults (69%), with another 23% working only with children (CAOT, 2011).

Little data is collected routinely regarding the occupations addressed by occupational therapists. Information gathered by CAOT indicates some occupational therapists specialize in working with particular occupations such as driving, eating/feeding/swallowing or independent living skills (CAOT, 2011).

2. **Occupational therapist:** Individual attributes of occupational therapists such as education, experience, gender and culture influence the performance of roles in the occupational therapy practice context. Occupational therapists educated in Canada receive education in university programs accredited by the Canadian Association of Occupational Therapists. Since 2008, all university education programs must lead to a Master’s level credential to be eligible for accreditation by CAOT. The accreditation process ensures occupational therapy education programs address the knowledge, skills and abilities outlined in the Profile of Practice of Occupational Therapists in Canada (2012) and the Essential Competencies outlined by the Association of Occupational Therapy Regulatory Organizations (2011). Demographic information collected by CIHI indicates that over 30% of occupational therapists in Canada have a Master’s or Doctorate as their highest level of education (2011). CIHI data also indicate occupational therapy is a female dominated profession, with males comprising less than 9% of the occupational therapist workforce. The average age of occupational therapists in Canada of 39 years is younger than peer health professions such as medicine and nursing where aging of the workforce has raised concerns for replacing workers who will retire in the next decade (CIHI, 2011);

CIHI, 2010). The younger age profile of occupational therapists reflects increases in the number of occupational therapists graduating from Canadian university education programs over the past decade but also may suggest a shorter career lifespan.

**3. Practice environment:** Occupational therapists work in a number of practice environments that may be defined by factors such as the type of employer/funder; site of service provision (e.g. institution, community, clinic); service model (e.g. consultation, intervention); and primary work functions (e.g. clinical service, service administration, education, research and policy development/administration).

In 2010, approximately 31.8% of occupational therapists worked in the community and 11.4% were employed in a professional practice. An additional 45.6% worked in facilities such as hospitals, rehabilitation centres and residential care homes. The large majority of occupational therapists (82.8%) worked for only one employer. Most occupational therapists were permanently employed (74.6%) or self-employed (14.8%), with 10.7% as casual or temporary employees. The self-employment rate tripled in secondary employment positions, reflecting the large number of occupational therapists that supplement regular work with private practice. Almost 83% of occupational therapists worked as direct service providers with clients. An additional 6.9% of occupational therapists were managers, 4% professional leaders/coordinators, 2.8% educators/researchers, with 3.0% holding other positions (CIHI, 2011).

Great variation exists in the work of occupational therapists because of the interaction of elements within the three dimensions that describe practice context. For example, as a client-centred profession, the types of occupations addressed by occupational therapists are shaped by the needs and requirements of the client population, the frame of reference used by the occupational therapist as well as the priorities of the practice environment.

The practice context is also influenced by changes in any of the three dimensions, either internal or external to the profession. As an example, the shift to community-based health services that occurred in the past three decades had a profound change on occupational therapy. Once primarily a service received in a hospital or other health facility, the site of occupational therapy service has shifted to include a large number of community settings. Currently, reforms to primary health care provide another growth opportunity for occupational therapy service provision in the community. Internal factors influencing the practice context include the desire of occupational therapists to use occupational therapy

concepts and values with different client populations and practice environments in their quest for effective occupational enablement.

## E. Fluid and Dynamic Competency Development

The Profile articulates a competency continuum that describes the skills, knowledge, and abilities of occupational therapists that are competent, as well as those considered proficient. The Profile defines the “competent” occupational therapist as an occupational therapist that meets or exceeds the minimal and ongoing performance expectations and demonstrates the requisite knowledge, skills, and abilities for safe and effective practice of occupational therapy at the beginning of and throughout their career. The performance expectations for occupational therapy practice at the “proficient” level are also described in the Profile. Occupational therapists who are proficient in a role also have the knowledge, skills, and abilities of the competent practitioner but vary in how the competency is performed (e.g. ease of performance, professional sophistication, artistry of practice).

The term “proficient” usually does not describe an occupational therapist in all contexts of practice (e.g., area of practice, setting, etc.); rather, a practitioner can work at the proficient level in one or more areas and be competent in the other areas. In the “day-to-day” work situation, all occupational therapists, whether newer graduates or seasoned veterans are “competent.” Some occupational therapists may have a few roles they are performing at the “proficient” level and, in rare circumstances, there may be practitioners who demonstrate all of the roles at the “proficient” level.

The practitioner with “proficient” level competencies demonstrates a similar competency to the “competent” practitioner, yet with enhanced ease and sophistication in such areas as efficiency and quality, as well as a greater capacity to deal effectively with a wider range of complexity. The practitioner with “proficient” level competencies has additional skills in how practice is demonstrated beyond that of the competent; for example, the ability to:

- know how specific practice is carried out in context (quality, depth, breadth, efficiency, complexity, etc.);
- practise with wisdom;
- develop creative, innovative, or novel ways of doing things (e.g., creative solutions);
- engage in critique of practice; critical dialogue;
- identify nuances;
- move easily beyond the specific case at hand to

- systems and environments;
- see the interactions or influences more than the task or person;
- adapt routine processes of practice;
- develop flexible options to the customary;
- manage complexity;
- strategize around the whole situation;
- integrate and synthesize; and
- deal easily with challenges.

## F. Performance Expectations for “Competent” Practice of Occupational Therapists

“Competent” performance expectations reflect the requisite knowledge, skills, and abilities expected throughout an occupational therapist’s career. Each of the seven roles contains a number of key competencies. The “competent” practice of occupational therapists in each key competency is explicated further by a number of enabling competencies in Table 2 below.

**Table 2** Performance Expectations for “Competent” Practice of Occupational Therapists.

Key Competencies	Enabling Competencies
<b>1. Expert in Enabling Occupation</b>	
1.1 Function effectively as a client-centred expert in occupation, occupational performance, and occupational engagement.	1.1.1 Demonstrate expertise in occupations, occupational engagement, and occupational engagement in practice with clients. 1.1.2 Advocate for the client and occupational therapy to create positive first point of contact with client based on a referral, contract request, or the occupational therapists’ recognition of the real or potential occupational challenges. 1.1.3 Incorporate the client’s perspective on meaning and relevance of needs and plans. 1.1.4 Establish positive therapeutic relationships with clients that are characterized by understanding, trust, respect, honesty, and empathy. 1.1.5 Demonstrate skills in client-centred practice including mediation, negotiation, awareness, and respect for client.
1.2 Recognize the limits of personal expertise.	1.2.1 Demonstrate insight into personal limitations and expertise. 1.2.2 Recognize situations where occupation, occupational engagement, and related processes should be limited or discontinued. 1.2.3 Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal client service. 1.2.4 Arrange follow-up services for a client within their specific circumstances.
1.3 Perform a complete and appropriate assessment of occupational engagement.	1.3.1 Establish a shared understanding of occupation and occupational engagement issues with the client. 1.3.2 Engage clients to clarify values, beliefs, assumptions, expectations, and desires. 1.3.3 Assess occupational engagement in relevant areas, including self-care, productivity, and leisure; and within the context of roles, demands, expectations, goals and settings, and spiritual values of the client. 1.3.4 Identify the client’s strengths and resources. 1.3.5 Identify the strengths and resources of the occupational therapist in relation to the client’s needs. 1.3.6 Assess cognitive, affective, conative (e.g. meaning, values), and physical components related to occupation and occupational engagement issues identified. 1.3.7 Seek out and synthesize relevant information from other sources, such as family, caregivers, and other professionals. 1.3.8 Use appropriate investigative methods in an effective and ethical manner throughout the assessment process.



**Table 2** Performance Expectations for “Competent” Practice of Occupational Therapists, continued.

Key Competencies	Enabling Competencies
<b>1. Expert in Enabling Occupation</b>	
1.4 Apply core expertise and professional reasoning.	1.4.1 Apply relevant and current knowledge of the physical, social, psychosocial, environmental, and fundamental biomedical and social sciences to practice. 1.4.2 Demonstrate sound use of relevant models, frameworks, and theories of occupational therapy. 1.4.3 Demonstrate effective problem solving and judgment to address client needs. 1.4.4 Mediate or negotiate common ground or agree not to continue practice process.
1.5 Synthesize assessment findings and reasoning to develop a targeted action plan.	1.5.1 Analyze tasks and activities relevant to occupational engagement issues. 1.5.2 Determine resources required for service delivery while identifying any limits or constraints on the various service delivery methods. 1.5.3 Identify priority occupational issues and possible occupational goals. 1.5.4 Analyze physical, cultural, social, and institution environmental impact on occupational engagement issues. 1.5.5 Analyze and propose physical design options to increase inclusion and accessibility in the built environment. 1.5.6 Formulate and document possible recommendations based on best explanations. 1.5.7 With client participation and power sharing as much as possible, develop the desired realistic, measurable, understandable, and targeted outcomes consistent with client values and life goals.
1.6 Demonstrate skilled and selective use of occupation and interventions to enable occupation.	1.6.1 Consult, advocate, educate, and engage the client through occupation to implement the process. 1.6.2 Implement targeted action plans relevant to the person, occupation, and environment. 1.6.3 Propose physical design options to increase inclusion. 1.6.4 Incorporate cultural, social, physical, and institutional options to increase inclusion. 1.6.5 Implement interventions in an effective and ethical manner. 1.6.6 Adapt or redesign the plan as needed in monitoring progress regularly. 1.6.7 Document conclusion/exit and disseminate information and recommendations for next steps (e.g., discharge, coordinated transfer, or re-entry).
<b>2. Communicator</b>	
2.1 Engage in effective dialogue.	2.1.1 Demonstrate active listening. 2.1.2 Deliver information in a respectful, thoughtful manner. 2.1.3 Use plain language that is understandable. 2.1.4 Respond to non-verbal cues. 2.1.5 Employ approaches which encourage participation in decision-making. 2.1.6 Communicate appropriately information related to the client’s occupational engagement and occupational engagement. 2.1.7 Adapt communication approach to ensure that barriers to communication (e.g., language, hearing loss, vision loss, inability to communicate verbally, cognitive loss) do not impact the client’s ability to direct their own care process. 2.1.8 Employ teaching aids, written materials, and other resources that support effective communication. 2.2.1 Use an occupation-based framework for documentation.

**Table 2** Performance Expectations for “Competent” Practice of Occupational Therapists, continued.

Key Competencies	Enabling Competencies
<b>2. Communicator</b>	
2.2 Convey effective written and electronic documentation.	2.2.2 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of client encounters and action plans. 2.2.3 Comply with applicable provincial regulatory and organizational document standards.
2.3 Support diversity in communication.	2.3.1 Demonstrate sensitivity to client issues related to diversity and difference. 2.3.2 Enable parties to communicate openly and consider other opinions.
<b>3. Collaborator</b>	
3.1 Work effectively in inter-professional and intra-professional teams.	3.1.1 Demonstrate an understanding of the roles and responsibilities of team members. 3.1.2 Demonstrate a respectful attitude towards team members. 3.1.3 Include the client as active team member whenever possible. 3.1.4 Support positive team dynamics. 3.1.5 Work with team members using shared decision-making to meet the needs of the client. 3.1.6 Work with team members to assess, plan, and provide an integrated approach to services for clients. 3.1.7 Respect team ethics, including confidentiality, resource allocation, and professionalism. 3.1.8 Lead the team when appropriate, working collaboratively with team members to deliver client-centred services.
3.2 Effectively work with a team to manage and resolve conflict.	3.2.1 Respect differences, misunderstandings, and limitations among team members. 3.2.2 Recognize own differences, misunderstandings, and limitations that may contribute to team tensions. 3.2.3 Manage differences and conflicts to ensure an ongoing team focus on the client’s values, goals, and objectives. 3.2.4 Negotiate to resolve conflicts among team members. 3.2.5 Demonstrate support for interprofessional team function. 3.2.6 Chair or participate effectively in team meetings.
<b>4. Practice Manager</b>	
4.1 Manage day-to-day professional practice and career.	4.1.1 Effectively and appropriately prioritize professional duties, including when faced with multiple clients and competing needs. 4.1.2 Allocate therapy services while balancing client needs and available resources. 4.1.3 Balance work priorities and manage time with respect to client services and practice requirements. 4.1.4 Balance work activities, outside activities, and personal priorities.
4.2 Participate in activities that contribute to the effectiveness of the organizations and systems.	4.2.1 Participate in systemic quality process evaluation and improvement such as client safety initiatives. 4.2.2 Participate in established organizational processes such as workload measurement. 4.2.3 Participate in established human resources activities such as annual performance reviews. 4.2.4 Participate in established financial and physical resource planning activities. 4.2.5 Chair or participate effectively in committees and meetings.
4.3 Supervise support personnel in occupational therapy.	4.3.1 Orient support personnel to their role, duties, and responsibilities. 4.3.2 Enable the effectiveness of support personnel through mentoring, coaching, and training.

**Table 2** Performance Expectations for “Competent” Practice of Occupational Therapists, continued.

Key Competencies	Enabling Competencies
<b>4. Practice Manager</b>	
4.4 Support fieldwork education.	4.3.3 Develop a detailed understanding of the competencies of support personnel on the intraprofessional team. 4.3.4 Assign appropriate work activities to support personnel working on the team. 4.3.5 Comply with provincial regulatory and organizational document standards that apply to working with support personnel in occupational therapy.  4.4.1 Develop educational activities appropriate to learning objectives and learner needs. 4.4.2 Supervise learners in fieldwork education. 4.4.3 Provide regular, constructive feedback of the learner’s performance. 4.4.4 Evaluate learners using required evaluation forms. 4.4.5 Document learner fieldwork and assessment. 4.4.6 Comply with provincial regulatory and organizational document standards that apply to fieldwork education.
5.1 Advocate for the occupational potential, occupational performance, and occupational engagement of clients.	5.1.1 Assist the client in obtaining funding and services, as necessary and appropriate, so as to achieve outcomes identified in the action plan. 5.1.2 Advocate for occupation and/or occupational engagement opportunities for clients. 5.1.3 Balance the ethical and professional issues inherent in client advocacy, including altruism, autonomy, integrity, social justice, and idealism. 5.1.4 Manage the conflict inherent between the advocacy role for a client and the manager of finite services and resources. 5.1.5 Act on identified opportunities for occupation and occupational engagement including advocacy, promotion, and prevention with individuals for whom occupational therapy services are provided.
5.2 Advocate for occupational needs related to the determinants of health, well-being, and equity for clients served.	5.2.1 Identify the determinants of health of the clients served, including barriers to access services and resources. 5.2.2 Identify vulnerable or marginalized clients among those served. 5.2.3 Advocate appropriately for the vulnerable or marginalized clients to enable participation through occupation.
5.3 Communicate the role and benefits of occupational therapy.	5.3.1 Advocate appropriately for the role of occupational therapy to clients and the interprofessional team. 5.3.2 Act on identified opportunities to communicate the role and benefits of occupational therapy in occupational performance and occupational engagement.
<b>6. Scholarly Practitioner</b>	
6.1 Maintain and enhance personal competence through ongoing learning.	6.1.1 Conduct a regular assessment of personal learning needs. 6.1.2 Demonstrate lifelong learning skills and document a personal program to keep up-to-date and enhance areas of professional competence. 6.1.3 Regularly review new knowledge and determine applicability to practice. 6.1.4 Integrate new learning and evidence into practice. 6.1.5 Evaluate the impact of any change in practice.

**Table 2** Performance Expectations for “Competent” Practice of Occupational Therapists, continued.

Key Competencies	Enabling Competencies
<b>6. Scholarly Practitioner</b>	
6.2 Critically evaluate information to support client, service, and practice decisions.	6.2.1 Critically appraise best evidence in order to address client, service, or practice questions. 6.2.2 Integrate critical appraisal conclusions into daily practice.
6.3 Facilitate the learning of clients, the team, and others.	6.3.1 Identify the learning needs and desired learning outcomes of learners. 6.3.2 Educate about the holistic occupational therapy approach, which incorporates occupational demands, and personal and environmental factors. 6.3.3 Demonstrate effective teaching and assessment approaches.
<b>7. Professional</b>	
7.1 Demonstrate ethical practice.	7.1.1 Demonstrate appropriate professional behaviours, including honesty, integrity, commitment, compassion, respect, and altruism. 7.1.2 Communicate title and credentials accurately. 7.1.3 Comply with codes of ethics. 7.1.4 Recognize and appropriately respond to ethical issues encountered in practice. 7.1.5 Comply with client confidentiality, privacy practice standards, and legal requirements. 7.1.6 Maintain appropriate relationships and boundaries with clients. 7.1.7 Recognize and respond appropriately to others’ unprofessional behaviours in practice.
7.2 Demonstrate commitment to competent practice.	7.2.1 Participate actively in profession-led regulation. 7.2.2 Comply with professional and regulatory practice standards. 7.2.3 Demonstrate a commitment to competent occupational therapy practice. 7.2.4 Maintain personal competence.
7.3 Display awareness of diversity and the power issues involved in a professional relationship.	7.3.1 Demonstrate awareness of professional privilege and sensitivity to client issues related to professional privilege and client power. 7.3.2 Respect diversity, including but not limited to, the impact of age, gender, religion, sexual orientation, ethnicity, cultural beliefs, and ability on participation and shared decision-making. 7.3.3 Attend to diversity in providing services with respect to client’s needs, values, and goals.
7.4 Contribute to the occupational therapy profession.	7.4.1 Demonstrate behaviours which contribute to the profession, including participation in professional organizations.

## G. Performance Expectations for “Proficient” Practice of Occupational Therapists

The key competencies that are expected for a “proficient” level of practice of occupational therapists are beyond those identified for a “competent” level occupational

therapy. Currently only the key competencies for the “proficient” level of occupational therapy have been identified, as outlined in Table 3 below.

**Table 3** Performance Expectations for “Proficient” Practice of Occupational Therapists.

### Key Competencies

#### 1. Expert in Enabling Occupation

- 1.1 Function effectively as a client-centred expert in occupation, occupational performance, and occupational engagement, including in system and population-related situations.
- 1.2 Perform a complete and appropriate assessment of occupational performance, including in complex situations.
- 1.3 Demonstrate innovation and professional reasoning.
- 1.4 Synthesize assessment findings and reasoning to develop a targeted action plan, including in complex situations.
- 1.5 Demonstrate skilled and selective use of occupation and interventions with organizations and populations.
- 1.6 Recognize the limits of personal and team member expertise.

#### 2. Communicator

- 2.1 Engage in and facilitate effective dialogue.
- 2.2 Convey effective written and electronic documentation with accuracy, speed, and fluency.
- 2.3 Design or implement systems to support effective communication.
- 2.4 Demonstrate skilled handling of diversity in communication, including situations with multiple or competing interests.

#### 3. Collaborator

- 3.1 Work effectively in interprofessional and intraprofessional teams, including with challenging clients or team members.
- 3.2 Design or implement systems to strengthen team effectiveness.
- 3.3 Support teams to manage and resolve conflict.

#### 4. Practice Manager

- 4.1 Manage day-to-day professional practice and career with ease and efficiency.
- 4.2 Design or implement systems to support practitioners in work planning, including equilibrium in professional practice and career.
- 4.3 Lead or support activities that contribute to the effectiveness of organizations and systems.
- 4.4 Develop and administer systems related to the supervision of support personnel in occupational therapy.
- 4.5 Develop and administer systems to support fieldwork education.
- 4.6 Support the appropriate use of human, financial, and physical resources.
- 4.7 Participate in administrative and leadership roles in service and system context, and profession.

#### 5. Change Agent

- 5.1 Advocate for the occupational potential, occupational performance, and occupational engagement of clients including organizations, populations, and those in complex situations.

**Table 3** Performance Expectations for “Proficient” Practice of Occupational Therapists, continued.

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**Key Competencies**

**5. Change Agent**

- 5.2 Advocate for needed changes related to the determinants of health, well-being, and equity for clients served, including organizations and populations.
- 5.3 Advocate for the role and benefits of occupational therapy with clients and the interprofessional team.

**6. Scholarly Practitioner**

- 6.1 Maintain and enhance personal competence through ongoing learning in a thorough and systematic manner.
- 6.2 Design or implement systems to support practitioner competency and ongoing professional development/ continuing education.
- 6.3 Critically evaluate information to support client, service, and practice decisions with ease and efficiency.
- 6.4 Support the use of best evidence, and the distribution and translation of new knowledge into occupational therapy practice.
- 6.5 Facilitate the learning of clients, including organizations and populations.

**7. Professional**

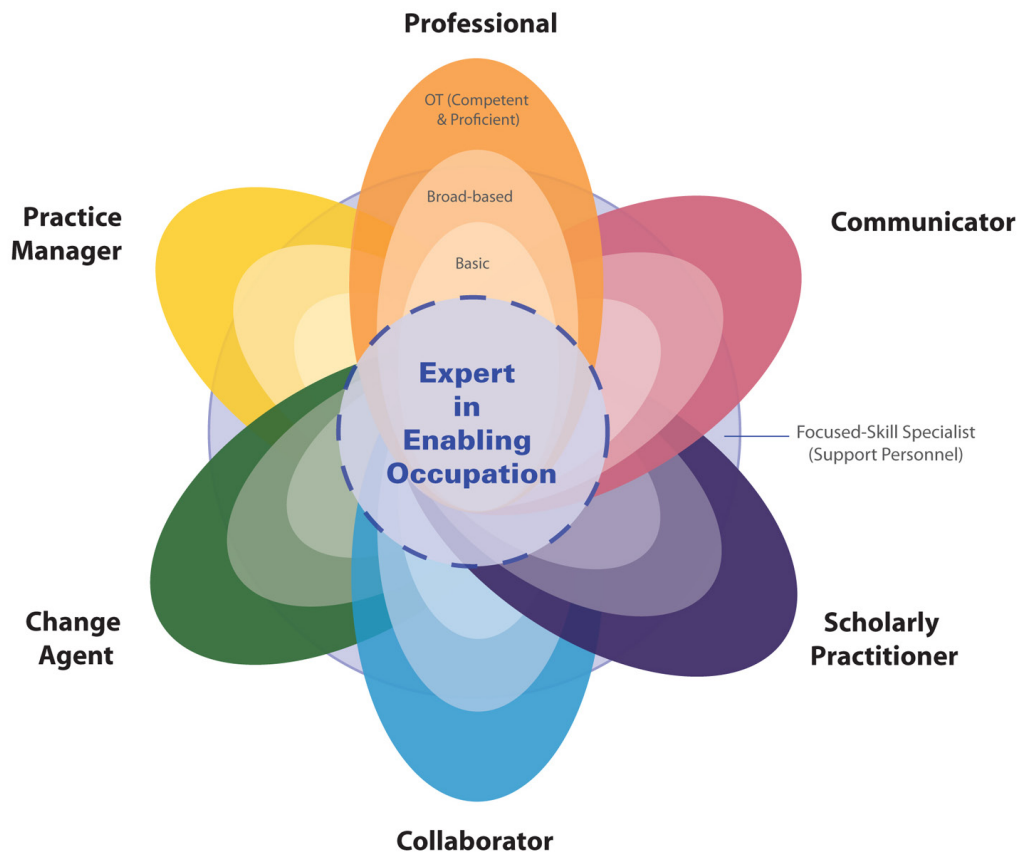
- 7.1 Demonstrate ethical practice with ease and efficiency.
  - 7.2 Design or implement systems to support professionalism and quality practice.
  - 7.3 Demonstrate commitment to competent practice.
  - 7.4 Design or implement systems to support the competence of occupational therapists.
  - 7.5 Demonstrate commitment to diversity and effective management of the power issues involved in a professional relationship.
  - 7.6 Contribute to the occupational therapy profession.
-

## H. Practice Profile for Support Personnel in Occupational Therapy

The Practice Profile for Support Personnel in Occupational Therapy (2009) builds on the information contained in the 2012 Profile of Practice of Occupational Therapists in Canada. As support personnel in Canada are employed in Canada in many diverse practice contexts, the Practice Profile for Support Personnel

in Occupational Therapy outlines support personnel competencies along a practice continuum. Support personnel competencies are depicted as subsets of the roles and competencies outlined in the Profile of Practice of Occupational Therapists, as illustrated in Figure 3.

**Figure 3** Occupational Therapy and Occupational Therapy Support Personnel Practice Profile.



## I. The Scope of Practice of Occupational Therapists

Occupational therapists are regulated health professionals in all provinces of Canada. The scope of practice for occupational therapists is articulated in provincial regulatory legislation and outlines the range of responsibilities that define the boundaries of professional practice.

The Profile assists to describe occupational therapy practice within a legislated scope of practice in Canada by articulating the seven roles of occupational therapists and associated competencies required to meet the health needs of the Canadian public. Appendix B maps

essential competencies identified by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) (ACOTRO, 2008) to each of the seven roles of the Profile of Practice of Occupational Therapists in Canada (Polgar, 2008).

## J. Interprofessional Practice and Occupational Therapists

Interprofessional practice is a growing context of practice for many occupational therapists in Canada. Interprofessional practice requires occupational therapists to understand not only their own professional roles, but also the general scope of practice of other health professionals in order to utilize the competencies of the health team for optimal client service and outcomes. Within an interprofessional practice context, occupational therapists collaborate with other professions to establish common goals, facilitate shared decision-making, problem-solving and conflict resolution. As interprofessional team members, occupational therapists may be expected to assume additional responsibilities for the delivery of client-centred and cost-effective services. Interprofessional practice requires health professionals working with the full range of competencies that are a part of their profession and may involve the adoption of advanced practice roles. Interprofessional practice assumes professions learn with, from and about one another to improve collaboration in a relationship that involves trust, communication, respect and equality (Centre for Advancement of Interprofessional Education).

## K. Advanced Competencies and Advanced Practice

Advanced competencies are not identified in the Profile. Such competencies include knowledge, skills and abilities needed for activities performed within the context of occupational therapy practice that are performed traditionally beyond the breadth of responsibilities assumed by occupational therapists. Advanced competencies are not generally gained from occupational therapy entry-level education and are attained through additional educational preparation and experience. Advanced competencies sometimes may, but do not always involve work activities that are regulated through legislation (von Zweck, 2012).

The use of advanced competencies to address responsibilities that extend beyond traditional boundar-

ies of occupational therapy is a defining characteristic of advanced practice for occupational therapists. Various profiles of advanced practice can be identified that reflect the clustering of differing advanced competencies that are assumed in occupational therapy practice in order to address the individual nature of a work and practice context.

Other general characteristics of Canadian occupational therapists that self-identified as advanced practitioners in a 2009 CAOT survey include (Finlayson, 2010):

1. Using theory and evidence deliberately to improve quality of service provided to clients;
2. Engaging actively in knowledge translation to change and improve how practice is carried out;
3. Contributing to/being involved in research;
4. Being a leader;
5. Having a breadth of knowledge (e.g. health care environment, policy);
6. Collaborating, communicating and partnering across sectors.

## L. The Occupational Therapist Career Paradigm

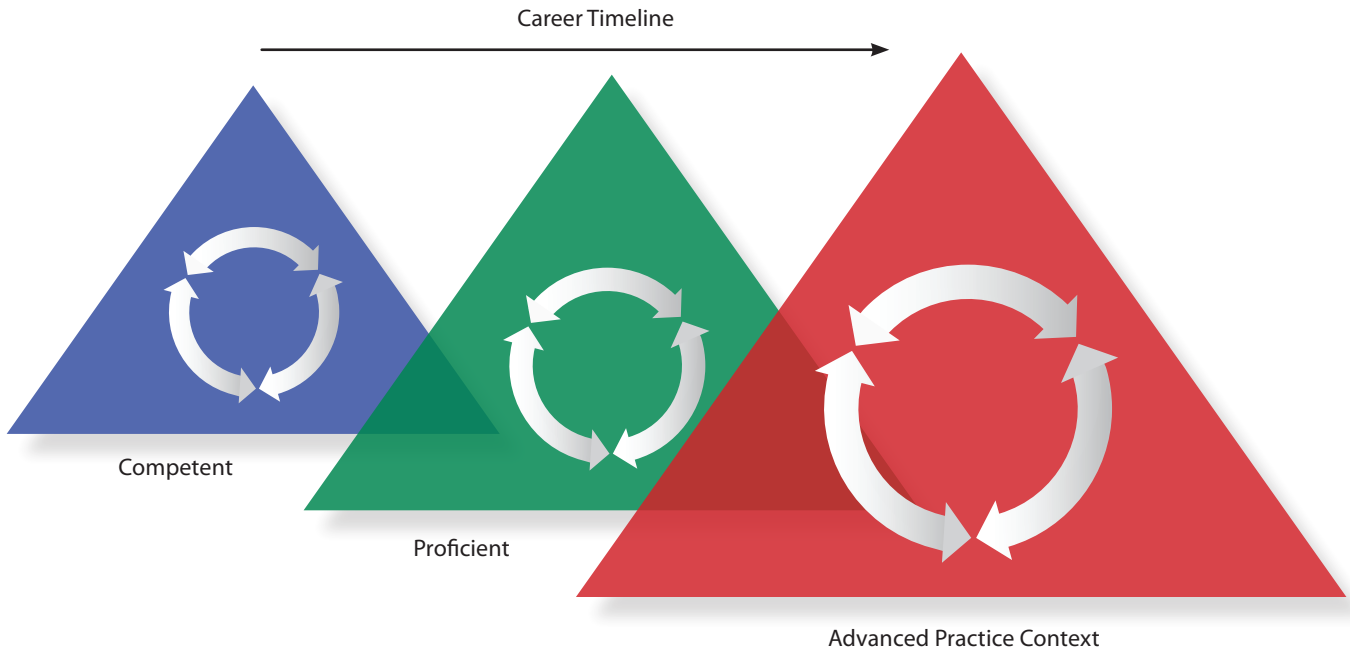
Movement within and through the occupational therapist career paradigm (Figure 4) is defined by the continuum of knowledge, skills and abilities described by the Profile of Practice of Occupational Therapists in Canada (CAOT, 2012). A spectrum of competencies are described by the Profile in a competency continuum, some of which may be expected for occupational therapists at the beginning of their career, while others may be associated with more advanced levels of performance and experience.

Mobility within the occupational therapy profession occurs most frequently among different practice contexts, particularly in the early stages of the career development of occupational therapists. Given the large and evolving range of occupational therapy client populations and practice environments, a wide array of opportunity exists for occupational therapists to move into different practice contexts.

The occupational therapist career paradigm also describes movement along the competency continuum from entry level jobs to positions with higher levels of skills, knowledge, responsibility, pay and/or authority within a particular practice context. As entry level practitioners, occupational therapists begin practice at the competent level. Competent occupational therapists



**Figure 4** Occupational Therapy Career Paradigm (CAOT, 2012)



meet or exceed minimal performance expectations for safe and effective occupational therapy practice. With experience and professional development, occupational therapists may move forward to proficiency in some roles. Proficient practitioners have similar knowledge, skills and abilities but perform with artistry of practice and professional sophistication. Execution of the competencies in the seven roles identified in the Profile occurs to a fuller or lesser extent, depending upon the practice context, and knowledge and experience of the occupational therapist. With career progression, occupational therapists may also engage in additional education and gain experience that results in the acquisition of advanced competencies.

Some career profiles of occupational therapists may be described in relation to the clustering of different advanced competencies that are needed in particular job functions. While occupational therapists work most frequently as clinicians, CIHI data indicates they may also assume a wide variety of other functions in research, education, administration and policy (2011). Such functions may require the use of advanced competencies to augment occupational therapy knowledge, skills and abilities. Unfortunately, individuals educated in occupational therapy working in advanced practice roles frequently choose not to retain use of the occupational therapist title and are not included in the practice data

collected by CIHI. As a result, the data does not reflect a complete picture of the potential occupational therapy practice context.

The Profile can serve as a tool to assist occupational therapists with career planning and development by providing the foundation for activities such as defining job descriptions, completing performance appraisals, and determining compensation structures. By acknowledging the potential of occupational therapists, the career paradigm described by the Profile promotes full- to-scope practice as well as recognizes advanced career opportunities, thereby strengthening identity, and enabling the further development of occupational therapy in Canada.

### M. Professional Identity as an Occupational Therapist

Retention of professional identity of occupational therapists at all levels of the occupational therapy career paradigm is vital to promote the mandate of the profession for enablement of occupation among the Canadian population. Occupational therapists throughout their careers may seek out positions that utilize their knowledge, skills and abilities in unique and innovative ways. Professional identity as an occupational therapist is not restricted to individuals working in practice contexts labeled with a job title in occupational

therapy. Alternatively, the work of occupational therapists is defined by congruency with the core values and beliefs that inform the occupational therapy profession and the application of knowledge, skills and abilities related to occupational enablement.

Retention of the occupational therapist title throughout the career span, regardless of practice setting or job title, is considered a professional privilege and responsibility to promote recognition and accountability of the work of occupational therapists. Occupational therapists are therefore actively encouraged to proclaim and celebrate their professional identity, regardless of practice context.

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## Glossary

**Advanced Competencies** include knowledge, skills and abilities needed for activities performed within the context of occupational therapy practice that are performed traditionally beyond the breadth of responsibilities assumed by occupational therapists. Advanced competencies are not gained from occupational therapy entry-level education and are attained through additional educational preparation and experience (von Zweck, 2012).

**Advocate** is a key occupational therapy enablement skill enacted with or for people to raise critical perspectives, prompt new forms of power sharing, lobby or make new options known to key decision makers; “to speak, plead, or argue in favor of” (Houghton-Mifflin Company, 2007). In the Profile, advocacy contributes to the occupational therapy competency role of change agent.

**Canadian Practice Process Framework (CPPF)** is a generic, occupational therapy framework that portrays the process of occupational enablement with clients from individuals to populations (Townsend & Polatajko, 2007).

**Career Ladder** describes the progression from entry level positions to higher levels of skill, knowledge, responsibility, pay and/or authority.

**Clients** in occupational therapy may be individuals, families, groups, communities, organizations, or populations who participate in occupational therapy services by direct referral or contract, or by other service and funding arrangements with a team, group, or agency, which includes occupational therapy.

**Client-Centred Enablement** is based on value-based, conceptual enablement foundations including client-centredness, and integrates enablement skills in an occupation-focused client-professional collaboration, which is directed toward individual and/or social change to advance a vision of health, well-being, and justice with clients who may be individuals, families, groups, communities, organizations, or populations.

**Client Participation** is an active concept characterized by involvement and engagement, and is driven in part by biological needs to act, find meaning, and connect with others through doing (Wilcock, 2006).

**Competencies** are the knowledge, skills, and abilities obtained through formal, non-formal, or informal learning; ability to perform occupation-specific tasks and duties. There are two “levels” of competencies: key competencies and enabling competencies.

Key competencies are the important outcome objectives (i.e. what is to be achieved or performed). The action verb in the key competency is central to the objective.

Enabling competencies are the sub-objectives, or key ingredients to achieving the key competencies.

**Competent Occupational Therapy Practice** reflects the minimal and ongoing performance expectation of practitioners. The performance expectations reflect the requisite knowledge, skills, and abilities to meet

performance expectations throughout their career (e.g., newly-registered and lifelong practice) (Herold & Glover Takahashi, 2004).

**Components of Occupational Performance** refer to the affective, cognitive, and physical performance of individuals (CAOT, [1997] 2002).

**Context of Practice** refers to the environment where practice occurs. To function safely and effectively in the receiving jurisdiction’s health practice context, professionals need to have an understanding of such local jurisdictional aspects as: jurisprudence, values and ethical framework, health system delivery systems, health policies.

**Culture** is a set of values, beliefs, traditions, norms, and customs that determine or define the behaviour of a group of people (Wells, 1994); also “a shared system of meanings that involve ideas, concepts and knowledge and include the beliefs, values and norms that shape standards and rules of behaviour as people go about their everyday lives” (Dyck, 1998, p. 68) in a system of shared meanings and a dynamic process by which “meanings are ascribed to commonly experienced phenomena and objects” (Iwama, 2005, p. 8.).

**Diversity** has not been defined in occupational therapy; rather, a joint statement on diversity by the five national occupational therapy organizations states: “the profession is stimulating discussion to identify which definition or definitions of diversity most effectively move the profession forward” (ACOTRO, ACOTUP, CAOT, & PAC, 2006, p. 1).

**Empowerment** refers to “personal and social processes that transform visible and invisible relationships so that power is shared more equally” (CAOT, [1997] 2002, p. 180).

**Enabling (verb) – Enablement (noun)**, focused on occupation, is the core competency of occupational therapy—what occupational therapists actually do—and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power inequities and diversity, and charged with visions of possibility for individual and/or social change.

**Enabling Competencies** – see Competencies

**Enabling Occupation** refers to enabling people to “choose, organize, and perform those occupations they find useful and meaningful in their environment” (CAOT, 2002, p. 180).

**Engage/Engagement** is an historical cornerstone of occupational therapy and is the enablement skill to involve clients in doing, in participating, that is to say, in action beyond talk by involving others and “oneself or become occupied” (Houghton-Mifflin, 2007). In the Profile, occupational therapists engage others through the core competency role as expert in enabling occupation.

**Environmental Elements** are “cultural, institutional, physical, and social forces that lie outside individuals yet are embedded in individuals’ actions” (CAOT, 1997; 2002, p. 180).

**Environmental Factors** are “all aspects of the external or extrinsic world that form the context of an individual’s life”; physical, social, and attitudinal (WHO, 2001, p. 193).

Evidence is a basis for a belief, which tends to prove or disprove any conclusion (Brown, 1993). In health care, evidence is conceived in a scientific context and can be defined as “an observation, fact or organized body of information offered to support or justify inferences or beliefs in the demonstration of some proposition or matter at issue” (Upshur, 2001, p. 7). Evidence consists of many things besides research: evidence may include such things as clinical and other reasoning. Occupational therapists collect and use evidence generated from clients, the literature, their peers, and from reflecting on their own personal experiences (Dubouloz, Egan, Vallerand, & von Zweck, 1999).

Evidence-based practice includes experiential, qualitative, and quantitative evidence. “The occupational therapist provides knowledge of client, environment and occupational factors relevant to enabling occupation. Ideally, this evidence is derived from a critical review of the research literature, expert consensus and professional experience” (CAOT, ACOTUP, ACOTRO, & PAC, 1999, p. 267).

Expert refers to the skill level of a practitioner where they demonstrate one or more competencies using a particular approach, with a particular client group or use particular procedures, which are generally recognized to be beyond the basic (competent) level of ability (competence).

Expert in Enabling Occupation is the central role, expertise, and competence of an occupational therapist. Clients may include individuals, families, groups, communities, organizations, or populations. Occupational therapists use evidence-based processes that focus on occupation—including self-care, productive pursuits, and leisure—as a medium for action. Practitioners take client perspectives and diversity into account. (CAOT, 2007).

Fieldwork education describes learning activities that meet defined goals and objectives occurring in the practice setting where the occupational therapist mentors, supervises, trains, and educates the learners (e.g., retraining or reentry of occupational therapists), such as students (occupational therapy students, support personnel in occupational therapy, high school students, and other colleagues).

Function refers “to the skill to perform activities in a normal or accepted way (Reed & Sanderson, 1983) and/or adequately for the required tasks of a specific role or setting” (Christiansen & Baum, 1991; CAOT, 1997; 2002, p. 181).

Health is more than the absence of disease (WHO, 1986); from an occupational perspective, health includes having choices, abilities, and opportunities for engaging in meaningful patterns of occupation for looking after self, enjoying life, and contributing to the social and economic fabric of a community over the lifespan to promote health, well-being, and justice through occupation (adapted from CAOT 1997; 2002).

Implementation is the “process of activating a plan, versus intervention which implies doing to or for people” (CAOT 1997; 2002 p. 181).

Interprofessional practice assumes professions learn with, from and about one another to improve collaboration and the quality of care in a relationship that involves trust, communication, respect and equality (Centre for Advancement of Interprofessional Education).

Key Competencies- see Competencies

Occupational Analysis, previously known as activity or task analysis, requires competency to analyze and adapt the parts, steps, processes, or components of an occupation. Occupational analysis is a form of assessment focused on occupation; the competency to use that information is to consider and implement various forms of adaptation or transformation.

Occupational Issues (OI) are challenges to occupational engagement or to inclusive and just participation in occupations, including yet not limited to occupational performance issues, occupational alienation issues, occupational balance issues, occupational development issues, occupational deprivation issues, occupational marginalization issues.

Occupational Justice/Injustice “Whilst social justice addresses the social relations and social conditions of life, occupational justice addresses what people do in their relationships and conditions for living” (Wilcock & Townsend, 2000, p. 84). Motivating this exploration is a utopian vision of an occupationally just world, governed to enable all individuals to flourish in diverse ways by doing what they decide they can do that is most meaningful and useful to themselves and to their families, communities, and nations (Wilcock & Townsend, in press).

Occupational Participation refers to involvement in a life situation (WHO, 2001) through occupation.

Occupational Performance is the “result of a dynamic, interwoven relationship between persons, environment, and occupation over a person’s lifespan; the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community” (CAOT, 1997; 2002, p. 181).

Occupational Performance Issue (OPI) is “an actual or potential issue (or problem)” (Fearing & Clark, 2000, p. 184) in the “ability to choose, organize, and satisfactorily perform meaningful occupations” (CAOT, 1997; 2002, p. 30). An OPI becomes relevant for occupational therapy when solutions to choosing, organizing, or performing an occupation become a challenge.

Occupational Performance Model (OPM) was a “1991 portrayal of the interacting elements of individual performance components, areas of occupational performance, and the environment” (CAOT, 1997; 2002, p. 182).

Occupational Performance Process Model (OPPM) is a seven stage process of practice for focusing on occupational performance using client-centred approaches with individual, organizations, and other clients (CAOT, 1997; 2002; Fearing, Law, & Clark, 1997).

- Occupational Potential is what might be in future beyond what is in the present; a combination of capacity, opportunity, resources, and social structure that enable engagement in occupations by individuals, families, groups, communities, organizations, and populations to reach beyond an existing occupational status to a predictable or unpredictable occupational status.
- Occupational Reasoning is the component of occupational therapy professional reasoning which integrates environmental, conditional reasoning about the context of practice and client lives, and biomedical clinical reasoning, both narrative and empirical, about the body, persons, and clinical practice.
- Occupational Role refers to the rights, obligations, and expected behaviour patterns associated with a particular set of activities or occupations, done on a regular basis, and associated with social cultural roles (adapted from Hillman & Chapparo, 1995, p. 88).
- Occupational Science is the rigorous study of humans as occupational beings (Wilcock, 2006).
- Occupational Therapy is the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life.
- Occupations are groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002); a set of activities that is performed with some consistency and regularity; that brings structure and is given value and meaning by individuals and a culture (adapted from Polatajko & Mandich, 2004; and Zimmerman, Purdie, Davis, & Polatajko, 2006).
- Participation is “involvement in a life situation” (WHO, 2001, p. 193).
- Professional Reasoning in occupational therapy is a synthesis of occupational reasoning and enablement reasoning, guiding critical reflection and actions with diverse clients in diverse contexts, incorporating narrative, conditional, positivist or other reasoning, and including while extending beyond clinical reasoning (Schön, 1983).
- Proficient Occupational Therapy Practice refers to a similar competency level as “competent” therapy practice yet with enhanced ease and sophistication in such areas as efficiency and quality. Beyond that of the “competent” occupational therapist, the practitioner with “proficient” level competencies has additional skills in HOW practice is demonstrated (Herold & Glover Takahashi, 2004). “Proficient” infers that the performance expectations for ‘competent’ are met and exceeded. The term “proficient” usually does not describe an occupational therapist in all contexts of practice (e.g., area of practice, setting, etc.); rather, a practitioner can work at the proficient level in one or more areas and can be competent in other areas.
- Quality of Life from an occupational perspective refers to choosing and participating in occupations that foster hope, generate motivation, offer meaning and satisfaction, create a driving vision of life, promote health, enable empowerment, and otherwise address the quality of life (adapted from CAOT, 1997; 2002).
- Research is a form of scholarship.
- Role from an occupational perspective is a “culturally defined pattern of occupation that reflects particular routines and habits; stereotypical role expectations may enhance or limit persons’ potential occupational performance” (CAOT, 1997; 2002, p. 182).
- Scholarship refers to organized inquiry that helps to produce theory and evidence from multiple research paradigms using a dynamic process to move between: (a) knowledge of a specific situation; (b) generalized theories regarding the complex process of engaging or re-engaging people in valued occupations; and (c) emerging knowledge. In client/ clinical contexts, the process may include (d) how the client wishes to change or minimize change.
- Scope of Practice outlines the range of responsibilities that define the boundaries of professional practice. Scope of practice for occupational therapists is articulated in provincial regulatory legislation.
- Service teams are client-centred teams that include clients, professionals and other members/stakeholders. Teams work closely together at one site or are extended groups working across multiple settings and in the broader community (CAOT, 2007).
- Shared decision-making refers to the ability of team members to listen to and value the opinions of all team members and come to agreements based on the decision-making guidelines selected and agreed upon by all team members (e.g., consensus, majority vote, etc).
- Social Justice is a “vision and an everyday practice in which people can choose, organize, and engage in meaningful occupations that enhance health, quality of life, and equity in housing, employment, and other aspects of life” (CAOT 1997; 2002, p. 182).
- Specialist – see Expert
- Specialize is a key enablement skill to use specific techniques in particular situations, examples being therapeutic touch and positioning, the use of neurodevelopmental techniques to enable children to participate in occupations, or psychosocial rehabilitation techniques to engage adults in their own empowerment. In the Profile of Occupational Therapy Practice in Canada (CAOT, 2012), specialize is a composite of enablement skills that contributes to the competency role of expert in enabling occupation.

Spirituality is sensitivity to the presence of spirit (McColl, 2000), a “pervasive life force, manifestation of a higher self, source of will and self-determination, and a sense of meaning, purpose and connectedness that people experience in the context of their environment” (CAOT, 1997; 2002, p. 182); “spirituality resides in persons, is shaped by the environment, and gives meaning to occupations” (CAOT, 1997; 2002, p. 33).

Support Personnel in Occupational Therapy refers to persons who are not qualified occupational therapists but are knowledgeable in the field of occupational therapy through education and training, and are directly involved in the provision of occupational therapy services under the supervision of an occupational therapist (CAOT, 2003).

Task is a set of actions having an end point or a specific outcome; simple or compound actions involving tool use, such as printing a report (adapted from Polatajko & Mandich, 2004; and Zimmerman, Purdie, Davis, & Polatajko, 2006).

Well-being is experienced when people engage in occupations that they perceive: (a) are consistent with their values and preferences; (b) support their abilities to competently perform valued roles; (c) support their occupational identities; and (d) support their plans and goals (Caron Santha & Doble, 2006; Christiansen, 1999; Doble, Caron Santha, Theben, Knott, & Lall-Phillips, 2006; Wilcock, 2006).

## Appendix A: Profile Development

In the fall of 2005, the Canadian Association of Occupational Therapists (CAOT) launched a project to revise and update the *Profile of Occupational Therapy Practice in Canada* (CAOT, 2002). The intent of the revised Profile was to reflect current evidence in the areas of competency and occupational therapy practice. The development process was led by Management Dimensions Inc., and involved a Project Advisory Group and four national Content Working Groups. The 2007 Profile was developed through completion of a five-phase development process.

- **Phase 1: Development of a Discussion Paper** that critiqued best practices in competency profile development, particularly within health professions and occupational therapy (Management Dimensions Inc., October, 2005).
- **Phase 2: Development of the Profile Framework** that outlined the Profile scope, assumptions, key principles, and the selected competency framework. CAOT decided to adapt the CanMEDS framework (Frank, 2005) for development of the Profile to reflect occupational therapy practice around seven main “roles”:
- **Phase 3: Development of the Profile of Occupational Therapy Practice in Canada** that described the competencies, with advice from the Project Advisory Group and the Content Working Groups. Mapping of the Profile of Occupational Therapy Practice (2007) was completed against the CAOT Competency Profile (2002) and the essential competencies that have been named by occupational therapy regulators in Canada (ACOTRO, 2003).
- **Phase 4: Broad Validation of the Profile of Occupational Therapy Practice in Canada** (2007) by a representative sample of occupational therapists in Canada using an on-line survey.
- **Phase 5: Development of the Final Profile** based on the results of the validation survey and advice from the Project Advisory Group.

The *Profile of Occupational Therapy Practice in Canada* was published in 2007 and outlined a competency continuum that describes the skills, knowledge and abilities of occupational therapists that are competent, as well as those considered proficient.

A project to describe the competencies of occupational therapy support concluded in 2009 with the publication of the Practice Profile for Support Personnel in Occupational Therapy. This document builds on the information contained in the 2007 *Profile of Occupational Therapy Practice in Canada*. The document extends the competency continuum for occupational therapy practitioners to include competencies for support workers as a subset of the roles of occupational therapists.

In 2008, CAOT began the process to describe occupational therapists that exceed the level of responsibility and competency outlined by the Profile of Occupational Therapy Practice for proficient practitioners. In an effort to develop consensus regarding advanced practice for occupational therapy in Canada, professional issue forums on the topic were hosted by CAOT in 2009 and 2010. Surveys of the CAOT membership were also undertaken to inform the development of these forums.

Consensus could not be reached at the 2009 or 2010 CAOT professional issue forums regarding the definition and use of the term of advanced practice in occupational therapy in Canada. In 2011, CAOT adopted an alternate advanced competencies approach to understanding advanced practice.

In 2012, the *Profile of Occupational Therapy Practice in Canada* was revised and renamed the Profile of Practice of Occupational Therapists in Canada. The 2012 Profile of Practice of Occupational Therapists in Canada contains new and updated descriptive information regarding the practice of occupational therapy in Canada and integrates recent work undertaken by CAOT relating to competencies for support personnel and advanced practice of occupational therapists. This vital information is required for career development and health human resource management and planning for the occupational therapy profession.



## Appendix B:

Mapping of the Roles of the Profile of Practice of Occupational Therapists to *Essential Competencies of Practice for Occupational Therapists in Canada—2nd Edition* (Polgar, 2008)

Essential Competency Component	Profile Role
<b>Unit 1 Assumes Professional Responsibility</b>	
1.1 Practises within scope of professional and personal limitations and abilities	
1.1.1 Demonstrates understanding of the scope of practice as defined by the relevant provincial jurisdiction or regulatory organization	Professional
1.1.2 Demonstrates an understanding of how the scope of practice impacts the practice setting	Professional Practice Manager
1.1.3 Demonstrates an understanding of how the practice setting impacts the scope of practice	Professional Practice Manager
1.1.4 Keeps abreast of changes in practice setting that affect scope of practice	Professional Practice Manager
1.1.5 Engages in a process to identify personal and professional abilities and limitations that may impact on professional practice	Professional
1.1.6 Takes action to ensure that professional and personal limitations do not cause the practice to fall below a level considered acceptable in the jurisdiction	Professional Practice Manager
1.1.7 Defines and manages overlaps in scope of practice with other professions	Professional Practice Manager Communicator Collaborator
1.2 Understands the obligation of protection of the public and acts accordingly	
1.2.1 Knows the principles of public protection	Professional
1.2.2 Applies the principles of public protection	Professional
1.2.3 Takes action to ensure that terms of agreement as described in a contract with payer are not in contravention of professional obligations to client	Professional Practice Manager Collaborator Communicator
1.3 Adheres to the Code of Ethics recognized by the provincial regulatory body	
1.4 Understands the necessity, obligation and process to take action to report unsafe, unethical or incompetent OT practice	
1.4.1 Demonstrates knowledge of the specific regulatory statues and/or processes to report unsafe, unethical or incompetent practice.	Professional
1.5 Maintains the Essential Competencies of practice	
1.5.1 Engages in a process of evaluation of one's own professional practice incorporating the Essential Competencies	Professional
1.5.2 Takes action to address deficiencies to enhance practice	Professional
1.5.3 Develops and implements a plan of continual professional improvement	Professional

Essential Competency Component	Profile Role
<b>1.6 Acts with professional integrity</b>	
1.6.1 Accepts responsibility for actions and decisions	Professional
1.6.2 Shows respect for the dignity and privacy of clients	Communicator Collaborator Expert in Enabling Occupation
1.6.3 Establishes and maintains appropriate professional boundaries	Professional Communicator Collaborator
1.6.3.1 Identifies the behaviours and circumstances that could lead the therapist to go beyond the limits of the professional relationship and/or intervention	Professional Communication
1.6.3.2 Takes action to avoid going beyond the limits of the professional relationship and/or intervention	Professional Communicator
1.6.4 Recognizes and addresses conflicts of interest (real or perceived)	Professional Communicator
1.6.4.1 Understands issues related to personal benefit and positions of power	Professional
1.6.5 Demonstrates sensitivity to diversity	Professional Collaborator Communicator Expert in Enabling Occupation
1.6.5.1 Identifies client values and beliefs that may affect practice	Expert in Enabling Occupation Communicator
1.6.5.2 Identifies one's own values that may affect practice	Professional
1.6.5.3 Adapts to or takes into account choices made by clients and families in order to respect diversity	Expert in Enabling Occupation Communicator Collaborator
<b>Unit 2 Demonstrates Practice Knowledge</b>	
2.1 Within practice demonstrates an integration of occupational therapy skills with current occupational therapy theory and relevant supporting scientific knowledge	
2.1.1 Demonstrates understanding of the relationship between occupation and health and the central value of occupation in occupational therapy	Scholarly Practitioner Expert in Enabling Occupation
2.1.2 Knows the various theoretical models and approaches that apply in current occupational therapy practice	Scholarly Practitioner Expert in Enabling Occupation
2.1.3 Demonstrates practice that integrates the appropriate occupational therapy models and theoretical approaches	Change Agent Expert in Enabling Occupation
2.1.4 Demonstrates the knowledge, abilities and technical skills required to provide safe, efficient and effective service in the area of practice	Change Agent Practice manager Expert in Enabling Occupation

Essential Competency Component	Profile Role
<b>2.2 Demonstrates awareness of the socio-cultural and economic environment of the jurisdiction of practice</b>	
2.2.1 Describes and identifies the socio-cultural and economic factors that are relevant to practice	Practice manager Expert in Enabling Occupation
2.2.2 Practises taking into account the factors that are relevant to practice	Professional Practice manager
<b>2.3 Demonstrates knowledge of and adherence to legislative and regulatory requirements relevant to the province and area of practice</b>	
2.3.1 Knows and adheres to legislative requirements or other requirements specific to practice area	Change Agent Practice manager
2.3.2 Knows and adheres to specific regulatory requirements governing the practice of occupational therapy	Practice manager Professional
2.3.3 knows and adheres to other relevant legislation or requirements that apply in the agency or institution within which the practice takes place	Practice manager Professional
<b>Unit 3 Utilizes a Practice Process</b>	
<b>3.1 Defines and clarifies one's scope and context of practice</b>	
3.1.1 Identifies the knowledge, skills and abilities that are required in order to provide appropriate service to the client	Professional Expert in Enabling Occupation
3.1.2 Communicates scope of service and parameters to clients, referring agents and relevant others	Professional Communicator Practice manager
3.1.3 Identifies and communicates to client and relevant others the strength and limitations of practice	Professional Communicator Practice manager
<b>3.2 Identifies client and other stakeholders in the practice process and establishes and maintains a professional relationship with each</b>	
3.2.1 Identifies the recipient(s) of occupational therapy service as clients	Expert in Enabling Occupation Practice manager
3.2.2 Makes explicit the expectations of stakeholders, third party payers and relevant others that impact or complement service, e.g., family, advocates, teachers, caregivers and other agencies regarding the service to be provided	Practice manager Communicator Collaborator
3.2.3 Establishes and maintains a professional relationship with each stakeholder and communicates with each effectively	Professional Communicator Collaborator
3.2.4 Demonstrates sensitivity to issues arising from multiple stakeholders	Professional Practice manager Communicator Collaborator

Essential Competency Component	Profile Role
3.3 Understands and negotiates roles and responsibilities appropriate to the OT service with clients and stakeholders	
3.4 Ensures informed consent prior to and throughout service provision	
3.4.1 Knows and adheres to regulatory, legislative and service requirements regarding informed consent	Expert in Enabling Occupation Practice manager Professional
3.4.2 Knows the principles of and demonstrates in practice a process for obtaining informed consent	Practice manager Professional
3.4.3 Obtains consent for involvement of other providers, e.g., assistants or students involved in client care	Expert in Enabling Occupation Professional Practice manager
3.4.4 Identifies situations where informed consent may be problematic and takes steps to rectify problem	Expert in Enabling Occupation Professional Practice manager
3.5 Demonstrates a systematic client-centred approach in the delivery of occupational therapy services	
3.5.1 Demonstrates the use of strategies that engage the client in a collaborative approach	Expert in Enabling Occupation Communicator Collaborator
3.5.2 Implements a collaborative process with the client and/or caregiver in order to: <ul style="list-style-type: none"> <li>a. Build rapport and trust within the relationship</li> <li>b. Enable client to identify issues</li> <li>c. Determine the appropriate service delivery approach, e.g., consulting, educating, direct intervention, assessment, etc.</li> <li>d. Support client to examine risks and consequences of options</li> <li>e. Recognize situations when service should not continue and takes action</li> <li>f. Identify occupational performance issues</li> <li>g. Determine and clarify client concerns, expectations and priorities</li> <li>h. Establish measurable and obtainable objectives to attain targeted outcomes according to type of services being offered</li> <li>i. Determine intervention options according to type of services being offered</li> <li>j. Determine the frequency and duration of service according to type of services being offered</li> <li>k. Refer to additional services as appropriate</li> <li>l. Ensure the implementation of the chose options</li> <li>m. Reassess the service for modification</li> <li>n. Establish wit client when service is complete or when service cannot be completed and plan for an effective discontinuation</li> </ul>	Expert in Enabling Occupation Communicator Collaborator
3.6 Utilizes and/or refers to reasonable and appropriate resources to support client needs	
3.6.1 Identifies resources needed to provide occupational therapy service	Expert in Enabling Occupation Practice manager Collaborator
3.6.2 Identifies need for and availability of external resources to provide support to client	Expert in Enabling Occupation Communicator Collaborator

Essential Competency Component	Profile Role
3.7 Maintains timely and accurate records consistent with provincial regulatory requirements	
3.7.1 Knows and applies the various regulations that are specific to record keeping in occupational therapy	Communicator Practice manager
3.7.2 Prepares and maintains records that accurately reflect the service provided	Communicator Practice manager
3.7.3 Prepares records to reflect client-centred practice and clinical reasoning	Communicator Practice manager Change Agent
3.7.4 Ensures that clients are informed of their rights concerning their record	Expert in Enabling Occupation Communicator Practice manager
<b>Unit 4 Thinks Critically</b>	
4.1 Within practice, demonstrates sound clinical and professional judgement consistent with accepted models of occupational therapy practice	
4.1.1 Knows when and how to apply various models of occupational therapy practice	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.1.2 Integrates professional judgement with the clinical application of models of occupational therapy practice	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2 Within practice, demonstrates responsible decision-making	
4.2.1 Establishes factors that have an impact on occupational performance of the client	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2.2 Takes into account the factors that have an impact on the occupational performance of the client	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2.3 Selects the appropriate tools and methods of evaluation for gathering relevant information	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2.4 Formulates measurable and observable objectives based on the results of the assessment and considering client expectations	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2.5 Selects the appropriate type of intervention based on a consideration of relevant factors	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.2.6 Determines the frequency, duration and discontinuation of service	Expert in Enabling Occupation Scholarly Practitioner Change Agent

Essential Competency Component	Profile Role
<b>4.3 Within practice, formulates, articulates and demonstrates sound clinical reasoning</b>	
4.3.1 Gathers objective and subjective information	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.3.2 Gathers relevant information to complete a thorough and appropriate assessment	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.3.3 Investigates alternative explanation for occupational performance deficits	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.3.4 Utilizes current evidence-based knowledge	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.3.5 Integrates relevant information with previous learning, experience, professional knowledge and current practice models	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.3.6 Synthesizes and analyzes information	Expert in Enabling Occupation Scholarly Practitioner Change Agent
<b>4.4 Engages in a reflective and evaluative approach to practice and integrates findings into practice</b>	
4.4.1 Evaluates the service provided in terms of effectiveness, efficiency and client satisfaction with regards to the goals and desired outcomes	Expert in Enabling Occupation Scholarly Practitioner Change Agent
4.4.2 Reflects on evaluation findings, determines their implications and adjusts, modifies or terminates services accordingly	Expert in Enabling Occupation Scholarly Practitioner Change Agent
<b>Unit 5 Communicates Effectively</b>	
<b>5.1 Identifies and communicates with key individuals, organizations and groups with whom collaboration is necessary</b>	
5.1.1 Determines with clients the right to and need for information of relevant others and obtains and shares information accordingly	Expert in Enabling Occupation Communicator Collaborator Change Agent Professional
<b>5.2 Uses client-centred principles in the communication process</b>	
5.2.1 Fosters open, honest and clear communication	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.2 Adapts communication style taking into account the type of communication (e.g., verbal, non-verbal and written) and the recipient of the communication (language, tone, etc.)	Expert in Enabling Occupation Communicator Collaborator Change Agent

Essential Competency Component	Profile Role
<b>5.2 Uses client-centred principles in the communication process, continued</b>	
5.2.3 Supports and facilitates reciprocal communication (e.g., inviting questions, clarifying, etc.)	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.4 Works collaboratively with the client and other relevant individuals to understand and establish his or her expectations and desired outcomes	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.5 Uses strategies that empower the client	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.6 Demonstrates strategies that empower the client	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.7 Communicates ensuring that clients are enabled to make informed decisions	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.2.8 Shares appropriate knowledge with clients, peers and colleagues	Expert in Enabling Occupation Communicator Collaborator Change Agent
<b>5.3 Respects and considers the information and opinions of clients and colleagues</b>	
5.3.1 Demonstrates active listening skills	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.3.2 Seeks the opinions and perspectives of others	Expert in Enabling Occupation Communicator Collaborator Change Agent
5.3.3 Demonstrates receptiveness to client's and to others' perspectives that serve the best interest of the client	Expert in Enabling Occupation Communicator Collaborator Change Agent
<b>5.4 Maintains a professional relationship in all communications</b>	
5.4.1 Demonstrates an understanding of styles of communication and their impact on the professional relationship	Expert in Enabling Occupation Communicator
5.4.2 Communicates with clients and colleagues demonstrating respect and dignity	Communicator Collaborator Professional

Essential Competency Component	Profile Role
<b>5.4 Maintains a professional relationship in all communications, continued</b>	
5.4.3 Fosters relationships in practice	Communicator Collaborator Professional
5.4.4 Identifies and minimizes barriers to communication	Expert in Enabling Occupation Communicator Collaborator Professional
5.4.5 Manages discrepancies or conflicts in a diplomatic manner	Communicator Collaborator Professional
<b>5.5. Demonstrates timely and effective communication</b>	
5.5.1 Communicates in a manner that is complete, accurate, concise and reflective of service	Communicator
<b>5.6 Maintains confidentiality and security of transmission, storage and management of information</b>	
5.6.1 Adheres to legislation, regulatory requirements and facility/employer guidelines regarding protection of privacy, security of information, etc.	Communicator Professional
5.6.2 Establishes and/or adheres to provincial and facility policies and procedures for the management of information	Communicator Professional
5.6.3 Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality of information	Communicator Professional
<b>Unit 6 Engages in Professional Development</b>	
<b>6.1 Demonstrates a process of self-evaluation related to one's practice and participates in on-going professional development</b>	
6.1.1 Identifies areas requiring new learning	Professional
6.1.2. Identifies learning strategies for professional growth	Professional
6.1.3 Actively participates in the acquisition of new knowledge and skills	Professional
6.1.4 Demonstrates the integration of new knowledge, skills and behaviour into practice	Professional
6.1.5 Identifies and utilizes appropriate resources to advance professional knowledge, skills and behaviour	Professional
6.1.5.1 Uses various sources of information for professional development	Professional
6.1.5.2 Reviews and critically evaluates the information obtained for professional development	Professional
<b>Unit 7 Manages the Practice Environment</b>	
<b>7.1 Contributes to a practice environment that supports client-centred occupational therapy as well as a safe, ethical and effective service</b>	
7.1.1 Demonstrate the use of management and operational structures	Practice Manager



Essential Competency Component	Profile Role
7.1 Contributes to a practice environment that supports client-centred occupational therapy as well as a safe, ethical and effective service	
7.1.2 Manages practice to ensure consistency with regulatory requirements	Practice Manager
7.1.3 Demonstrates an awareness of and takes appropriate action to address real or perceived conflicts between the regulatory requirements and practice environment requirements	Practice Manager
7.1.4 Actively engages in a continuous process for evaluation and improvement of occupational therapy services	Enabling Occupation Practice Manager
7.2 Identifies potential risks to practice and takes action to minimize risks	
7.2.1 Identifies and addresses potential risks to client, self and others within the practice setting	Practice Manager
7.2.2 Follows a process for resolving ethical and safety concerns and issues and documents as appropriate	Practice Manager Professional Communicator
7.3 Demonstrates responsibility for occupational therapy service components assigned to staff, assistants and others under the therapist's supervision	
7.3.1 Understands and adheres to regulatory requirements and/or guidelines relating to the assignment of tasks and supervision of personnel and occupational therapy students	Practice Manager Professional
7.3.2 Utilizes strategies and engages in a process to ensure that assigned components are implemented safely, ethically and effectively	Practice Manager
7.3.3 Maintains a documented process for assigning components of the program	Communicator Practice Manager