



**PROFILE OF
OCCUPATIONAL THERAPY PRACTICE
IN CANADA (2007)**

OCCUPATIONAL THERAPISTS

October 2007

Canadian Association of Occupational Therapists



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A. Introduction

The Canadian Association of Occupational Therapists (CAOT) initiated the revision and updating of the *Profile of Occupational Therapy Practice in Canada* ([1997] rev. ed., 2002) in late 2005. The *Profile of Occupational Therapy Practice in Canada* (in press) reflects current evidence in the areas of competency and occupational therapy practice, and is aligned with the professional directions presented in the latest release of the CAOT publication *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation* (Townsend & Polatajko, 2007). It was developed through the completion of a five-phase development process. This process included the mapping of the validated competencies with the Essential Competencies (ACOTRO, 2000). This important step was performed to ensure congruence between the two sets of entry-level competencies. (See Appendix A for more details regarding the development of this *Profile of Occupational Therapy Practice in Canada*—hereafter referred to simply as the *Profile*.)

The *Profile* provides stakeholders in occupational therapy a vision for practice and a model for excellence. The following *Profile* document will provide a description of the *Profile's* new features and the Canadian occupational therapy practice context. Also presented is a full description of the “roles” model upon which the *Profile* is based

A Vision for Occupational Therapy Practice

For occupational therapists, the *Profile* provides a vision for practice in occupational therapy, and serves as a guide for the current and future practice of occupational therapy in Canada. It primarily reflects the expectations of a “competent” level of occupational therapy practice. The *Profile* also describes a “proficient” level of occupational therapy practice in a given role.

A Model for Excellence

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. These competencies are designed to encourage a high level of accomplishment in occupational therapists' future careers.

as well as the validated collection of competencies at the “competent” and “proficient” levels of occupational therapy practice in Canada. For convenience a glossary of terms is also provided.

B. What does occupational therapy practice in Canada look like?

The development of the new *Profile* represents a significant step forward in how we conceptualize and recognize our profession. The knowledge, skills, and abilities described in the *Profile* lead to a variety of career paths for occupational therapists that are valued and necessary for effectively enabling occupational justice. The *Profile* can serve as an excellent tool to assist occupational therapists with career planning and development by providing the foundation for functions such as defining job descriptions, completing performance appraisals, and determining compensation structures. By recognizing the full potential of occupational therapists, the *Profile* provides an opportunity for strengthening our identity and enabling the further development of occupational therapy in Canada.

B.1 The Essential Features of the *Profile*

B.1.1 Reflection of a Broad Definition of Occupational Therapy

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, 2007). Interventions are directed at the individual, group, community, and population level in order to effectively address barriers that interfere with occupational engagement and/or performance.

B.1.2 Acknowledgement of the Diverse Roles Involved in Occupational Therapy Practice

The *Profile* recognizes the wide range of requirements of occupational therapists for today's practice context. Occupational therapy work demands leaders that use evidence-based processes and our complex knowledge, skills, and abilities in relation to seven “roles,” an innovative new feature of the *Profile*.

B.1.3 Identification and Celebration of Enabling Occupation as the Core Competency of Occupational Therapists

Consistent with the *Canadian Model of Client-Centred Enablement* (see Townsend & Polatajko, 2007), 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 effectively use occupation as both a medium for action and an outcome for occupational therapy intervention.

B.1.4 Development of the Practice Process Framework

The CAOT guideline document, *Enabling Occupation: An Occupational Therapy Perspective* (CAOT, 2002), featured the Occupational Performance Process Model (OPPM) (Fearing, Law, & Clark, 1997) as the basis for an occupation-based practice process model. Previously, *The Profile of Occupational Therapy Practice in Canada* (CAOT, 2002) incorporated the elements of the OPPM to delineate competencies required for a “systematic approach based on evidence and on professional reasoning for the delivery of occupational therapy services” (p. 3). This new *Profile* takes a somewhat broader approach to the competencies required in the practice process by describing the key and enabling competencies of a “competent” occupational therapist in the role of expert in enabling occupation. The key and enabling competencies that accompany this role, remain compatible with the earlier OPPM; they are now, however, more aligned with the newest practice process model, the *Canadian Practice Process Framework* (CPPF). The CPPF is described in the new CAOT guideline document, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation* (Townsend & Polatajko, 2007). The CPPF—a generic framework—“allows for application in diverse practice contexts” and is thus very compatible with the *Profile* (p. 233).

B.1.5 Recognition of the Impact of Practice Context

Involvement in the seven roles is not equal, as not all roles may be part of everyday practice. The roles required in any situation are influenced by, and depend on, who the client is (e.g., individuals, groups, communities, or populations), where the work is being done, and what the client needs. The *Profile* advances a general definition of the work of occupational therapists, which includes clinicians as well as practitioners involved in less traditional areas of practice such as community development, research, education, administration, and policy.

B.1.6 Description of Competency Development as Fluid and Dynamic

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. 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).

C. Practice Context for Occupational Therapy

Practice context refers to where and with whom occupational therapists work. Appendix B provides an overview of where occupational therapists work in Canada. It is important to have an accurate picture of the occupational therapy practice context (e.g., where and with whom work “happens”) in order to accurately describe the necessary competencies (e.g., knowledge, skills, and abilities) to function effectively.

Based on information provided by members to the CAOT, the five tables in Appendix B highlight the background, functions, and services of the occupational therapist practice context (CAOT, 2006). CAOT has members in all jurisdictions across Canada, however, not all practicing occupational therapists are members.

D. The Roles in the Profile

This section outlines each *definition* and *description* for the seven main “roles” of the occupational therapist:

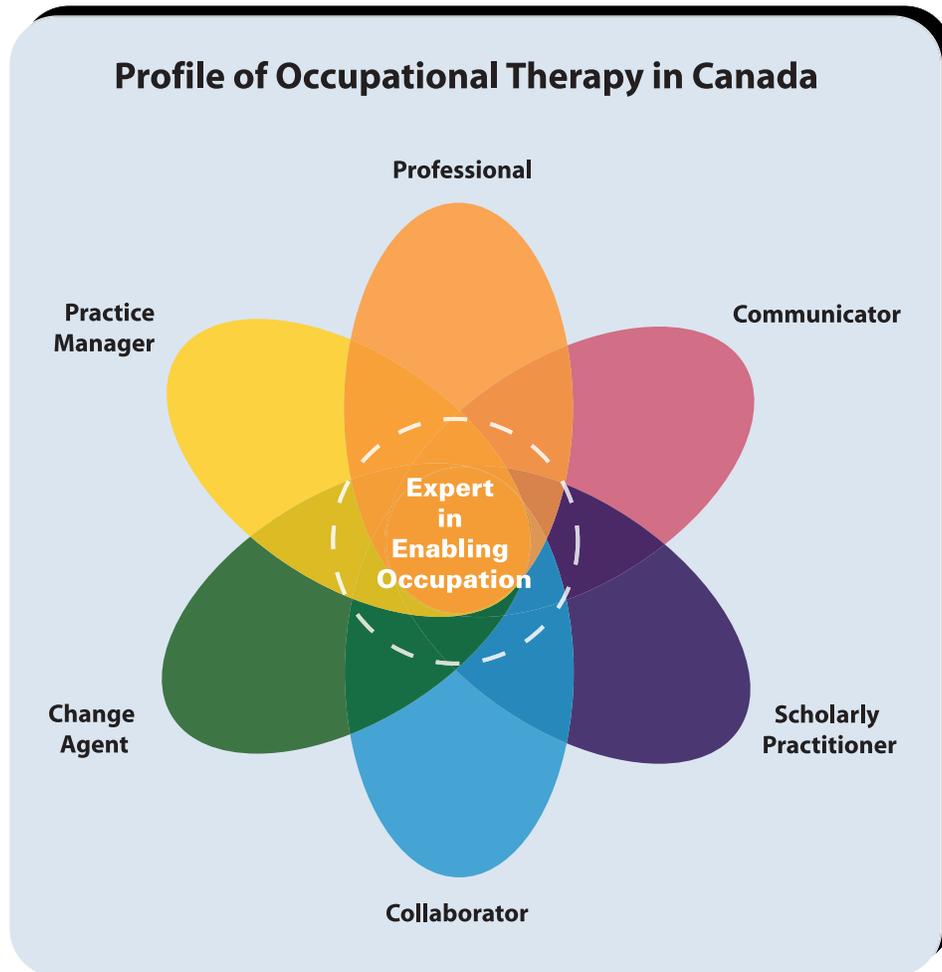
1. Expert in Enabling Occupation;
2. Communicator;
3. Collaborator;
4. Practice Manager;
5. Change Agent;
6. Scholarly Practitioner; and
7. Professional.

The concept used for developing the seven main roles is based on the competencies framework for medical specialists produced by the Royal College of Physicians and Surgeons of Canada: the “CanMEDS Roles” (Frank, 2005). The competency-based framework identifies core abilities and is organized thematically around seven meta-competencies or roles: *medical expert* (central integrative role), *communicator*, *collaborator*, *health advocate*, *manager*, *scholar*, and *professional* (Frank, 2005).

The *Profile* has adapted the CanMEDS (Frank, 2005) model for use for occupational therapists in Canada.

The following diagram illustrates the central role of expert in enabling occupation as surrounded by the six supporting

roles of *communicator, collaborator, practice manager, change agent, scholarly practitioner, and professional.*



D.1 Expert in Enabling Occupation

Definition:

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.

Description:

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.

Occupational therapists provide services that are current, ethical and resource-efficient, and use effective communication with clients, other service providers, and the community. Occupational therapists take client perspectives and diversity 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.

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.

D.2 Communicator

Definition:

As a Communicator, the practitioner-client relationship is central to occupational therapy. Communication includes oral, written, non-verbal, and electronic means.

Description:

Occupational therapists enable communication and effective dynamic interactions with clients, team members, and others about occupations, occupational performance, and daily life, as well as about 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.

D.3 Collaborator

Definition:

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

Description:

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

D.4 Practice Manager

Definition:

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

Description:

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.

D.5 Change Agent

Definition:

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

Description:

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.

D.6 Scholarly Practitioner

Definition:

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.

Description:

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. There is commitment to facilitate learning and contribute to the creation, dissemination, application, and translation of knowledge.

D.7 Professional

Definition:

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

Description:

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, the 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.

E. Performance Expectations for “Competent” Occupational Therapy Practice

The *Profile* describes the competencies or performance expectations for “competent” occupational therapy practice. Each of the seven roles contains a number of key competencies. For “competent” occupational therapy practice each *key* competency is further explicated by a number of *enabling* competencies.

“Competent” performance expectations reflect the requisite knowledge, skills, and abilities expected throughout an occupational therapist’s career.

E.1 “Competent” Expert in Enabling Occupation

KEY COMPETENCIES for the occupational therapist as a “competent” EXPERT IN ENABLING OCCUPATION

- E.1.1 Function effectively as a client-centred expert in occupation, occupational performance, and occupational engagement.
- E.1.2 Recognize the limits of personal expertise.
- E.1.3 Perform a complete and appropriate assessment of occupational performance.
- E.1.4 Apply core expertise and professional reasoning.
- E.1.5 Synthesize assessment findings and reasoning to develop a targeted action plan.
- E.1.6 Demonstrate skilled and selective use of occupation and interventions to enable occupation.

ENABLING COMPETENCIES for the occupational therapist as a “competent” EXPERT IN ENABLING OCCUPATION

E.1.1 Function effectively as a client-centred expert in occupation, occupational performance, and occupational engagement.

- E.1.1.1 Demonstrate expertise in occupations, occupational performance, and occupational engagement in practice with clients.
- E.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.
- E.1.1.3 Incorporate the client’s perspective on meaning and relevance of needs and plans.
- E.1.1.4 Establish positive therapeutic relationships with clients that are characterized by understanding, trust, respect, honesty, and empathy.
- E.1.1.5 Demonstrate skills in client-centred practice including mediation, negotiation, awareness, and respect for client.

E.1.2 Recognize the limits of personal expertise.

- E.1.1.2 Demonstrate insight into personal limitations and expertise.
- E.1.2.2 Recognize situations where occupation, occupational performance, and related processes should be limited or discontinued.
- E.1.2.3 Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal client service.
- E.1.2.4 Arrange follow-up services for a client within their specific circumstances.

E.1.3 Perform a complete and appropriate assessment of occupational performance.

- E.1.3.1 Establish a shared understanding of occupation and occupational performance issues with the client.
- E.1.3.2 Engage clients to clarify values, beliefs, assumptions, expectations, and desires.



- E.1.3.3 Assess occupational performance 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.
- E.1.3.4 Identify the client's strengths and resources.
- E.1.3.5 Identify the strengths and resources of the occupational therapist in relation to the client's needs.
- E.1.3.6 Assess cognitive, affective, connotive (e.g., meaning, values), and physical components related to occupation and occupational performance issues identified.
- E.1.3.7 Seek out and synthesize relevant information from other sources, such as family, caregivers, and other professionals.
- E.1.3.8 Use appropriate investigative methods in an effective and ethical manner throughout the assessment process.

E.1.4 Apply core expertise and professional reasoning.

- E.1.4.1 Apply relevant and current knowledge of the physical, social, psychosocial, environmental, and fundamental biomedical and social sciences to practice.
- E.1.4.2 Demonstrate sound use of relevant models, frameworks, and theories of occupational therapy.
- E.1.4.3 Demonstrate effective problem solving and judgment to address client needs.
- E.1.4.4 Mediate or negotiate common ground or agree not to continue practice process.

E.1.5 Synthesize assessment findings and reasoning to develop a targeted action plan.

- E.1.5.1 Analyze tasks and activities relevant to occupational performance issues.
- E.1.5.2 Determine resources required for service delivery while identifying any limits or constraints on the various service delivery methods.

- E.1.5.3 Identify priority occupational issues and possible occupational goals.
- E.1.5.4 Analyze physical, cultural, social, and institution environmental impact on occupational performance issues.
- E.1.5.5 Analyze and propose physical design options to increase inclusion and accessibility in the built environment.
- E.1.5.6 Formulate and document possible recommendations based on best explanations.
- E.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.

E.1.6 Demonstrate skilled and selective use of occupation and interventions to enable occupation.

- E.1.6.1 Consult, advocate, educate, and engage the client through occupation to implement the process.
- E.1.6.2 Implement targeted action plans relevant to the person, occupation, and environment.
- E.1.6.3 Propose physical design options to increase inclusion.
- E.1.6.4 Incorporate cultural, social, physical, and institutional options to increase inclusion.
- E.1.6.5 Implement interventions in an effective and ethical manner.
- E.1.6.6 Adapt or redesign the plan as needed in monitoring progress regularly.
- E.1.6.7 Document conclusion/exit and disseminate information and recommendations for next steps (e.g., discharge, coordinated transfer, or re-entry).

E.2 “Competent” Communicator

KEY COMPETENCIES for the occupational therapist as a “competent” COMMUNICATOR

- E.2.1 Engage in effective dialogue.
- E.2.2 Convey effective written and electronic documentation.
- E.2.3 Support diversity in communication.

ENABLING COMPETENCIES for the occupational therapist as a “competent” COMMUNICATOR

E.2.1 Engage in effective dialogue.

- E.2.1.1 Demonstrate active listening.
- E.2.1.2 Deliver information in a respectful, thoughtful manner.
- E.2.1.3 Use plain language that is understandable.
- E.2.1.4 Respond to non-verbal cues.
- E.2.1.5 Employ approaches which encourage participation in decision-making.
- E.2.1.6 Appropriately communicate information related to the client’s occupational engagement and occupational performance.
- E.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.

E.2.1.8 Employ teaching aids, written materials, and other resources that support effective communication.

E.2.2 Convey effective written and electronic documentation.

- E.2.2.1 Use an occupation-based framework for documentation.
- E.2.2.2 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of client encounters and action plans.
- E.2.2.3 Comply with applicable provincial regulatory and organizational document standards.

E.2.3 Support diversity in communication.

- E.2.3.1 Demonstrate sensitivity to client issues related to diversity and difference.
- E.2.3.2 Enable parties to openly communicate and consider other opinions.

E.3 “Competent” Collaborator

KEY COMPETENCIES for the occupational therapist as a “competent” COLLABORATOR

- E.3.1 Work effectively in interprofessional and intraprofessional teams.
- E.3.2 Effectively work with a team to manage and resolve conflict.

ENABLING COMPETENCIES for the occupational therapist as a “competent” COLLABORATOR

E.3.1 Work effectively in interprofessional and intraprofessional teams.

- E.3.1.1 Demonstrate an understanding of the roles and responsibilities of team members.
- E.3.1.2 Demonstrate a respectful attitude towards team members.
- E.3.1.3 Include the client as active team member whenever possible.
- E.3.1.4 Support positive team dynamics.
- E.3.1.5 Work with team members using shared decision-making to meet the needs of the client.
- E.3.1.6 Work with team members to assess, plan, and provide an integrated approach to services for clients.
- E.3.1.7 Respect team ethics, including confidentiality, resource allocation, and professionalism.

E.3.1.8 Lead the team when appropriate, working collaboratively with team members to deliver client-centred services.

E.3.2 Effectively work with the team to manage and resolve conflict.

- E.3.2.1 Respect differences, misunderstandings, and limitations among team members.
- E.3.2.2 Recognize own differences, misunderstandings, and limitations that may contribute to team tensions.
- E.3.2.3 Manage differences and conflicts to ensure an ongoing team focus on the client’s values, goals, and objectives.
- E.3.2.4 Negotiate to resolve conflicts among team members.
- E.3.2.5 Demonstrate support for interprofessional team function.
- E.3.2.6 Chair or participate effectively in team meetings.

E.4 “Competent” Practice Manager

KEY COMPETENCIES for the occupational therapist as a “competent” PRACTICE MANAGER

- E.4.1 Manage day-to-day professional practice and career.
- E.4.2 Participate in activities that contribute to the effectiveness of the organizations and systems.
- E.4.3 Supervise support personnel in occupational therapy.
- E.4.4 Support fieldwork education.

ENABLING COMPETENCIES for the occupational therapist as a “competent” PRACTICE MANAGER.

E.4.1 Manage day-to-day professional practice and career.

- E.4.1.1 Effectively and appropriately prioritize professional duties, including when faced with multiple clients and competing needs.
- E.4.1.2 Allocate therapy services while balancing client needs and available resources.
- E.4.1.3 Balance work priorities and manage time with respect to client services and practice requirements.
- E.4.1.4 Balance work activities, outside activities, and personal priorities.

E.4.2 Participate in activities that contribute to the effectiveness of the organizations and systems.

- E.4.2.1 Participate in systemic quality process evaluation and improvement such as client safety initiatives.
- E.4.2.2 Participate in established organizational processes such as workload measurement.
- E.4.2.3 Participate in established human resources activities such as annual performance reviews.
- E.4.2.4 Participate in established financial and physical resource planning activities.
- E.4.2.5 Chair or participate effectively in committees and meetings.

E.4.3 Supervise support personnel in occupational therapy.

- E.4.3.1 Orient support personnel to their role, duties, and responsibilities.
- E.4.3.2 Enable the effectiveness of support personnel through mentoring, coaching, and training.
- E.4.3.3 Develop a detailed understanding of the competencies of support personnel on the intraprofessional team.
- E.4.3.4 Assign appropriate work activities to support personnel working on the team.
- E.4.3.5 Comply with provincial regulatory and organizational document standards that apply to working with support personnel in occupational therapy.

E.4.4 Support fieldwork education.

- E.4.4.1 Develop educational activities appropriate to learning objectives and learner needs.
- E.4.4.2 Supervise learners in fieldwork education.
- E.4.4.3 Provide regular, constructive feedback of the learner’s performance.
- E.4.4.4 Evaluate learners using required evaluation forms.
- E.4.4.5 Document learner fieldwork and assessment.
- E.4.4.6 Comply with provincial regulatory and organizational document standards that apply to fieldwork education.



E.5 “Competent” Change Agent

KEY COMPETENCIES for the occupational therapist as a “competent” CHANGE AGENT

- E.5.1 Advocate for the occupational potential, occupational performance, and occupational engagement of clients.
- E.5.2 Advocate for occupational needs related to the determinants of health, well-being, and equity for clients served.
- E.5.3 Communicate the role and benefits of occupational therapy.

ENABLING COMPETENCIES for the occupational therapist as a “competent” CHANGE AGENT

E.5.1 Advocate for the occupational potential, occupational performance, and occupational engagement of clients.

- E.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.
- E.5.1.2 Advocate for occupation and/or occupational performance opportunities for clients.
- E.5.1.3 Balance the ethical and professional issues inherent in client advocacy, including altruism, autonomy, integrity, social justice, and idealism.
- E.5.1.4 Manage the conflict inherent between the advocacy role for a client and the manager of finite services and resources.
- E.5.1.5 Act on identified opportunities for occupation and occupational performance including advocacy, promotion, and prevention with individuals for whom occupational therapy services are provided.

E.5.2 Advocate for occupational needs related to the determinants of health, well-being, and equity for clients served.

- E.5.2.1 Identify the determinants of health of the clients served, including barriers to access services and resources.
- E.5.2.2 Identify vulnerable or marginalized clients among those served.
- E.5.2.3 Advocate appropriately for the vulnerable or marginalized clients to enable participation through occupation.

E.5.3 Communicate the role and benefits of occupational therapy.

- E.5.3.1 Advocate appropriately for the role of occupational therapy to clients and the interprofessional team.
- E.5.3.2 Act on identified opportunities to communicate the role and benefits of occupational therapy in occupational performance and occupational engagement.

E.6 “Competent” Scholarly Practitioner

KEY COMPETENCIES for the occupational therapist as a “competent” SCHOLARLY PRACTITIONER

- E.6.1 Maintain and enhance personal competence through ongoing learning.
- E.6.2 Critically evaluate information to support client, service, and practice decisions.
- E.6.3 Facilitate the learning of clients, the team, and others.

ENABLING COMPETENCIES for the occupational therapist as a “competent” SCHOLARLY PRACTITIONER

E.6.1 Maintain and enhance personal competence through ongoing learning.

- E.6.1.1 Conduct a regular assessment of personal learning needs.
- E.6.1.2 Demonstrate lifelong learning skills and document a personal program to keep up-to-date and enhance areas of professional competence.
- E.6.1.3 Regularly review new knowledge and determine applicability to practice.
- E.6.1.4 Integrate new learning and evidence into practice.
- E.6.1.5 Evaluate the impact of any change in practice.

E.6.2 Critically evaluate information to support client, service, and practice decisions.

- E.6.2.1 Critically appraise best evidence in order to address client, service, or practice questions.
- E.6.2.2 Integrate critical appraisal conclusions into daily practice.

E.6.3 Facilitate the learning of clients, the team, and others.

- E.6.3.1 Identify the learning needs and desired learning outcomes of learners.
- E.6.3.2 Educate about the holistic occupational therapy approach, which incorporates occupational demands, and personal and environmental factors.
- E.6.3.3 Demonstrate effective teaching and assessment approaches.

E.7 “Competent” Professional

KEY COMPETENCIES for the occupational therapist as a “competent” PROFESSIONAL

- E.7.1 Demonstrate ethical practice.
- E.7.2 Demonstrate commitment to competent practice.
- E.7.3 Display awareness of diversity and the power issues involved in a professional relationship.
- E.7.4 Contribute to the occupational therapy profession.

ENABLING COMPETENCIES for the occupational therapist as a “competent” PROFESSIONAL

E.7.1 Demonstrate ethical practice.

- E.7.1.1 Demonstrate appropriate professional behaviours, including honesty, integrity, commitment, compassion, respect, and altruism.
- E.7.1.2 Communicate title and credentials accurately.
- E.7.1.3 Comply with codes of ethics.
- E.7.1.4 Recognize and appropriately respond to ethical issues encountered in practice.
- E.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.

E.7.2 Demonstrate commitment to competent practice.

- E.7.2.1 Actively participate in profession-led regulation.
- E.7.2.2 Comply with professional and regulatory practice standards.

E.7.2.3 Demonstrate a commitment to competent occupational therapy practice.

E.7.2.4 Maintain personal competence.

E.7.3 Display awareness of diversity and the power issues involved in a professional relationship.

- E.7.3.1 Demonstrate awareness of professional privilege and sensitivity to client issues related to professional privilege and client power.
- E.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.
- E.7.3.3 Attend to diversity in providing services with respect to client’s needs, values, and goals.

E.7.4 Contribute to the occupational therapy profession.

- E.7.4.1 Demonstrate behaviours which contribute to the profession, including participation in professional organizations.

F. Performance Expectations for “Proficient” Occupational Therapy Practice

The *Profile* also describes the performance expectations for occupational therapy practice at the “proficient” level. It is worth underscoring that 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.

The key competencies that are expected for a “proficient” level occupational therapy 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.

F.1 “Proficient” Expert in Enabling Occupation

KEY COMPETENCIES for the occupational therapist as a “proficient” EXPERT IN ENABLING OCCUPATION

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

F.2 “Proficient” Communicator

KEY COMPETENCIES for the occupational therapist as a “proficient” COMMUNICATOR

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

F.3 “Proficient” Collaborator

KEY COMPETENCIES for the occupational therapist as a “proficient” COLLABORATOR

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

F.4 “Proficient” Practice Manager

KEY COMPETENCIES for the occupational therapist as a “proficient” PRACTICE MANAGER

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

F.5 “Proficient” Change Agent

KEY COMPETENCIES for the occupational therapist as a “proficient” CHANGE AGENT

- F.5.1 Advocate for the occupational potential, occupational performance, and occupational engagement of clients including organizations, populations, and those in complex situations.
- F.5.2 Advocate for needed changes related to the determinants of health, well-being, and equity for clients served, including organizations and populations.
- F.5.3 Advocate for the role and benefits of occupational therapy with clients and the interprofessional team.

F.6 “Proficient” Scholarly Practitioner

KEY COMPETENCIES for the occupational therapist as a “proficient” SCHOLARLY PRACTITIONER

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

F.7 “Proficient” Professional

KEY COMPETENCIES for the occupational therapist as a “proficient” PROFESSIONAL

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

Please see Appendix C for examples of elements and activities related to the seven roles at the “competent” and the “proficient” levels.

G. Glossary

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).

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).

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.

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, 2007), 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).

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Appendix A: Profile Development

Development of the Profile of Occupational Therapy Practice

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 new Profile of Occupational Therapy Practice in Canada (2007) is 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 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.
- **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 provides:

A Vision for Occupational Therapy Practice

The Profile provides a vision for practice by occupational therapists in occupational therapy and serves as a guide for the current and future practice of occupational therapy in Canada. It primarily reflects the expectations of a “competent” level of occupational therapy practice and also describes a “proficient” level of occupational therapy practice in a given role.

A Model for Excellence

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. These competencies are designed to encourage a high level of accomplishment in occupational therapists’ future careers.

Project Advisory Group

The *Profile of Occupational Therapy Practice in Canada* (2007) was developed for the occupational therapy profession with the advice, direction, and support of the CAOT Project Advisory Group. Members included:

- Jean-Pascal Beaudoin, Univerisité d’Ottawa, Ottawa, ON
- Giovanna Boniface, North Vancouver, BC
- Ann Bossers, School of Occupational Therapy, University of Western Ontario, London, ON
- Donna Collins, University of Manitoba, Winnipeg, MB
- Sharon Eadie, Winnipeg, MB (during Phase 2)
- Vivien Hollis, Department of Occupational Therapy, University of Alberta, Edmonton, AB
- Susan James, Toronto, ON (during Phase 1)
- Christine Luscombe-Mills, Smith Falls, ON
- Lucy Ann Miller, St. John’s, NL
- Micheline Saint-Jean, École de réadaptation, Université de Montréal, Montréal, QC
- Debra Stewart, School of Rehabilitation Science, McMaster University, Hamilton, ON
- Elizabeth Townsend, School of Occupational Therapy, Dalhousie University, Halifax, NS
- Donna Klaiman, CAOT, Ottawa, ON
- Kathy Van Benthem, CAOT, Ottawa, ON
- Claudia von Zweck, CAOT, Ottawa, ON

The Practice Framework builds on current and past work including:

- CAOT, *Profile of Occupational Therapy Practice in Canada* (rev. ed., 2002)
- CAOT, *Position Statement on Support Personnel in Occupational Therapy Services* (February 2003)
- ACOTRO, *Essential Competencies of Practice for Occupational Therapists in Canada* (2nd ed., June 2003)
- CAOT, *Discussion Paper and Profile Framework Citing Thirty Wide-ranging References* (October 2005)

- Frank, J.R. (Ed.), *The CanMeds 2005 Physician Competency Framework. Better Standards. Better Physicians. Better Care* (Ottawa, Ontario: The Royal College of Physicians and Surgeons of Canada, March 2005)
- Townsend, E., & Polatajko, H., *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation*. (Ottawa, Ontario: CAOT Publications ACE, 2007)

Use of the CanMEDS Framework for the Occupational Therapy Practice Profile

In October 2005 the Canadian Association of Occupational Therapists (CAOT) decided to adapt the CanMEDS framework (Frank, 2005) for development of its *Profile of Occupational Therapy Practice in Canada 2007*. The framework was then adapted to reflect occupational therapy practice around seven main “Roles”:

- *Expert in Enabling Occupation;*
- *Communicator;*
- *Collaborator;*
- *Practice Manager;*
- *Change Agent;*
- *Scholarly Practitioner; and*
- *Professional.*

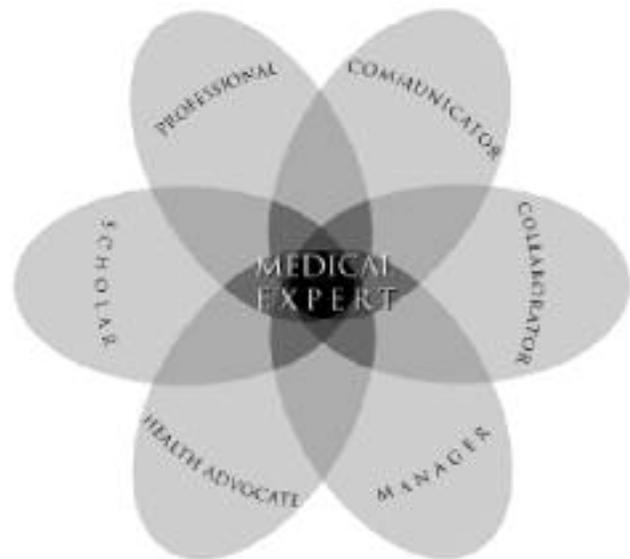
The Royal College of Physicians and Surgeons of Canada (RCPSC) published a revised version of its competencies framework for medical specialists, called the “CanMEDS Roles” (Frank, 2005) which is an acronym for Canadian Medical Education Directives for Specialists. The CanMEDS competencies have been integrated into the RCPSC accreditation standards, objectives of training, final in- training evaluations, exam blueprints, and the Maintenance of Certificate program. The competency-based framework identifies the core abilities of specialists and is organized thematically around seven meta-competencies or roles: *medical expert (central integrative role); communicator; collaborator; health advocate; manager; scholar; and professional.*

The interrelationships of the Roles in the CanMEDS framework are depicted as a cloverleaf or daisy, with the Medical Expert role in the centre surrounded by the remaining six roles. This model is depicted in the figure below. The framework uses a modified functional analysis approach, and includes a definition and description for each of the seven Roles as well as key competencies and enabling competencies.

The reasons for adapting the CanMEDS framework include:

- The framework reflects the best available evidence on competency frameworks;
- The framework reflects past and current models of occupational therapy practice; and
- The framework supports interprofessional and multi-professional care through the use of common terms and models.

The CanMEDS Framework (Frank, 2005)



Appendix B: Practice Context

Table 1: Client Ages for Primary Practice Location

Client Ages	2006-2007
Preschool (<4 yrs)	7%
School Age (4-17 yrs)	14%
Adults (18-64 yrs)	37%
Seniors (65+ yrs)	20%
Other client age range	10%
N/A and/or all ages	11%

Table 2: Occupational Performance Issues

Occupational Performance Issues	2006-2007
Performance Components	Subtotal 8%
Physical	61%
Cognitive	13%
Affective	9%
Spiritual	1%
Environmental Conditions	Subtotal 7%
Physical	5%
Institutional	2%
Social	0%
Cultural	0%
N/A	Subtotal 9%

Table 3: Occupational Therapy Services

Occupational Therapy Services	2006-2007	Occupational Therapy Services	2006-2007
Occupational life skills	6.24%	Program evaluation	0.24%
Functional mobility	4.89%	Alternative therapies	0.16%
Seating	3.16%	Driver education and training	0.16%
Independent living	2.89%	Medical/legal	0.16%
Assistive technology	1.76%	Feeding/swallowing	0.16%
Hand rehabilitation	1.70%	Behaviour therapy	0.14%
Program coordination/management	1.70%	Stress management	0.14%
Home care	1.68%	Advocacy	0.14%
Neurodevelopmental treatment	1.38%	Policy development	0.14%
Cognitive/perceptual therapy	1.32%	Ergonomics	0.11%
Client education	1.32%	Forensic/correctional services	0.08%
Sensory integration	0.97%	Community development	0.05%
Primary health care	0.89%	Prosthetics	0.05%
Orthotics	0.76%	Crisis/emergency service	0.05%
Caregiver support/education	0.54%	Occupational theory/philosophy	0.05%
Consulting	0.57%	Leadership training	0.03%
Dementia	0.49%	Neonatology	0.03%
Continuous quality improvement	0.46%	Substances and addictions	0.03%
Occupational therapy education	0.43%	Research utilization	0.03%
Case management	0.41%	Ethics	0.03%
Workplace health	0.41%	Eating disorders	0.00%
Planning	0.24%	HIV/AIDS rehabilitation	0.00%
Chronic pain management	0.24%	Universal design	0.00%
Counselling support therapy	0.24%		

Table 4: Employer Type

Employer Type	2006-2007
Institution	Subtotal 48%
General hospital	25%
Rehabilitation hospital/facility	14%
Mental health hospital/facility	5%
Residential care facility	4%
Assisted living residence	0%
Community	Subtotal 27%
Community health centre	10%
Visiting agency/business	6%
School or school board	6%
Post-secondary education institution	5%
Industry and Other	Subtotal 25%
Solo professional practice/business	8%
Other-employer (type not described)	7%
Group professional practice/clinic	4%
Association/government/para-government	3%
N/A	2%
Industry, manufacturing, and commercial	1%

Table 5: Areas of Practice

Areas of Practice	2006-2007
Mental health	Subtotal 11%
Neurological and neuromuscular	Subtotal 19%
Musculoskeletal	Subtotal 12%
General Health	Subtotal 25%
General physical health	24%
Cardiovascular and respiratory	1%
Digestive/metabolic/endocrine	0%
Other Areas of Direct Service Provision	Subtotal 18%
Vocational rehabilitation	4%
Palliative/end of life care	1%
Health promotion and wellness	1%
Other areas	12%
Client Service Management	Subtotal 6%
Client service management	3%
Medical/legal related client service management	3%
Research/Education/Administration /Other	Subtotal 9%
Service administration	3%
Other area of practice and N/A	3%
Research	2%
Teaching	1%

Appendix C: Sample Elements/Activities for Roles

Role	Definition	Sample Elements/Activities
<p>1. Expert in Enabling Occupation</p>	<p>Expert in <i>Enabling Occupation</i> is the central role, expertise, and competence of an occupational therapist. As <i>Experts in Enabling Occupation</i>, 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. Clients may include individuals, families, groups, communities, populations, or organizations.</p>	<ul style="list-style-type: none"> • Use of core knowledge in occupation and occupational performance • Identification of client and/or occupational performance issues • Application and adaptation to select appropriate occupation-based, client-centred approaches • Procedural skill proficiency • Proficiency in articulating expertise with client, team, and stakeholders • Proficiency in documenting expertise and services briefly and clearly for multiple audiences, including the client, service provider, and funder • Principles of client safety and avoiding adverse events • Critical thinking to analyze and take client and own diversity into account • Core processes of working in collaboration with client with awareness of professional–client power relationship • Professional judgment and professional responsibility for expertise in shared decision-making.
<p>2. Communicator</p>	<p>As <i>Communicators</i>, the practitioner–client relationship is central to occupational therapy. As <i>Communicators</i>, occupational therapists are also educators, mediators, and information providers with team members, managers, clients, funders, and the public. Communication includes oral, written, non-verbal, and electronic means.</p>	<ul style="list-style-type: none"> • Rapport, trust, and ethics in the occupational therapy–client relationship • Empathy, compassion, trustworthiness, integrity • Inclusion of the client voice in planning, decision-making, and evaluation • Effective listening • Use of verbal and non-verbal communication • Eliciting and synthesizing information for client service • Conveying effective oral and written information for client service • Flexibility in application of communication and critical thinking skills • Awareness in communication of privilege of therapist salary, position, title, access to insider information, etc. in client relationships • Judgment in communication to use managed confrontation to make issues explicit with respect and compassion • Diverse occupational therapy–client relationships for different occupational therapy practices

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Role	Definition	Sample Elements/Activities
<p>2. Communicator</p>		<ul style="list-style-type: none"> • Negotiation to exert professional expertise and responsibility while also listening for client expertise and evidence of self-responsibility • Public and media communication, where appropriate
<p>3. Collaborator</p>	<p>As <i>Collaborators</i>, occupational therapists work effectively to enable participation in occupations by using and promoting shared decision-making approaches with clients, and within specific teams and the broader community.</p>	<ul style="list-style-type: none"> • Collaborative service, culture, and environment • Shared decision-making • Sharing of knowledge and information • Actively taking diversity into account (race, culture, age, sexual orientation, and other issues of “difference” that impact occupation and occupational performance) • Organizational structures that facilitate collaboration • Understanding roles and responsibilities • Recognizing one’s own roles and limits • Respect for other occupational therapists, support personnel in occupational therapy, and other members of the service team • Team dynamics • Constructive negotiation • Conflict resolution, management, and prevention • Collaboration and learning with other professionals and community agencies • Supporting communities of practice • Interprofessional and multi-professional service
<p>4. Practice Manager</p>	<p>As <i>Practice Managers</i>, occupational therapists effectively execute responsibilities and make systematic choices about client service resources. Occupational therapists manage their own occupation by developing and supporting 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.</p>	<ul style="list-style-type: none"> • Active participants in the service system • Focus on developing and/or using management systems for effective and efficient services and programs in enabling participation in occupation • Information technology for health services • Priority-setting • Managing caseloads • Quality assurance and improvement • Time management • Practice management to maintain a sustainable practice and occupational therapist health • Effective meetings and committees

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Role	Definition	Sample Elements/Activities
<p>5. Change Agent</p>	<p>As <i>Change Agents</i>, occupational therapists responsibly use their expertise and influence to advance the occupation, occupational performance, participation, and well-being of clients.</p>	<ul style="list-style-type: none"> • Advocacy with and for clients • Advocacy within health care teams • Advocacy regarding return to work (or not), adapted housing, inclusive design, occupational health and safety. • Health promotion, injury prevention, and disease prevention • Determinants of health, including psychological, biological, social, cultural, and economic • Adapting practice, management, and education to the needs of the client • Minimize or eliminate barriers to participation in occupation • Advocacy for the occupational therapist's profession's role in society • Responsible use of authority and influence • Risk taking in managing change
<p>6. Scholarly Practitioner</p>	<p>As <i>Scholarly Practitioners</i>, occupational therapists routinely evaluate their work from multiple perspectives and demonstrate a lifelong commitment to evidenced based practice, encompassing reflective learning, critical appraisal of practice, and quality improvement.</p>	<ul style="list-style-type: none"> • Reflection before, during, and after practice • Self-assessment • Identifying gaps in knowledge, skills, and attitudes • Asking effective learning questions • Accessing information to improve practice and service • Moral and professional obligation to maintain competence and be accountable • Critical appraisal of evidence • Evidence-based practice • Translating evidence and knowledge into practice • Enhancing personal, professional competence • Using a variety of learning methodologies • Assessing learners and providing feedback • Teacher-student ethics, power issues, confidentiality, boundaries • Research ethics, disclosure, conflicts of interest, human subjects, and industry relations
<p>7. Professional</p>	<p>As <i>Professionals</i>, occupational therapists are committed to ethical practice and high personal standards of behaviour in enabling occupation with clients.</p>	<ul style="list-style-type: none"> • Integrity and honesty • Compassion and caring • Responsibility to society • Responsibility to the profession, including professional development • Responsibility to self, including personal care in order to serve others

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Role	Definition	Sample Elements/Activities
<p>7. Professional</p>		<ul style="list-style-type: none"> • Commitment to excellence in clinical practice and mastery of the discipline • Commitment to professional standards • Morality and codes of behaviour • Bioethical principles and theories • Application of ethical principles for client service • Knowing limits of professional expertise and personal competence • Accountability to professional regulatory authorities • Disclosure of error or adverse events • Sustainable practice and the health of the occupational therapist