



College of **Occupational
Therapists** of Manitoba

Quality Occupational Therapy – Accountable to Manitobans

Practice Guideline

Assignment and Supervision in Occupational Therapy

A COTM guideline sets forth principles to assist members in assessing situations which they encounter in practice and provides recommended approaches. Guidelines are intended to support, not replace, the exercise of professional judgment by the therapist in particular situations.

COTM practice guidelines are prepared to assist occupational therapists in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* through:

- increasing member knowledge of responsibilities;
- describing expectations of practice;
- defining safe, ethical, competent practice; and
- guiding critical thinking for everyday practice.

NOTE TO READERS

This Guideline was developed under *The Occupational Therapists Act (1983)*; the legislation that preceded the current occupational therapy legislation, *The Occupational Therapists Act (2002)*, by the Association of Occupational Therapists of Manitoba, AOTM. AOTM continues as a body corporate as the College of Occupational Therapists of Manitoba. Amendments to the guideline in 2006 were limited to name changes and the insertion of the relevant excerpts from the *Essential Competencies of Practice for Occupational Therapists in Canada, 2003*

Throughout the *Practice Guideline*, reference is made to the following documents. Please ensure you have the most recent versions.

The Occupational Therapists Act, 2005

- Tab 2 of your “Member Information and Resources Binder”
- <http://web2.gov.mb.ca/laws/statutes/ccsm/o005e.php>

Essential Competencies of Practice for Occupational Therapists in Canada, Third Edition 2011, Association of Canadian Occupational Therapy Regulatory Organizations

- Tab 3 of your “Member Information and Resources Binder”
- Available on the COTM website at:
http://www.cotm.ca/index.php/resources/member_resource_binder

Code of Ethics, 2010, College of Occupational Therapists of Manitoba

- Tab 3 of your “Member Information and Resources Binder”
- Available on the COTM website at: <http://www.cotm.ca/publications.html>

Questions regarding the content or application of these guidelines should be made to:

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PREAMBLE

The College of Occupational Therapists of Manitoba (COTM) regulates the practice of Manitoba occupational therapists. COTM is granted this authority under *The Occupational Therapists Act* with the duty to serve and protect the public interest.

INTRODUCTION

This guideline is intended to provide direction for the assignment of occupational therapy service components to non-members of COTM and to discuss the supervision requirements for these individuals.

In the context of this guideline, non-members include student occupational therapists and support personnel who, under the supervision of the occupational therapist, assist in the delivery of occupational therapy services. Because non-members are not under the jurisdiction of COTM, this guideline is intended to address the responsibilities of the member occupational therapist in the assignment of service components to non-members and to processes recommended when assigning those service components.

In order to understand the scope of the guideline it is critical to understand two distinct ways in which the occupational therapist engages others in their work with a particular client.

- 1.0 **Assignment** The member has authority over the non-member and the member is responsible for the ongoing supervision, implementation, and evaluation of the recommended occupational therapy program.
- 2.0 **Consultation** The member has no authority over the non-member and the manner in which they implement the programs recommended by the member. The occupational therapist is only responsible for the quality and appropriateness of the training provided. The delivery of the recommendations provided by the occupational therapist as a consultant is therefore, not “occupational therapy.”
 - 2.1 Examples of an occupational therapist acting as a consultant are:
 - 2.1.1 An occupational therapist consults to a nursing home with a rehabilitation aide carrying out the recommended program. The rehabilitation aide reports to a supervisor in the nursing home.
 - 2.1.2 An occupational therapist consults to other professionals and/or support staff on client transfer techniques.
 - 2.1.3 An occupational therapist recommends a home program that is carried out by a family member.

RELEVANT MATERIAL

1.0 Representation as an occupational therapist; *The Occupational Therapists Act, 2005*

“3(1) No person except an occupational therapists shall
(a) represent or hold out, expressly or by implication, that he or she is an occupational therapist or is entitled to engage in the practice of occupational therapy as an occupational therapist; or
(b) use any sign, display, title or advertisement implying that he or she is an occupational therapist.”

“65(1) No person shall knowingly employ or continue to employ a person to perform the practice of occupational therapy unless the person is an occupational therapist registered under this Act.”

2.0 Responsibility to the client; *COTM Code of Ethics, 2010*

“It is recognized that with the breadth of occupational therapy practice today, many therapists practise in contexts other than the traditional medical model. For all members of COTM, the term “client” is meant to reflect all individuals, groups, communities and other consumers of an occupational therapist’s service. When entering into a therapeutic relationship, the therapist needs to identify: who the client is that is being served, what is the social and cultural context that will influence decision-making and care, and how the therapist will endeavour to keep the client’s welfare at the centre of all interactions.”

3.0 Consideration of a practice process; *The Essential Competencies of Practice for Occupational Therapists in Canada, Third Edition 2011*

See complete document at http://www.cotm.ca/index.php/quality_practice/practice_standards

UNIT 4 Utilizes an Occupational Therapy Practice Process to Enable Occupation

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

- 4.1 Clarifies role of occupation and enablement when initiating services.
- 4.2 Demonstrates a systematic client-centred approach to enabling occupation.
- 4.3 Ensures informed consent prior to and throughout service provision.
- 4.4 Assesses occupational performance and enablement needs of client.
- 4.5 Develops client-specific plan with client, inter-professional team members, and other stakeholders.
- 4.6 Implements plan for occupational therapy services.
- 4.7 Monitors plan to modify in a timely and appropriate manner.”

“UNIT 7 Manages Own Practice and Advocates Within Systems

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

- 7.1 Manages day-to-day practice processes.
- 7.2 Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist’s supervision.

- 7.3 Contributes to a practice environment that supports client-centered occupational therapy service, which is safe, ethical, and effective.
- 7.4 Demonstrates commitment to client and provider safety.
- 7.5 Participates in quality improvement initiatives.
- 7.6 Advocates for the occupational potential, occupational performance, and occupational engagement of clients.”

GUIDELINE

1.0 What and to Whom to Assign

- 1.1 In making the decision to assign a service component to a non-member the care of the client should not be compromised.
- 1.2 Service components that require interpretation of information and findings or continuous clinical judgment, or involve a high risk of harm should not be assigned to support personnel. These service components may be assigned to a student occupational therapist, however, they should be performed under the supervision of the occupational therapist. Activities or procedures where risk of significant harm to the client is perceived to be present may be performed by student occupational therapists only under the direct supervision of the occupational therapist.
- 1.3 The following service components should not be assigned to support personnel;
 - 1.3.1 interpretation of referrals,
 - 1.3.2 initial interviews/assessments,
 - 1.3.3 interpretation of assessment findings,
 - 1.3.4 intervention planning,
 - 1.3.5 interventions which require continuous clinical judgment to closely monitor and guide client progress,
 - 1.3.6 modification of intervention beyond limits established by the supervising occupational therapist, and
 - 1.3.7 discharge planning.

2.0 How to Assign Service Components

- 2.1 An occupational therapist assigning a component of occupational therapy service should ensure:
 - 2.1.1 The client understands that the assigned service will be provided by a non-member, and consents to such a plan
 - 2.1.2 The non-member to whom the component is assigned, acknowledges his/her accountability to the occupational therapist in completing the task, and understands the limits of his/her scope of practice.
 - 2.1.3 The non-member performing the assigned component is competent to provide the service safely and effectively.
 - 2.1.4 The non-member is informed of any contraindication or risks due to the client's condition.
 - 2.1.5 Supervision of the non-member by the occupational therapist is available as required. Mechanisms to access the member must be identified, particularly for emergency situations.
 - 2.1.6 Monitoring and evaluation of the assigned task by the occupational therapist occurs on a regular basis and as required.
 - 2.1.7 The occupational therapist documents in the client record the assignment of the service components and the individual to whom they have been assigned.

DEFINITIONS

member: an occupational therapist whose name is entered in the COTM register

occupational therapist: a health professional who is duly qualified and registered to practise occupational therapy

non-member: an individual whose name is not entered in the COTM register.

support personnel: any service provider who is not a qualified occupational therapist or student occupational therapist yet who is knowledgeable in the field of occupational therapy through experience, education, and/or training and is directly involved in the provision of occupational therapy services under the supervision of an occupational therapist.

assignment: allocation of responsibility for the delivery of specific occupational therapy service components to a non-member by the COTM member.

direct supervision: the member must be physically present and observe the performance of the non-member.

supervision: the member must be in regular contact with the non-member to observe and provide feedback, guidance and direction on the non-member's performance of the assigned service components.

REFERENCES

Association of Canadian Occupational Therapy Regulatory Organizations
Essential Competencies of Practice for Occupational Therapists in Canada, Third Edition 2011.

College of Occupational Therapists of Manitoba, *Code of Ethics*, 2010

The Occupational Therapists Act, 2005.

RESOURCES

Canadian Association of Occupational Therapists, Guidelines for the Supervision of Assigned Occupational Therapy Service Components, 2003.

College of Occupational Therapists of Ontario, Practice Guideline – Support Personnel, 2004.

College of Occupational Therapists of B.C, Practice Guideline – Assigning of Service Components to Unregulated Support Personnel, 2004.

COTM wishes to acknowledge the work of the College of Occupational Therapists of Ontario and the College of Occupational Therapists of B.C. which contributed greatly to the development of the COTM Guideline.