

***Occupational Therapy Canada Reflection Day***

***Positioning occupational therapists to do their best work***

**May 7, 2014**

**Fredericton (New Brunswick)**

**REPORT**

## Introduction

The 2014 *Occupational Therapy Canada* (OTC) Forum, which was held on the 7<sup>th</sup> May in Fredericton (New Brunswick), took the shape of a reflection day entitled *Positioning occupational therapists to do their best work*. Twenty-five representatives from the *Association of Canadian University Programmes* (ACOTUP), the *Association of Canadian Occupational Therapy Regulatory Organisations* (ACOTRO), the *Canadian Association of Occupational Therapists* (CAOT), the *Professional Alliance of Canada* (PAC) and the *Canadian Occupational Therapy Foundation* (COTF) participated. The OTC Forum was organized by a working group comprising representatives from these five organizations (Susan Rappolt, Andrew Freeman, Heather Cutcliffe, Pascale Geoffroy, Paulette Guitard, Jeff Boniface, Gayle Salsman).

## How the OTC Reflection Day theme was chosen

This year's reflection day was to follow-up the OTC Forum discussion that took place in Victoria (British Columbia) in 2013, the objective of which was to gain a fuller understanding, from the perspectives of the range of stakeholders in our profession in Canada, of the educational, practice, regulatory, political and economic implications of occupational therapy competencies, proficiencies, advanced practice and specialization. A variety of themes, as well as topics for future collaborative action, were identified by the participants (Freeman et al., 2014). Importantly, however, the participants also agreed on the importance of continuing to work collaboratively in the 2014 OTC Forum.

Given the impossibility of pursuing in one day all of the themes identified in the 2013 discussion, how was this year's theme determined? In reflecting upon the reasons motivating last year's reflection day and the points that were subsequently identified during the discussion, some common underlying elements emerged: *How should occupational therapy's unique contribution within the Canadian context be strategically defined? That is, when is occupational therapy the BEST service? Furthermore, how do we strategically "brand" this contribution?*

As articulated during the 2013 meeting, the need for our profession to engage in an informed and rigorous discussion about these questions is clearly linked to both our knowledge base and the social, political and economic contexts of our practices. In light of increased funding pressures on publicly-funded services and the profit interests of privatized services, there is increased pressure from service funders/employers to maximize the value returned for their funding. Those who fund services are inevitably obliged to ask the question: *Who can provide the best services for the best price?*

The working group felt that the theme that best captured the questions that were appropriate to tackle during the 2014 discussion was: *Positioning occupational therapists to do their best work*. Key elements that are implicit in this theme include the need to strategically and collaboratively build toward the future. The working group therefore proposed a structure and format to engage representatives of Canada's five leading organizations in this strategic visioning exercise.

## How the day was organized

The reflection day was divided into three broad sections: (1) identifying what is unique about occupational therapy, (2) defining a common vision, and (3) plans to realize the common vision.

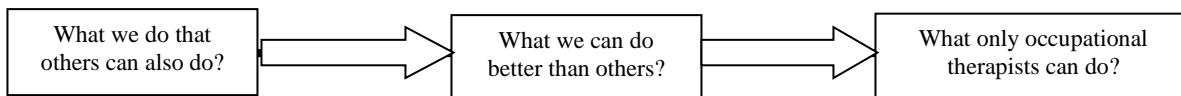
Two short presentations preceded participants' engagement in the three main tasks. First, to help participants appreciate each other's orientations coming into the meeting, a representative from each of the five organizations was asked to briefly summarize the defining characteristics of the roles and objectives of their organisation. These reports were based on written summaries of the mandates, important changes, and current challenges faced by each organization that had been provided and distributed to all participants prior to the meeting. Gaining a shared understanding of the five organizations' mandates and current activities was collectively seen as an important step in the process of developing solutions together.

The second presentation comprised a brief environmental scan regarding occupational therapy’s unique contributions, population needs and occupational therapist workforce trends in Canada, based on a review of scientific evidence on the effectiveness of occupational therapy practices, demographics from the Statistics Canada *Survey on Disability* (2012), and the 2012 occupational therapy workforce data analyzed by the Canadian Institute for Health Information (CIHI, 2013). The intention behind this presentation was to facilitate the development of a common vision and plan that is based upon an analysis of the contexts in which the profession is functioning within Canada. From the Statistics Canada *Survey on Disability*, we learned, among other points, that of those Canadians reporting a disability, 81% reported using an assistive device, and 48 % indicated their disability was severe or very severe. Key findings about the occupational therapy workforce included evidence that the percentage of time used for direct service by occupational therapy practitioners increased from 80-to-85 % between 2006 and 2012, and that the percentage of occupational therapists identifying themselves as researchers decreased from 1 -to-0.7 % of Canadian occupational therapists. An expanded report on the three sets of data summarized in this scan for the 2014 OTC Reflection Day, and an examination of the pressures on the Canadian occupational therapy workforce as well as the limitations on our workforce data, will be reported elsewhere.

Subsequent to these presentations, the participants worked alternatively in small groups and across the full group to realise the day’s agenda; the small groups consisted of members from each organization, with the member from the planning committee serving as the facilitator. Following the reports of the work of each small group on each topic, the large group reconvened to discuss and synthesize these reports.

To address the first of the three topics for the day, participants were asked to consider the following questions: *What are occupational therapy’s unique contributions (and who needs them most)?* The following preamble was provided:

*When thinking about occupational therapy’s scopes of practice and unique contributions, it is useful to think of a continuum of 3 possibilities.*



The five working groups were asked to respond to the following questions:

- *What can we do better than others and what can only occupational therapists do?*
- *Who needs the unique contributions of OT services the most?*

Following the large group discussion and synthesis of this topic, participants returned to their multi-organizational working groups to develop a common vision for occupational therapy in Canada for 2030. After the five working groups reported their suggestions for a common vision to all participants, the large group reached a consensus on a provisional common vision for OTC. Based on this working vision, the participants then returned to their inter-organizational small working groups to determine the top priorities for OTC’s future actions. Each group was asked to consider the potential facilitators and obstacles to achieving the common vision, the actions needed to fully benefit from each individual organization’s contributions as well as the synergies created by our collective actions that could fully realize the OTC vision.

**Methods for recording and analyzing the data**

The reports of the small working groups were presented orally and summarized on flip charts for viewing by all participants. Each time the small groups reconvened as a large group, key points from the

large group discussion and their conclusions were written on flip charts. In addition to the written summaries of the small and large group reports and discussions, one OTC planning committee member recorded the minutes of the entire day. The data for this report therefore consisted of the transcribed content of all flip charts, and the minutes taken by the OTC planning committee member.

These data were analyzed independently by five of the 2014 OTC planning committee members. The analysts independently reviewed the small group presenters' reports and synthesized their contents into a number of categories concerning the unique contributions of occupational therapy, a common vision, and priority actions for OTC to realize the common vision. These categories were then further synthesized into more general themes. The analysts then deliberated over the provisional results of the thematic analyses. Where there were initial disagreements about the meaning of the content, the analysts worked to clarify its meaning to achieve a common understanding.

## Findings

### 1. Determining occupational therapy's unique contributions

The reports of the small working groups included a total of 109 items related to occupational therapy's unique contributions. Although there was diversity in the items generated across the five groups, there was also much common content. Immediately following the small groups' presentations, the facilitator worked with the large group to synthesize the 109 items to 27 common threads. Our subsequent analysis of the common threads resulted in seven categories that encompass occupational therapy's unique contributions:

1. A holistic view of the person including the physical, mental, social and spiritual aspects;
2. The contextualization of individuals' values, goals and attributes within their social and physical environments;
3. An integrated analysis of the *big picture* that promotes long term predictions of outcome;
4. Ecologically valid assessments and sound models and process for interventions;
5. A focus on occupation, including occupation both as motivation and function;
6. An authentic client-centred approach that is based upon carefully listening, within a therapeutic relationship, to what a person wants
7. Enablement: serving as a change agent to facilitate decreased dependence and increased self-management.

Further synthesis of the first seven themes revealed three underlying and key themes:

- Expertise in optimizing occupational outcomes given an individual's personal abilities and the available supports in the environment;
- Expertise in translating ecologically valid assessments into optimal long term outcomes through occupational therapy models, processes and interventions;
- Expertise in catalyzing individual and social change through the use of therapeutic relationships and an integrated analysis of the *big picture*.

In addition to occupational therapy's unique contributions, the following two *common threads* were identified:

1. Occupational therapists' exceptional capacity to partner with other professions;
2. The need for a critical mass of occupational therapists to fulfill population needs for our unique contributions.

These latter points were discussed more fully later in the day and will be taken up below in the implementation section.

## **2. Achieving a common vision for occupational therapy across Canada**

Following the discussion of the unique contributions of occupational therapy, participants returned to their multi-organizational working groups to propose a common vision for occupational therapy across all five organizations that could direct the profession's activities to the year 2030. Seventy-seven items and one graphic were presented by the five small group reporters. Some of the groups focused more on conceptual or process-oriented items that reflected the characteristics of an ideal vision, while others drafted specific vision statements. Frequently suggested characteristics for a common vision included evidence-based, outcome-oriented plain language that is easily understood and incorporates the concepts of client-centredness, justice, wellness, economic value, access, and sustainability that raises the public profile of the profession.

Some phrases were suggested to capture elements of a vision, including:

"Where people live – What people do"

"Innovative solutions to help you"

"You can do it when OT helps"

"The profession that makes life worth living"

"Do the things you want to do"

When participants returned to a large group discussion format to further synthesize the working groups' contributions, the following vision statement was suggested and adopted as ***a provisional common vision for the profession of occupational therapy in Canada:***

**"Evidence-based occupational therapy is understood, valued and utilized as the profession that makes life worth living."**

## **3. Determining priority actions for *Occupational Therapy Canada***

The latter part of the day was devoted to establishing strategic priorities and drafting action plans to realize our commitment to a common vision for occupational therapy in Canada. Building on participants' achievements in the earlier parts of the day, participants endorsed five key principles for the actions that ACOTUP, ACOTRO, CAOT, PAC and COTF will undertake collaboratively (see Table 1).

**Table 1: Occupational Therapy Canada’s 5 Key Principles**

<b>One Voice</b>	The profession of occupational therapy in Canada will present a unified message, endorsed by all member organizations, to the Canadian public, public policy makers, corporate leaders and other professions.
<b>Economic Evidence</b>	A top priority for the occupational therapy profession in Canada is the demonstration of the economic value of the effectiveness of occupational therapy services for all ages and population served by occupational therapists.
<b>Human Resource Capacity</b>	The number of occupational therapists per capita in Canada needs to be sufficient to provide the services we advocate to promote health and well-being for Canadians.
<b>Evidence-Based Practice</b>	Action plans for the profession of occupational therapy in Canada will be based on the best available evidence that is selected with respect to pressing Canadian needs and interpreted with respect to Canadian values to advance the health, well-being and community integration of Canadians.
<b>Occupational Therapy Canada (OTC)</b>	The five participating organizations will continue to work collaboratively to achieve consensus on priority action plans and implementation strategies to facilitate Canadians’ access to the timely provision of the occupational therapy services they need to improve their health, wellbeing and community integration.

The synthesis of the small and large group discussions resulted in three OTC process priorities and four OTC priority actions:

**OTC’s Three Process Priorities**

**1. Maximizing the use of untapped resources to inform OTC’s strategic actions**

Participants recognized that each of the participating organizations already have strategic plans and implementation strategies, many of which serve the broad interests of the profession. OTC needs to develop a comprehensive inventory of participating organizations’ completed and current strategic actions to catalyze and streamline future OTC actions, in other words, build on each other’s existing strengths. We must also identify what is missing, for example, the consumer’s voice, and more accurate and timely human resource and service delivery data. We are fortunate to have the CIHI dataset; however, as participants noted during the morning’s environmental scan, the categories in which CIHI data are organized need further refinements as they may not depict a fully accurate snapshot of occupational therapy human resources in Canada. For example, a fuller examination of the range of privately funded occupational practices is needed to guide entry-level curriculum. Working collaboratively, OTC needs to identify the top regional and national priorities across all policy domains that relate to occupational therapy research, practice and education.

**2. Maintaining collaborative and timely work relationships**

Recognizing the importance of timely reporting and communication for maintaining momentum across organizations, all participants agreed that the first order of business is to share the report of the 2014 OTC Reflection Day with all members of the five organizations across Canada through a report in *Occupational Therapy Now*. Participants also recommended that a common repository for OTC documents that would be readily accessible to OTC executive members, planning committee members, participating organizations and possible future working groups should be developed.

### **3. Communicating strategically**

All participants identified the critical role of creating a unified public face and voice for occupational therapists in Canada that not only represents the profession at large but carries with it consistent key messages that are readily understood by our target audiences. However, prior to branding and marketing initiatives, participants recognized our need to achieve consensus regarding our key messages. The refinement of our vision statement, priority strategic actions, and implementation strategies are therefore critical for the development of communication strategies.

#### ***OTC's Four Priority Actions:***

##### **1. Aligning occupational therapists' unique capacities with complex high need populations**

Part of the first assignment of this reflection day was to respond to the question "*Who needs the unique contributions of OT services the most?*" Given our profession's very broad and frequently open scopes of practice, we acknowledge that many health and social service providers can and do provide services that are similar to services provided by occupational therapists. The participants identified occupational therapists' three key contributions (as stated above). A crucial next step will be to map these unique contributions to high priority population needs to examine how the profession's resources can be allocated to have maximum impact on health, wellbeing and occupational engagement in Canadian society. In turn, funders and Canadians will see occupational therapy as a powerful profession that is making significant and valuable health, social and economic contributions.

##### **2. Differentiating occupational therapy from other professions**

The occupational therapy profession derives much of its credibility from its theories, models and multiple bodies of evidence. Some of our most ecologically valid assessments and effective interventions appear to be as deceptively simple as making a cup of tea. Participants recognized that OTC must learn how to articulate the depth and breadth of the occupational therapist's foundational competencies and complex therapeutic skills to more clearly differentiate our roles from those of our partnering professions. Every occupational therapist must be able to communicate the need for specific occupational therapy services and their anticipated outcomes in every circumstance where services are being allocated, to ensure that patients and clients receive the most appropriate service at the right time.

##### **3. Demonstrating outcomes and cost benefits**

Despite the substantial growth in privately funded practices, the majority of funding for occupational therapy services in Canada continues to come from the public purse. As both public servants and private practitioners, occupational therapists must be aware of and be accountable for their decisions to intervene, the extent of services provided, and the outcomes of their services. Much work is required to increase the body of evidence regarding the effectiveness and cost benefits of occupational therapy services, and with the 2012 CIHI data suggesting a relative decrease in the number of occupational therapists who identify themselves as researchers, building human resource capacity in research is crucial.

##### **4. Building leadership capacity**

One mechanism for increasing the profession's research capacity is to continue to establish instrumental partnerships between clinicians and researchers in the creation of practice evidence. The occupational therapy position of *clinical researcher* has been established periodically in some institutions across Canada; however, these roles do not appear to have proliferated. Recently, the management of some tertiary care institutions has demonstrated a new interest in clinical research positions among allied

health professions. More practising occupational therapists are carving out time, in some cases unpaid time, to conduct practice-based research that articulates their protocols and evaluates their services. The time is ripe for strategic alliances between the relatively few occupational therapists with advanced research skills and the many with identified clinical research priorities and interests. The sharing of resources for research across the five organizations could significantly bolster our capacity to provide valuable evidence. For example, those organizations that hold membership and administrative databases could pool these data; academic programs could commit student research projects to priority clinical research needs, and the COTF could continue its development of funds to support occupational therapy clinical research. In addition to building research capacity, participants agreed that the profession as a whole should become more politicized and proactively and assertively advocate for occupational therapy services for clients needing services. Explicit entry-level education and continuing professional development programs in leadership and advocacy could help occupational therapists and the profession as a whole realize our potential as change agents. Another mechanism to advance leadership capacity would be the development of an OTC national strategy for competency and practice enhancements. Occupational therapists have historically demonstrated exceptional capacity to partner with other professions in addressing clinical issues, and we now need to expand our partnerships to include economists, policy makers and other service providers to advance the profession's priorities.

### **Summary**

The leaders of the profession's five main organizations in Canada who participated in the 2014 OTC Reflection Day were highly energized by the agenda and deeply committed to working toward the alignment of our diverse professional organisations' goals and priorities. Working in inter-organizational small groups, the participants generated ideas and reached a consensus on a provisional mission statement and strategic priorities that transcend the individual organizations' mandates and challenges. As evidence of the success of our collaboration, when participants were scheduled to consult on issues within their own organizational groupings, they rebelled against the planning committee, preferring to continue working within their inter-organizational small groups!

OTC will work toward finalizing a common vision for the profession in Canada. Collaboratively, we will examine opportunities for aligning occupational therapists' unique capacities with populations who have complex health and social needs, and seek partnerships in demonstrating practice and client outcomes and the cost benefits of occupational therapists services with economists, policy makers and other service providers. We are committed to working together to build human resource capacity in occupational therapy practices and research, and fostering leadership and advocacy within the Canadian profession.

***Respectfully submitted by Susan Rappolt, Andrew Freeman, Pascale Geoffroy, Jeff Boniface, Paulette Guitard and Heather Cutcliffe***

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## List of participants

### ACOTUP

Name	Role
Catherine Backman	Professor & Head, Department of Occupational Science and Occupational Therapy (University of British Columbia)
Andrew Freeman	Professeur et Directeur, Programme d'ergothérapie (Université Laval)
Tal Jarus	President (ACOTUP); Professor, Department of Occupational Science and Occupational Therapy (University of British Columbia)
Margo Paterson	Executive Director of ACOTUP; Professor Emerita (Queen's University)
Susan Rappolt	Vice-President (ACOTUP); Chair, Department of Occupational Science and Occupational Therapy (University of Toronto)

### ACOTRO

Name	Role
Kathy Corbett	Registrar & CEO, College of Occupational Therapists of British Columbia
Heather Cutcliffe	Registrar, Prince Edward Island Occupational Therapy Board
Kim Doyle	Executive Director, Newfoundland and Labrador Occupational Therapy Board
Elinor Larney	Registrar, College of Occupational Therapists of Ontario
Louise Tremblay	Secrétaire générale, Ordre des ergothérapeutes du Québec

### CAOT

Name	Role
Janet Craik	Interim Executive Director (CAOT)
Lori Cyr	President-elect (CAOT); clinician (Mary Pack Arthritis Centre, Vancouver)
Paulette Guitard	President (CAOT); Professor, School of Rehabilitation Sciences (University of Ottawa)
Christine Guptill	Research Fellow (CAOT)
Elizabeth Stegglis	Professional Affairs Executive (CAOT)

### PAC

Name	Role
Christie Brenchley	Executive Director, Ontario Society of Occupational Therapists
Pascale Geoffroy	President, Association of Yukon Occupational Therapists
Sherry Just	President, Saskatchewan Society of Occupational Therapists
Andrea Thompson	President, Ontario Society of Occupational Therapists
Pat Whelan	President, Newfoundland and Labrador Association of Occupational Therapists

### COTF

Name	Role
Jeff Boniface	Board member (COTF); clinician (Boniface Consulting Occupational Therapy Services, Vancouver)
Barbara Code	Board member (COTF); Manager, Health Facilities Planning, Financial and Corporate Services Division (Alberta Health)
Juliette Cooper	President (COTF); Professor Emerita (University of Manitoba)
Marjorie Hackett	Board member (COTF); Co-manager of Rehabilitation Services and clinician for Hillsborough Hospital (Prince Edward Island)
Sangita Kamblé	Executive Director (COTF)