

Professional Issue Forum: Advanced Practice for Occupation Therapy

June 4th, 2009

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General Introduction

Janet Craik

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Panel Speakers

- **Marcia Finlayson**, Associate Professor, University of Illinois at Chicago and Managing Editor, Canadian Journal of Occupational Therapy
 - PIF facilitator
- **Patricia Dickson**, Advanced Practice Occupational Therapist, Holland Orthopaedic & Arthritic Centre, Sunnybrook Health Sciences Centre
 - Practitioner perspective
- **Sandra Bressler**, Clinical Assistant Professor in the Department of Occupational Therapy and Occupational Science, University of British Columbia
 - Employer perspective
- **Françoise Rollin**, President Ordre des ergothérapeutes du Québec
 - Regulator perspective

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Setting the Stage

Marcia Finlayson

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During this forum, we will:

- Explore the meanings & key issues related to advanced practice,
- Exchange information & perspectives about the factors influencing advanced practice, and
- Develop recommendations for CAOT about the next steps the organization should consider in terms of addressing advanced practice in the profession.

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Advanced Practice: Meanings and Key Issues

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Where is the term used?

- In OT job advertisements
- In educational program advertising
 - Post-professional degrees, CE
 - Descriptions of specialty certification
- In entry-level occupational therapy program course descriptions
- By some employers to identify practitioners with particular skills and responsibilities
- In some US practice legislation

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Examples...

- Transition to Practice course descriptions (718, 728, 738), McMaster Occupational Therapy Program
 - “This practically-based half course will provide students with the opportunity to develop advanced practice skills within laboratory and real world situations”

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Examples...

- Advanced Practice Issues Course, Post-professional MS degree website, Elizabethtown College, PA
 - “Students will develop advanced knowledge in specialty areas of occupational therapy practice”

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Examples...

- OTD program description, University of Illinois at Chicago
 - “[the OTD]...focuses on developing advanced practitioners with special expertise, advanced knowledge and skills, and the ability to take on leadership and educational roles in the field.”

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Examples...

- Definition of advanced practices: Hand therapy, use of physical agent modalities, and swallowing assessment, evaluation, or intervention
 - CA Board of Occupational Therapy, Dept of Consumer Affairs

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Examples...

- “[advanced practice]...high levels of competence in specialized practice areas...leads to a specialty certification...”
 - Punwar & Peloquin (2000). Occupational Therapy Principles and Practice. Lippincott.

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“Advanced Practice”

**Commonly used term.
No definition in OT.
No common understanding.**

*So what can we learn from
other groups?*

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CNA Position Statement on Advanced Nursing Practice

- “ANP...describes an advanced level of nursing practice that maximizes the use of in-depth nursing knowledge and skill to meet the health needs of clients...ANP extends the boundaries of nursing’s scope of practice and contributes to nursing knowledge as well as the development and advancement of the profession”

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CNA Position Statement on Advanced Nursing Practice

- Nine consistent characteristics of ANP are identified in the statement. Highlights:
 - Expert and specialized practice
 - Ability to explain and use theory, experience & research to meet complex client needs
 - Breadth and depth of knowledge
 - Involved in research, use of research findings, and changing nursing practice based on research
 - Intersectoral collaboration to meet client needs
 - Analyze and influence health policy
 - Substantial autonomy and independence
 - High level of accountability

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Ontario Physiotherapy Association Discussion Paper

- Advanced practice physiotherapist:
 - “...denotes not only advanced clinical skill set, but also education, program development, critical appraisal, analytical, research and leadership skills that contribute to the knowledge, development, and advancement of the physiotherapy profession”
- Extended class physiotherapist:
 - Proposed protected title for physiotherapists with advanced clinical expertise working beyond traditional boundaries in advanced practice roles
- Clinical specialist:
 - Advanced level of clinical reasoning, professional judgment and clinical skills which fall in legislated scope of practice

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Ontario Physiotherapy Association Discussion Paper

- Eight characteristics of APP. Highlights:
 - Extensive clinical experience, sound clinical judgment
 - Understanding of broader health care context
 - Effective communicator
 - Collaborator who consults with clients, families, others
 - Self-directed, life-long learner
 - Critical thinker, analyzes knowledge, translates to practice, contributes to development of new knowledge
 - Professional – high quality care, ethical, honest, demonstrates integrity

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Common Threads

- What are some repeating themes?
 - Differentiating “within scope” versus “expanded scope”
 - Differentiating advanced versus specialty practice
 - Using theory and evidence deliberately
 - Engaging actively in knowledge translation
 - Contributing to / being involved in research activities
 - Being a leader
 - Having breath of knowledge (health care environment, policy)
 - Collaborating, communicating, partnering – across sectors
- For whom is AP relevant?
 - Practitioners, employers, regulators, educators, public

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Panel Member Assumptions

- Practice occurs across several continuums
 - Poor practice to best practice
 - Entry level to proficient
 - Generalist to specialist
- Best practice is what we should all be striving to achieve, regardless of position on other continuums
 - Theory-driven, occupation and evidence-based, and outcomes-oriented

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Panel Assumptions

- Advanced practice:
 - Is more than “specialist” practice and more than “lots of experience”
 - Is something that only a small proportion of the profession will achieve
 - Is of interest to and being driven by many different players who have different interests and agendas

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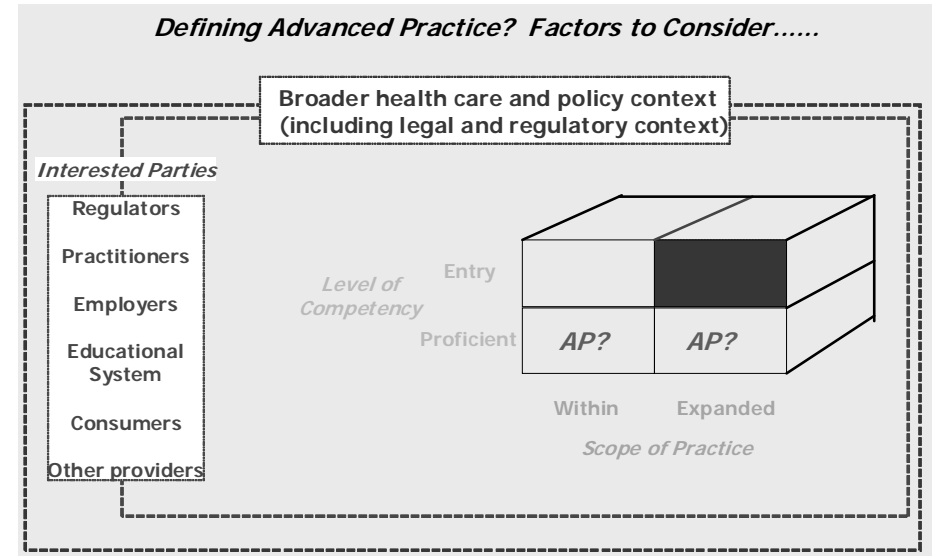
Panel Assumptions

- Advanced practice:
 - Must take into account competencies and scope of practice
 - Occurs within a legal and regulatory context, and therefore may not be uniform across the country

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Panelist Perspectives

- What is your vantage point?
- What is advanced practice from your vantage point?
- What are the key issues that need to be addressed by the profession about advanced practice from your vantage point?

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Advanced Practice OT: A Clinician's Perspective

Patricia Dickson, OT Reg (Ont)
 Advanced Practice Occupational Therapist
 Holland Orthopaedic & Arthritic Centre
 Sunnybrook Health Science Centre, Toronto, ON

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Why Now?

- System Burden
- Areas of High Demand
- Creating System Efficiencies



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System Burden: Hip & Knee Replacement

- In the past 15 years
 - ↑ Up 50% for THR
 - ↑ 100% for TKR
 - ↑ 20% in the last 3 years alone
- In 2005, surgeon workload was only 1/3 operating time.



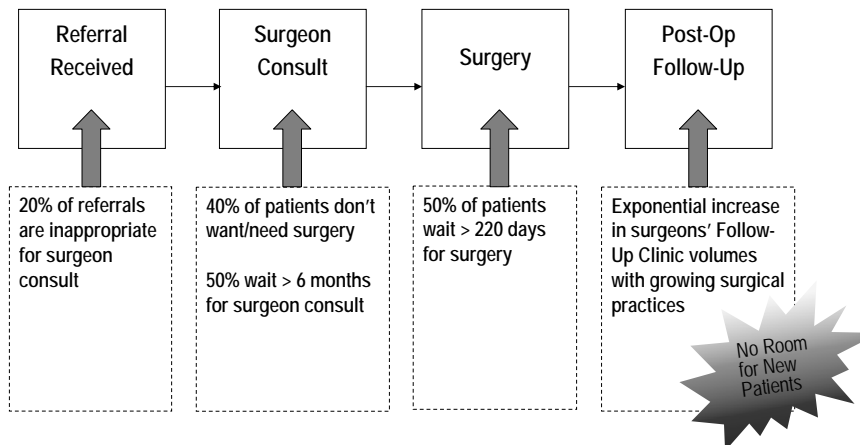
Paterson, JM et al. In: Access to Health Services in Ontario. ICES Atlas (2006).
Shipton D, Badley EM, Mahomed NN (2003). Journal of Bone & Joint Surgery. 85A(9).

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Example: Hip & Knee Replacement at The Holland Centre



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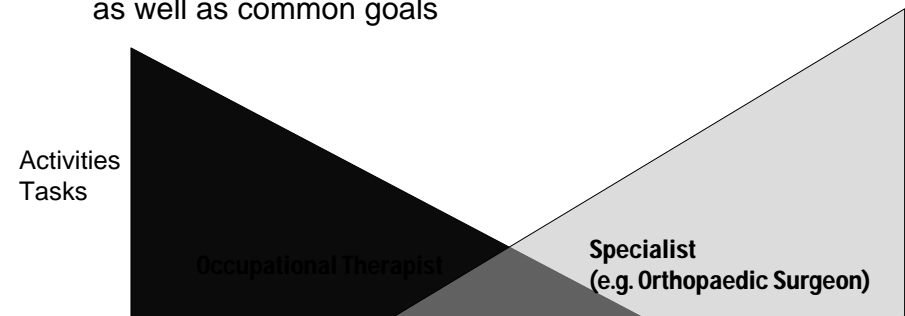


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How can we maximize resources?

Interprofessional Collaboration

- Capitalize on areas of overlapping knowledge & skillsets, as well as common goals



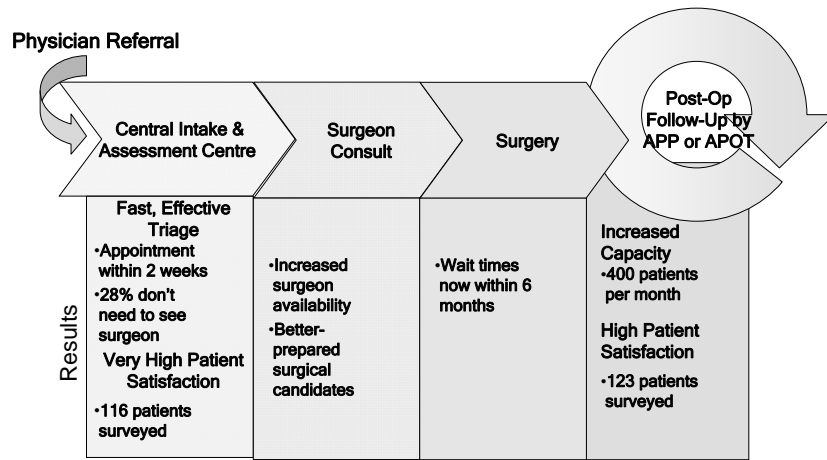
Adapted from Robarts, S. Kennedy, D. Macleod, A. Findlay, H. & Gollish, J. (2008). A framework for the development of an advanced practice physiotherapist role that improves access & quality of care for patients. Health Care Quarterly, 11 (2), 67-75.

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A Solution For the Holland Centre

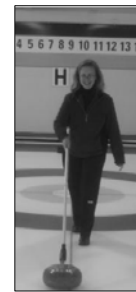


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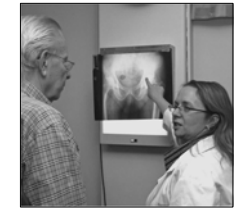
How did we get there?



+



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- Experienced Orthopaedic OT
- Master's Preparation

- Comprehensive Facility-Based Training
- Medical Directives

Advanced Practice OT in Arthroplasty

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Current Avenues for Advanced Clinical Education In Canada

- Facility Based Training
 - The Holland Centre
- Post professional Master's Degree
 - McMaster University
- University-Affiliated Certificate Programs
 - Advanced Clinician Practitioner in Arthritis Care

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Considerations for Future

- **Facility based training:**
 - Establishes clinical competence in a specific practice environment
 - Builds trust
 - Fosters interprofessional education & collaborative exchange
- **University-based training:**
 - Establishes clinical competence on a broad scale
 - Provides standardization & credibility
 - Allows portability of skillset

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Defining Advanced Practice: Employers Perspective

Sandra Bressler, BOT, OT(C), MA, FCAOT

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Identify the Need

- In the case at BCCH , a request came from the Head of Orthopedic Surgery who visited Toronto Sick Kids and was impressed with the Advanced Practice Positions there.
- Advantages- patients would be screened and surgeons would see only patients who needed surgery
 - Would save time, money
 - Would increase access
 - Would reduce waitlist
 - Would reduce patient visits
 - Would reduce LOS
 - Would increase patient satisfaction
 - Would improve patient outcomes

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Stakeholder Engagement

- Senior Management
- Foundation and Research Institute
- Union
- University
- Regulators
- Occupational Therapists

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Senior Management

- Demonstrate support for an Advanced Practice Occupational Therapist in the organization
- Identify this position as a priority to be funded
- Support a human resources plan for education, training and clinical service – this might include partnering with another organization
- Provide permanent funding for the position

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Foundation + Research Institute

- Identify and/or provide funding sources for seed money to start the position for a period of time
- Identify funding sources (scholarships, grants, etc) for education, research support, internship for occupational therapists

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Union- in BC, the Health Sciences Association Collective Agreement

- All therapists who treat patients in hospitals must be members of HSA
- Goal is to incorporate all practicing therapists into membership categories
- Collective agreement defines the level of practice for occupational therapists- for example, there is a grade 3 occupational therapist who is a clinical expert or who is involved in teaching- this does not fit with the role of advanced practice
- Union and employer must agree to a position being excluded from the union- my own example of taking one year to become excluded
- Collective agreement defines selection process for vacant positions

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The University

- The university needs to play an active role in designing the post graduate education and training opportunities for the specific position
- It needs to determine that it has the capacity to provide this level of education
- It needs to decide if it is flexible enough to create a specialized curriculum
- It needs to determine that it has the human and financial resources to support this.
- There may be potential to partner with another university offering educational programs for Advanced Practitioners

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Regulators

- For the scope of practice
 - Françoise will discuss this in detail

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Occupational Therapists

- Provides an opportunity for career laddering
- Increases job satisfaction
- Increases knowledge translation which leads to best practice, by collaborating on research, reading literature beyond professional field about a specific client population
- Provides a financial incentive
- Enables therapists to meet complex patients' needs with advanced training and skills.

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Challenges/Barriers

- Organizational Systems in Hospitals – Program Management
 - Decentralized staffing model- therapists are accountable to a Manager for their workload and a Practice Leader for professional issues
 - Practice Leaders' time is very limited to provide leadership with stakeholders to develop a program
 - Model does not provide an environment for mentorship, career laddering

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Challenges/Barriers continued

- Sustainability of an Advanced Practice position
 - Securing permanent funding for the education, training as well as for the position
 - Defining a selection process
 - A commitment by the therapist becoming an Advanced Practitioner to the organization for a defined period of time. (5 year contract)

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Advanced practice in occupational therapy – A regulator's perspective

Françoise Rollin, erg., M.A.P.
President

Ordre des ergothérapeutes du Québec

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Advanced practice – A regulator’s perspective

- The profession of OT in Canada
 - Similar competencies acquired in the various university programs
 - Similar practice contexts across the country
 - Different provincial legislation

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Advanced practice – A regulator’s perspective

- Challenges in advocating for advanced practice
 - A debate: *Generalist* versus *Specialist*
 - A variety of definitions
 - Concepts already defined by law in some provinces

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Advanced practice – A regulator’s perspective

- Québec’s context
 - Professional Code
 - Legal definition of scope of practice
 - Reserved activities, specialist’s certificate, authorized activities
 - A part of OEQ’s mandate: support professional practice and the development of the profession

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Advanced practice – A regulator’s perspective

- Québec’s context
 - Advanced practice:
The application of specialized clinical competencies and advanced knowledge to fulfill broader clinical responsibilities which cross professional and organizational boundaries for the purpose of providing better services to the population.

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Advanced practice – A regulator’s perspective

- OEQ’s conceptual framework: a method for analyzing professional activities
- Criteria and indicators used to analyze and categorize activities

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Advanced practice – A regulator’s perspective

- OEQ’s role and responsibilities
 - Define the population’s needs and determine if OT’s can and must address those needs
 - Analyze professional activities
 - Recommend a legal frame for the practice of these activities
 - Demonstrate that OT’s are qualified and competent to practice these activities
 - Obtain the necessary legal recognition

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Advanced practice – A regulator’s perspective

- Summary
 - Adopt a framework to analyze professional activities in OT
 - Adopt common definitions supporting the categorization of activities
 - Make sure to consider contextual factors and include other stakeholders

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Opportunity for Audience Clarification Questions

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Your Task

- Get coffee, move into small groups
- Assign a recorder and a facilitator in your group
- Address the following questions over the next hour...
- Be prepared to report back after discussion

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Group Discussion

(questions also on hand-out with additional probes)

- What does “advanced practice” mean to you?
- Is there a need for advanced practice designation
- If we assume that there is a need for AP, what are the competencies of advanced practice?
- What are some of the issues that must be addressed during advanced practice discussions (i.e., what are your concerns?)
- Does CAOT have a role in developing of APOT in various regions across Canada? What can or should this role look like?

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CAOT Professional Issue Forum on Advanced Practice
June 4, 2009
Ottawa ON

Worksheet:

1. What does “advanced practice” mean to you?
 - a. How is it different from regular practice?

2. Is there a need for an advanced practice designation in occupational therapy?
 - a. What are the advantages and disadvantages?
 - b. Who or what should be defining the need for such a designation?

3. If we assume that there is a need for advanced practice, what are the competencies associated with advanced practice?
 - a. Are there general ones, or are they specific to area of practice and/or work setting?

4. How does one prepare for advanced practice?
 - a. Where should preparations occur (workplace, formal education, continuing education, association certifications)?

5. Who should determine if you have reached the level of “advanced practice”?
 - a. Who should monitor advanced practice efforts?

6. What are some of the issues that must be addressed during discussions and decision making related to advanced practice (i.e., what are your concerns?)

7. Does CAOT have a role in developing of Advanced Practice Occupational Therapist (APOT) in various regions across Canada?

a. What can or should this role look like?



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Professional Issues Forum on Advanced Practice Occupational Therapy Survey Results June 4th, 2009

37 surveys completed

1. What is your primary work role at this time?

7 - Therapist in clinical practice	4 - Educator
15 - Administrator/Manager	4 - Regulator with a College
0 - Researcher	5 - Professional Practice leader
1 - Retired/volunteer	1 - Private Consultant

2. What is your primary work setting at this time?

10 - Hospital (inpatient)	8 - Hospital (outpatient clinic)
1 - Home care / home health	1 - Community based clinic (not private clinic)
1 - Private practice clinic	0 - School system
7 - University	4 - College of professional regulation
1 - Community organization	1 - Professional organization
1 - Regional Health Board	1 - Retired/Volunteer
1 - Rehab Centre	

3. What was your entry level qualification into occupational therapy?

6 - Diploma	27 - Bachelors	2 - Masters	1 - Doctorate
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4. What year did you graduate with your entry level qualification?

1 - 1967	4 - 1977	1 - 1980	2 - 1983	2 - 1986	1 - 1990	1 - 1996
2 - 1973	4 - 1978	1 - 1981	5 - 1984	1 - 1987	1 - 1991	1 - 1998
1 - 1975	2 - 1979	1 - 1982	2 - 1985	1 - 1989	1 - 1995	1 - 1999
						1 - 2001

5. Have you completed post-professional education that has lead to an additional degree in occupational therapy or another field (e.g., public health, business administration)?

8 - No	11 - Yes, in OT	18 - Yes, in another field
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6. Have you completed any formal certification program(s) that provided you with additional credential(s)?

26 – No

11 – Yes

If yes, please specify:

1 - MSCS

1 - AMPS

1 - Functional Capacity Evaluator

1 - SI

3 - NDT

2 - CHT

3 - Psychotherapy

7. What is your current age?

1– 32

1 - 45

2 – 51

1 – 56

1 – 39

2 - 47

3 – 52

2 – 57

4 – 40

5 – 48

1 – 53

1 – 58

1 – 42

1 – 49

4 – 54

1 – 63

1 – 43

3 – 50

2 - 55

8. Are you: 35 - Female 2 – Male

9. Please list the the most essential characteristics of an advanced practice occupational therapist (listed from MOST important down to LEAST important with number of responses at the end in parentheses):

1. Has greater than entry-level professional education (24)

2. Is involved in knowledge translation activities - using research to change practice (23)

3. Practices in an expanded scope ie: performing tasks that would normally be considered outside of the practice of occupational therapy (16)

4. Uses and clearly explains how theory and research guide practice decisions (16)

5. Is involved in educating professional peers and other colleagues (16)

6. Works in a specialized area of practice ie: low vision, driving, NICU (15)

7. Has a specialty certification (10)

8. Is involved in health policy analysis and influencing policy change (7)

9. Initiates and engages in intersectoral partnerships and collaborations to meet client needs (6)

10. Participates in planning, conducting and implementing research studies (5)

11. Is actively and regularly involved in consulting (4)

10. Do you consider yourself to be an advanced practice occupational therapist?

17 – No 9 – Yes

8 – Not sure

APOT PIF – June 4, 2009

Ottawa, Ontario

Evaluation Results

29 evaluations filled out

Strongly agree = 1 Strongly disagree = 5

1) Forum met expectations:

1 – 11
2 – 12
3 – 2
4 – 2
5 – 2

2) Forum was well-organized:

1 – 17
2 – 8
3 – 0
4 – 1
5 – 3

3) Presentations were relevant and informative:

1 – 19
2 – 4
3 – 2
4 – 1
5 – 3

4) Questions and participation were encouraged:

1 – 21
2 – 3
3 – 0
4 – 1
5 – 3

5) Key issues on APOT discussed:

1 – 12
2 – 12
3 – 1
4 – 1
5 – 2

Comments (**bold= repeated comments/recurring themes**):

- Limited by time, but excellent, stimulating
- Important to keep working on this, **more dialogue**
- CAOT task force to work further on this, further dialogue needed, review literature, **consultation with stakeholders** (including regulators), talk with other professions and other countries
- Need **definition** of APOT, include pillars of clinical, education, research...and at continuum of entry...proficient..., also a portable definition (across provinces), include mental health practices
- **Urgency**, CAOT needs to **provide leadership**- Marcia is an excellent choice to author the report
- Enjoyable and informative
- Drive forward in relation to users needs/**population needs**
- Career laddering, recognition
- Some of the discussion seemed to be from an insular, defensive position. Guidelines that recognize some of the current strengths and position for future development and growth of the profession. Consider **interprofessional implications of such roles**
- Not ready to write a position statement yet
- Relate to other documents
- APOT or any other visions should not be framed to meet union requirements, although it is a long hard road, we must work to have unions adapt to what OTs and clients need
- The presentation did not look at broader issues that would apply to APOT, too small in scope, difficult to translate to recommendations to CAOT, to narrow-ortho, BC, QC, the facilitator comments were interesting