



COMPETENCIES FOR OCCUPATIONAL THERAPIST ASSISTANTS

INTRODUCTION

Purpose of this document

This document describes Canadian competencies for occupational therapist assistants (OTAs) and is based on the *Competencies for Occupational Therapists in Canada* (COTC; Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO] et al., 2021).

An OTA Competencies Task Force comprising participants from four provinces (Prince Edward Island, Ontario, Alberta, and British Columbia) collaborated to create this document. This group included OTA educators from both public and private programs, OTAs working in various practice settings, an occupational therapist in a leadership position, and an occupational therapist provincial regulator. A physiotherapist knowledgeable in the OTA & PTA accreditation process was also involved as an observer, as was an occupational therapist staff resource from the Canadian Association of Occupational Therapists (CAOT).

This document provides context for OTA inclusion within occupational therapy practice in Canada and background to the competencies and how they were developed, in addition to the competencies themselves and how they can be used. Please note that italics are used for the first use of any terms defined in the glossary, found at the end of this document.

The practice of occupational therapy

Occupational therapy is a health profession fundamentally concerned with promoting *occupational participation*. This term is defined as “having access to, initiating, and sustaining valued occupations within meaningful relationships and contexts” (Egan & Restall, 2022, p. 311). Occupational therapists use collaborative relationship-focused approaches to explore the meaning and purpose of occupations. These collaborations include OTAs, who are educated to deliver services assigned and supervised by occupational therapists.

Occupational therapists and OTAs are uniquely equipped to address the occupational needs of individuals across their lifespan. Effectively creating relationships with individuals, families, and communities, occupational therapists and OTAs help people to achieve their goals, enhance their quality of life, and address prevention when mental or physical health is at risk. This may mean addressing systemic or individual barriers to occupational participation. Such barriers can arise in the contexts of culture, education, environment, society, health, disability, or spirituality (Occupational Therapy Board of New Zealand, 2015).

Occupational therapists practice in all Canadian provinces and territories. Occupational therapists and OTAs work with people of all ages, in a wide range of practice areas, and in both the public and private sectors. They provide services in settings such as hospitals, mental health programs, rehabilitation settings, home and community settings, child development centres, long-term care facilities, workplaces, and schools.

Occupational therapists and OTAs create invaluable *intraprofessional* teams and are effective and valued members of *interprofessional* teams. OTAs are currently not regulated or certified in any province or territory.

What are competencies?

Throughout their careers, OTAs demonstrate the competencies described in this document. Competencies include “an integration of individual behaviours that are measurable and are critical to the practice of occupational therapy; knowledge regarding occupational therapy concepts, theories and processes; and personal values and attitudes that enable effective occupational therapy work performance” (World Federation of Occupational Therapists, 2022).

Competencies are not the same as competence. Competence describes the level at which the OTA is demonstrating the competencies. An OTA might have a level of competence from novice to expert or beginner to advanced.

Why was this document developed?

The new COTC (ACOTRO et al., 2021) are being implemented in occupational therapy. The COTC will be used to guide the national occupational therapy exam and accreditation standards and processes, replacing the previous *Profile of Practice of Occupational Therapists in Canada* (CAOT, 2012), which had provided the foundation for the current *Practice Profile for Occupational Therapist Assistants* (CAOT, 2018). This *Competencies for Occupational Therapist Assistants* document will follow the framework of the COTC document to describe updated competencies for Canadian OTAs.

The competencies will apply to OTAs in any practice setting. It is understood that OTAs enter the workforce with various levels of training and formal education. However, occupational therapists must determine individual OTA competence in a specific intervention prior to assigning it, and this is determined by a *model of care*. This document differs from the previous *Profile* document in that a single level of competency is described, rather than multiple levels, because this document aims to describe competencies for all OTAs. It is more important for each OTA and supervising occupational therapist to work within a model of care and to consider context in meeting individual OTA competencies.

How the competencies were developed

The project started in 2023, funded by the Canadian Association of Occupational Therapists (CAOT). A national Task Force was formed to collaborate on moving the project forward and to provide recommendations to the CAOT Board of Directors on the *Competencies for Occupational Therapist Assistants* document.

Doing better: foregrounding anti-racism and anti-oppression

The COTC (ACOTRO et al., 2021), on which this document is based, acknowledged the presence and impact of systemic racism in Canada. This has great meaning for the role competencies have in shifting the practice of occupational therapy. The Southern Chiefs Organization (2021) defined systemic racism as:

...the ways that white supremacy is reflected and upheld in the systems in our society. It looks at larger colonial structures such as education systems, health care systems, policing and justice systems, rather than individual biases and behaviours. All these systems are built with an already ingrained bias, a racist and discriminatory lens that doesn't provide or allow for equal or fair opportunities for racialized peoples to succeed. In a settler colonial state like Canada, the systems that were put in place at the creation of the country benefited colonists and disadvantaged Indigenous peoples. Much of our society today continues to reinforce this power dynamic.

The competencies consistently support occupational therapists and OTAs to advance their understanding of how colonialism can affect everyone's ability to participate in their desired occupations. This is a critical component of occupational therapy practice because it helps occupational therapists and OTAs to "see how systemic and individual issues can breach people's rights and limit their opportunities to participate in their chosen occupations" (Occupational Therapy Board of New Zealand, 2015). Oppression affects both providers and clients of occupational therapy. It was challenging to develop competencies that promote *anti-racist*, *anti-ableist*, and *anti-oppressive* narratives and behaviour because the multiple perspectives shared throughout the project were not always in agreement. Some people's rights are further compromised because they live with more than one form of oppression. While there is more to learn, these competencies represent an early yet critical step toward dismantling the structures that privilege some people over others (ACOTRO et al., 2021).

Who will use this document?

Occupational therapist assistants (OTAs): OTAs use the competencies in daily practice to support self-reflection, continuing competence, and professional development, as well as to clarify the OTA role in occupational therapy service delivery to occupational therapists, managers, and employers.

Occupational therapists: Occupational therapists use the competencies to determine processes and requirements for assignment and supervision, including self-reflection, continuing competence, and professional development.

Educational programs for occupational therapists and OTAs: These programs use the competencies to guide curriculum on the requirements for practice, in the context of learning how occupational therapists and OTAs can most effectively collaborate to achieve optimal outcomes.

Occupational therapy regulators: Regulators use the competencies to guide and to hold occupational therapists accountable in OTA assignment and supervision, promoting safe and effective delivery of occupational therapy services.

Professional associations: National and provincial occupational therapy associations use the competencies to support OTA inclusion to advance excellence in occupational therapy.

Student occupational therapists, student OTAs, internationally educated occupational therapists, and occupational therapists re-entering the profession: For these interested parties, the competencies describe the requirements for occupational therapists and OTAs and help them to understand how they are to collaborate in Canada.

Employers: These groups use the competencies for planning related to intraprofessional recruitment, orientation, on-the-job training, performance management, and organizational development.

People accessing occupational therapy services: Clients use the competencies to inform their expectations for safe and effective OTA services.

Researchers: Researchers use the competencies to establish collaborative relationships and design research questions related to occupational therapy intraprofessional practice.

The general public: The public uses the competencies to learn about the profession.

Other professional groups: Other professional groups and interprofessional teams use the competencies to help them understand the roles of OTAs in occupational therapy service delivery.

International agencies: International agencies use the competencies to provide information about OTAs in Canada.

Policy makers and government: Policy makers use the competencies for understanding the roles of OTAs to support informed decision making, including around regulation, policy, bylaws, funding, and legislation.

References

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NAVIGATING THE COMPETENCIES

The competencies reflect the broad range of skills and abilities required of OTAs in Canada throughout their careers. The competencies must be applied and interpreted considering the requirements of the occupational therapist's *assignment* to the OTA. Involvement in the six domains is not equal, as not all competencies may be part of everyday practice. The competencies required in any situation are influenced by, and depend on, the model of care and/or the client (i.e., individuals, groups, communities, or populations), where the work is being done, and what the client needs.

DOMAINS, COMPETENCIES, AND INDICATORS

The occupational therapist assistant (OTA) competencies are grouped thematically into six domains, labelled A to F:

- A.** Occupational Therapist Assistant Expertise
B. Communication and Collaboration
C. Culture, Equity, and Justice
- D.** Excellence in Practice
E. Professional Responsibility
F. Engagement within Occupational Therapy

A glossary helps to clarify some of the terms used in the competencies.

HOW COMPETENCIES FLOW (STRUCTURE)

DOMAIN
PLAIN LANGUAGE DESCRIPTION
DESCRIPTION
COMPETENCY
INDICATOR

	A. OCCUPATIONAL THERAPIST ASSISTANT EXPERTISE
PLAIN LANGUAGE DESCRIPTION	<p>We facilitate occupations.</p> <p>The expertise of OTAs is to work under the direction and supervision of occupational therapists to facilitate occupations while delivering assigned occupational therapy services.</p> <p>OTAs are mindful of people's rights, needs, preferences, values, abilities, and environments. They work with the occupational therapist(s) to support the <i>clients'</i> health and <i>wellbeing</i> by working towards established goals.</p> <p>The competent OTA is expected to:</p>
COMPETENCY	<p>A1. Establish trusted professional relationships with supervising occupational therapist(s) and clients</p> <p>A1.1 Co-create with occupational therapist(s) a shared understanding of their roles and expectations.</p> <p>A1.2 Adhere to occupational therapist regulation pertinent to task assignment and supervision.</p> <p>A1.3 Demonstrate an understanding of occupational participation.</p> <p>A1.4 Respond to client assignments, requesting clarification when required.</p> <p>A1.5 Inform clients that OTAs work under the direction and supervision of the occupational therapist.</p> <p>A2. Facilitate occupational participation in a range of practice contexts</p> <p>A2.1 Keep the clients' occupations at the centre of practice.</p> <p>A2.2 Demonstrate understanding of the client's occupational therapy plan.</p> <p>A2.3 Implement assigned service components of the occupational therapy plan.</p> <p>A2.4 Observe, monitor, document, and report the client's performance.</p> <p>A2.5 Facilitate clients' use of their strengths and resources to sustain occupational participation.</p> <p>A2.6 Work effectively with individuals, families, and groups.</p> <p>A2.7 Complete assigned data gathering elements using a range of tools to support the occupational therapy evaluation process.</p> <p>A3. Demonstrate effective problem solving and judgment related to assigned service components</p> <p>A3.1 Apply relevant and current occupational therapy knowledge to the practice area.</p> <p>A3.2 Ensure client and personal safety in the performance of assigned components of service delivery.</p> <p>A3.3 Respond to change in status of the client using task analysis and critical thinking.</p> <p>A4. Perform within the limits of competence within the broad practice context(s)</p> <p>A4.1 Recognize and communicate the limits of individual competence and role.</p> <p>A4.2 Seek appropriate consultation from the occupational therapist and other team members.</p>
INDICATOR	
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A. OCCUPATIONAL THERAPIST ASSISTANT EXPERTISE

We facilitate occupations.

The *expertise* of OTAs is to work under the direction and *supervision* of occupational therapists to facilitate occupations while delivering assigned occupational therapy services.

OTAs are mindful of people's rights, needs, preferences, values, abilities, and environments. They work with the occupational therapist(s) to support the *clients'* health and *wellbeing* by working towards established goals.

The competent OTA is expected to:

A1. Establish trusted professional relationships with supervising occupational therapist(s) and clients

- A1.1 Co-create with occupational therapist(s) a shared understanding of their roles and expectations.
- A1.2 Adhere to occupational therapist regulation pertinent to task *assignment* and *supervision*.
- A1.3 Demonstrate an understanding of *occupational participation*.
- A1.4 Respond to client assignments, requesting clarification when required.
- A1.5 Inform clients that OTAs work under the direction and supervision of the occupational therapist.

A2. Facilitate occupational participation in a range of practice contexts

- A2.1 Keep the clients' occupations at the centre of practice.
- A2.2 Demonstrate understanding of the client's occupational therapy plan.
- A2.3 Implement assigned service components of the occupational therapy plan.
- A2.4 Observe, monitor, document, and report the client's performance.
- A2.5 Facilitate clients' use of their strengths and resources to sustain occupational participation.
- A2.6 Work effectively with individuals, families, and groups.
- A2.7 Complete assigned data gathering elements using a range of tools to support the occupational therapy evaluation process.

A3. Demonstrate effective problem solving and judgment related to assigned service components

- A3.1 Apply relevant and current occupational therapy knowledge to the practice area.
- A3.2 Ensure client and personal safety in the performance of assigned components of service delivery.
- A3.3 Respond to change in status of the client using task analysis and critical thinking.

A4. Perform within the limits of competence within the broad practice context(s)

- A4.1 Recognize and communicate the limits of individual competence and role.
- A4.2 Seek appropriate consultation from the occupational therapist and other team members.

B. COMMUNICATION AND COLLABORATION

We listen, share, and work with others.

Occupational therapy practice relates to people. OTAs build respectful relationships with clients, team members, and others involved in the systems in which they work.

The competent OTA is expected to:

B1. Communicate in a respectful and effective manner

- B1.1** Organize thoughts, prepare content, and present professional views clearly.
- B1.2** Foster the successful exchange of information to develop mutual understanding.
- B1.3** Employ communication approaches and technologies suited to the context and client needs (specifically verbal, nonverbal, and written).
- B1.4** Adjust to power imbalances that affect relationships and communication.
- B1.5** Recognize and communicate with clients and other professionals the limits of the OTA role.

B2. Maintain professional documentation

- B2.1** Maintain clear, accurate, and timely records following all applicable provincial, regulatory, and organizational standards.
- B2.2** Maintain confidentiality, security, and data integrity in the sharing, transmission, storage, and management of information.
- B2.3** Use electronic and digital technologies responsibly.

B3. Collaborate with supervising therapist(s) and clients

- B3.1** Partner with clients in decision making. Advocate for them when appropriate.
- B3.2** Share information about the OTA role and knowledge.
- B3.3** Identify practice situations that would benefit from collaborative care.
- B3.4** Maintain mutually supportive working relationships.
- B3.5** Participate actively and respectfully in collaborative decision making.
- B3.6** Participate in team evaluation and improvement initiatives.
- B3.7** Support evidence-informed team decision making.
- B3.8** Address real or potential conflict in a fair, respectful, supportive, and timely manner.

C. CULTURE, EQUITY, AND JUSTICE

We respect and continue to learn about traditions and ways of doing.

Inequities exist in our society and therefore in occupational therapy. OTAs acknowledge and respond to the history, cultures, and social structures that influence health and occupation. They recognize the social, structural, political, and ecological determinants of health. Competent OTAs are conscious of personal identity and *privilege*. They keep building their understanding of human diversity. They create *culturally safer* relationships and anti-racist *ethical spaces*. They act on situations and systems of inequity and oppression within their spheres of influence.

The competent OTA is expected to:

C1. Promote equity in practice

- C1.1** Identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples.
- C1.2** Analyze the effects of systemic and historical factors on people, groups, and their *occupational possibilities*.
- C1.3** Challenge biases and social structures that privilege or marginalize people and communities.
- C1.4** Respond to the social, structural, political, and ecological determinants of health, wellbeing, and occupational opportunities.
- C1.5** Work to reduce the effects of the unequal distribution of power and resources on the delivery of occupational therapy services.
- C1.6** Support the factors that promote health, wellbeing, and occupations.

C2. Promote anti-oppressive behaviour and culturally safer, inclusive relationships

- C2.1** Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive.
- C2.2** Practise self-awareness to minimize personal bias and inequitable behaviour based on *social position and power*.
- C2.3** Demonstrate respect and *humility* when engaging with clients and integrate their understanding of health, wellbeing, healing, and occupation into the service plan.
- C2.4** Seek out resources to help develop culturally safer and inclusive approaches.
- C2.5** Collaborate with local partners, such as interpreters and leaders.

C3. Contribute to equitable access to occupational participation and occupational therapy

- C3.1** Raise clients' awareness of the role of and the right to occupation.
- C3.2** Facilitate clients' participation in occupations supporting health and wellbeing.
- C3.3** Assist with access to support networks and resources.
- C3.4** Navigate systemic barriers to support clients and self.
- C3.5** Engage in critical dialogue with other interested parties on social injustices and inequitable opportunities for occupations.
- C3.6** Advocate for environments and policies that support sustainable occupational participation.
- C3.7** Raise awareness of limitations and bias in data, information, and systems.

D. EXCELLENCE IN PRACTICE

We aspire to always do our best and improve our performance.

OTAs take responsibility for their own continuing competence. They strive for excellence in the quality of their practice. They are aware of and manage influences on their practice. They show a commitment to ongoing reflection and learning.

The competent OTA is expected to:

D1. Engage in ongoing learning and professional development

D1.1 Develop professional development plans.

D1.2 Demonstrate awareness of required competence to meet job requirements.

D1.3 Determine resources to enhance knowledge, skills, behaviour, and attitudes.

D1.4 Engage in professional development activities to improve practice and ensure continuing competence.

D2. Improve practice through self-assessment and reflection

D2.1 Self-evaluate using performance and quality indicators.

D2.2 Learn from varied sources of information and feedback.

D2.3 Contribute to the process of giving feedback to others when required.

D2.4 Manage work resources and demands effectively.

D2.5 Be mindful of occupational balance and wellbeing.

D3. Monitor developments in practice

D3.1 Stay aware of political, social, economic, environmental, and technological effects on occupational therapy practice.

D3.2 Keep up to date with research guidelines, protocols, and practices.

D3.3 Integrate relevant evidence into practice.

E. PROFESSIONAL RESPONSIBILITY

We serve our clients, respecting rules and regulations.

OTAs are responsible for safe, ethical, and effective practice. They maintain high standards of occupational therapy practice and work in the best interests of clients and society.

The competent OTA is expected to:

E1. Work within the legislative and regulatory requirements for occupational therapists

- E1.1** Respect the laws, codes of ethics, rules, and regulations that govern occupational therapy.
- E1.2** Work within personal competence and limits of assigned task.
- E1.3** Obtain and maintain informed consent in a way that is appropriate for the practice context.
- E1.4** Protect client privacy and confidentiality.
- E1.5** Respond to ethical dilemmas based on ethical frameworks and client values.
- E1.6** Take action with supervising occupational therapist(s) to manage their own real or potential *conflicts of interest*.
- E1.7** Be accountable for all of their own decisions and actions made in the course of practice.
- E1.8** Respond to and report observed unprofessional, unethical, or oppressive behaviour, as required.
- E1.9** Respect professional boundaries by maintaining effective collaborative relationships with clients and team members.

E2. Demonstrate a commitment to minimizing risk

- E2.1** Follow organizational policies and procedures and take action if they are in conflict with professional standards, client values, practice evidence, or protocols.
- E2.2** Respect clients' *occupational rights* and choices while minimizing risks.
- E2.3** Take preventive measures to reduce risks to self, clients, and the public.

F. ENGAGEMENT WITHIN OCCUPATIONAL THERAPY

We help the profession of occupational therapy grow so that collectively we help society.

OTAs, in collaboration with occupational therapists, sustain the profession and its contribution to health and social systems. They remain current, respond to change, help to develop others, and contribute to practice based on evidence and research. They contribute to guiding the profession in all practice contexts and career stages.

The competent OTA is expected to:

F1. Contribute to the learning of occupational therapists, OTAs, and others

F1.1 Contribute to entry-to-practice education, such as fieldwork placements.

F1.2 Facilitate continuing professional development activities.

F1.3 Act as a mentor or coach.

F2. Show leadership in the workplace

F2.1 Support OTAs, student OTAs, student occupational therapists, and other colleagues and team members as appropriate.

F2.2 Influence colleagues to progress toward workplace values, vision, and goals.

F2.3 Support improvement initiatives at work.

F2.4 Serve as a role model.

F2.5 Act responsibly when there are environmental or social impacts to their own behaviour and consult with the supervising occupational therapist as needed.

F3. Contribute to the development of occupational therapy

F3.1 Help build the occupational therapy body of knowledge.

F3.2 Contribute to research in occupational therapy, innovative practice, and emerging roles of OTAs.

F3.3 Participate in quality improvement initiatives as well as data collection and analysis.

F3.4 Collaborate in research with individuals, communities, and people from other disciplines.

F4. Show leadership in occupational therapy throughout career

F4.1 Promote the value of OTAs within occupation and occupational therapy in the wider community.

F4.2 Advocate for the involvement of OTAs within occupational therapy standards and processes, organizational policies, social justice, and emerging best practices.

F4.3 Take part in occupational therapy and community activities, such as volunteering for events and committees.

F4.4 Influence the profession and its contribution to society.

GLOSSARY

Anti-oppressive behaviour

“Anti-oppressive behaviour is a general term to describe taking action to challenge oppression and discrimination against marginalized people. It might mean challenging one’s own or someone else’s words or actions. It can also mean challenging systemic oppression, which can show up in an organization’s practices and policies.” (ACOTRO et al., 2021, p. 19)

Anti-ableist behaviour

“Anti-ableist behaviour means taking action to challenge prejudice and discrimination against people who are differently abled, mentally or physically.” (ACOTRO et al., 2021, p. 19)

Anti-racist behaviour

“Anti-racist behavior means taking action to challenge racism based on race, ethnic background, skin colour, or ethnic symbols. Racism can be expressed in ways ranging from microaggressions, such as thoughtless, hurtful comments or questions, to outright violence. Racist prejudice and discrimination is often embedded in the policies and practices of organizations and systems.” (ACOTRO et al., 2021, p. 19)

Assignment

Assignment is the process by which an occupational therapist designates another service provider, other than an occupational therapist, to deliver specific occupational therapy service components. The recipient of the service components is a client of the occupational therapist. “Work or [occupational therapy] service components are assigned to an OTA. The use of the term ‘delegation’ has specific meaning in some provinces to mean the delegation of a regulated activity, restricted act, or controlled act to another provider” (ACOTRO, 2019, p. 2). Assignment must not be confused with delegation.

Client

“Occupational therapists [and OTAs] work with people of any age, along with their families, caregivers, and substitute decision makers. [Occupational therapy may also be practiced] with collectives such as families, groups, communities, and the public at large.” (ACOTRO et al., p. 19)

Conflict of interest

“A conflict of interest is a professional boundary issue and occurs when the occupational therapist’s [or OTA’s] interests interfere or are perceived to interfere with the client’s best interests. A conflict of interest is deemed to arise where an [OTA] has a personal interest in a matter that may be reasonably seen to influence their professional conduct in relation to a client. A conflict of interest can be perceived, potential, or actual, and can arise within personal, professional, or business relationships.” (College of Occupational Therapists of British Columbia, 2023, p. 5).

Context

“Context strongly influences occupational possibilities and health care service. This document looks at three layers of context:

1. ‘Micro’ context: The client’s immediate environment—their own state of health and function, family and friends, the physical environment they move through.
2. ‘Meso’ context: The policies and processes embedded in the health, education, justice, and social service systems that affect the client.
3. ‘Macro’ context: The larger socioeconomic and political context around the client—social and cultural values and beliefs, laws, and public policies” (ACOTRO et al., 2021, p. 19)

Culturally safer

“Culturally ‘safer’ is a refinement to the concept of ‘cultural safety’. Competent [OTAs] do everything they can to provide culturally safe care, but they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people for example -- have a history of serious mistreatment in health care settings. These clients may never feel fully safe. [OTAs] allow those who receive the service to determine what they

consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, we work toward it.” (ACOTRO et al., 2021, p. 20)

Equity

“Equity is different from equality. Equality means everyone has the same resources and opportunities.

Equity allocates resources and opportunities based on each person’s circumstances, so that they can achieve equal outcomes. We need to take an equity approach because so many barriers to equality still exist in our society.” (ACOTRO et al., 2021, p. 20)

Ethical spaces

When an OTA works with someone who has a different worldview, they seek to create an ethical or neutral space for dialogue. This is a space to “step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur” (Ermine, 2007, as cited in ACOTRO et al., 2021, p. 20).

Expertise

Expertise is special skill or knowledge that is acquired by training, study, or practice.

Humility

“Cultural and intellectual humility is an approach to working with people that seeks to find common ground and mutual respect. The [OTA] knows that they cannot fully appreciate another person’s culture and they must not assume that their own culture is superior. They listen deeply to what the client says about their life and experience. They stay open to the possibility that they might need to question their own professional knowledge and beliefs.” (ACOTRO et al., p. 20)

Interprofessional collaboration

Interprofessional collaboration occurs when two or more different professions work together to achieve agreed-upon goals to best meet the needs of the people with whom they work.

Intraprofessional collaboration

Intraprofessional collaboration is a relational, respectful process among professionals within the same profession (e.g., occupational therapists and OTAs) that allows for the effective use of the knowledge, skills, and talents of all to establish and achieve optimal client and health system outcomes (adapted from Canadian Nurses Association, 2020, p. 1). This may include a supervisory relationship between professionals with different levels of training in the same field (occupational therapist and OTA) and managing how to optimize the contributions of each profession to achieve the best possible outcomes.

Models of care

“The ways that health care is designed and delivered to meet the person, community or population needs. The key elements of a model of care include the configuration or skill mix of the [health care] providers, associated competencies, available resources (e.g., technology), [interprofessional and intraprofessional] relations and organizational practices.” (Canadian Nurses Association, 2020, p. 4)

Occupational participation

Occupational participation is defined as “having access to, initiating, and sustaining valued occupations within meaningful relationships and contexts.” (Egan & Restall, 2022, p. 311)

Occupational possibilities

“Occupational possibilities are the opportunities people have to access, enter, and sustain occupations. The competent OTA looks at how occupational possibilities are enhanced or limited by context.” (ACOTRO et al., 2021, p. 21)

Occupational rights

“The World Federation of Occupational Therapists (2019) recognizes occupational rights for all people to:

- Take part in occupations that support survival, health, and wellbeing
- Choose occupations without pressure or coercion, while acknowledging that with choice comes responsibility for others and for the planet
- Freely engage in needed and chosen occupations without risk to safety, human dignity, or equity.” (WFOT, 2019, as cited in ACOTRO et al., p. 21)

Occupational therapist assistant (OTA)

“Occupational therapist assistants, or OTAs, work under the direction and supervision of occupational therapists to deliver assigned occupational therapy services. They work with clients on a one-to-one basis or in groups, to engage these individuals in meaningful activities, focusing on compensatory or remedial treatment interventions to either learn or re-learn how to achieve optimal independence and reducing barriers to function” (Canadian Occupational Therapist Assistant and Physical Therapist Assistant Educators Council, 2023). Other titles may include support personnel, rehabilitation coach, rehabilitation support worker, rehabilitation assistant, rehabilitation therapist, occupational therapy assistant or occupational therapist assistant/physiotherapist assistant (OTA & PTA).

Privilege

“In the context of equity, ‘privilege’ refers to unquestioned and unearned advantages that people enjoy when they are members of more dominant groups in a society.” (ACOTRO et al., p. 21)

Qualified occupational therapist

“Occupational therapists are regulated health professionals in all provinces. (They are not currently regulated in the territories.) Before they can register...occupational therapists must graduate from an accredited Canadian university program or obtain recognition of the equivalence of the...training obtained outside Canada. In all provinces except Quebec, they must also pass the National Occupational Therapy Certification Exam. All occupational therapists are accountable for the quality of care they provide. They must respect their obligations as regulated professionals, abide by their code of ethics, and meet the standards and competencies set by their professional colleges.” (ACOTRO et al., 2021, p. 3)

Social position and power

“The words ‘social position and power’ are used in the competencies to refer to the concept of ‘positionality’. Differences in social position and power shape personal identity and privilege in society. Competent occupational therapists [and OTAs] know how to analyze their positionality in order to act in an unjust world. This means being aware of one’s own degree of privilege based on factors such as race, class, educational attainment, income, ability, gender, and citizenship.” (ACOTRO et al., 2021, p. 21)

Supervision

“Supervision includes the assignment of appropriate activities, monitoring the progress of the client and modifying the assigned activities [as needed], and ensuring that the activities are being delivered safely and effectively. Supervision can include meetings with the OTA, direct observation of interventions, and chart review [and] can be direct, indirect, or remote.” (ACOTRO, 2019, p. 2)

Wellbeing

A human state that may occur when people are engaged 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 et al., 2006).

Glossary References

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