



College of Occupational  
Therapists of Manitoba

Quality Occupational Therapy - Accountable to Manitobans

# COTM Standards for Assessment 2022

## Note to Readers

Questions regarding the content or application of this document should be made to:

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## Introduction

Assessment is an integral part of occupational therapy practice. Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention.”<sup>1</sup> It serves as the foundation for an occupational therapist’s decisions, professional opinions, interventions, and recommendations. Assessments tools can incorporate standardized, non-standardized, and informal assessments and other data gathering sources.

Assessment is an ongoing process throughout service delivery and is to be completed with clinical changes or as new conditions arise.

COTM uses the term “client” to refer to the individual(s) who receive occupational therapy services from an occupational therapist.

The scope of occupational therapy is broad. Some occupational therapists work as solo practitioners, while others may function within multidisciplinary or interdisciplinary team-based environments. The type and format of assessments may vary due to many factors including: the purpose of the assessment, service delivery model, practice setting, and available resources. All assessments involve a comprehensive, consistent, and collaborative process. Occupational therapists are expected to apply evidence-informed relevant and current practices throughout the assessment process, and draw on their knowledge, skills, judgement, and experience to determine the most suitable approach.

This means that the approach used to conduct assessments can differ between individual occupational therapists depending on the client’s physical, social, cognitive, emotional, behavioural, environmental, spiritual, cultural and communication needs.

The Standard for Assessment reflect the most common approach to assessments conducted through remote or in-person and are based on core occupational therapy principles outlined in the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. The purpose of these Standards is to ensure that occupational therapists in Manitoba are aware of the minimum expectations for the assessment component of their practice.

Pursuant to *The Occupational Therapists Act*, COTM is authorized to adopt a code of ethics governing the conduct of members and therefore members are urged to review the guidance in the Standard for Assessment through the lens of the broader guidance of the COTM Code of Ethics, 2010.

<sup>1</sup>Christiansen & Baum, 1992, pg. 376.

### Application of these standards

The following standards describe the minimum expectations for occupational therapists.

- The performance indicators listed below each standard describe more specific behaviours that demonstrate the Standard of Assessment has been met.
- It is not expected that all performance indicators will be evident all the time
- It is expected performance indicators could be demonstrated by the occupational therapist if relevant.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client or environmental factors. Such situations may call for the occupational therapist to seek further clarification.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is expected that occupational therapists will be able to provide a reasonable rationale for any variations from the Standard of Assessment.

**In the event of any conflict or inconsistency between these Standards and other COTM Standards, the Standard with the most recent issue or revised date prevails.**

COTM publications contain practice parameters and standards that all occupational therapists practising in Manitoba must utilize in the delivery of service to their clients and in the practice of the profession. They are developed in consultation with occupational therapists and describe current professional expectations. These may be used by COTM or other entities / agencies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## Overview of the Standard for Assessment

1. Service Initiation
2. Consent
3. Assessment
4. Analysis and Recommendations
5. Record Keeping
6. Disclosing Information

## Standard for Assessments

### 1. Service Initiation

#### Standard 1

The occupational therapist will screen the referral and gather sufficient information to determine whether to proceed with the assessment.

#### Performance Indicators

An occupational therapist will:

- 1.1 Determine who is/are the client(s);
- 1.2 Gather and review client information that the occupational therapist is permitted to access, or in which the occupational therapist has authorization from the client/substitute decision maker (SDM) to gather;
- 1.3 Determine if the assessment falls within their specific role and scope of practice;
- 1.4 Determine if they have the required knowledge, skills and judgement needed to deliver the service;
- 1.5 Recognize, prevent, and manage any actual, potential, or perceived conflicts of interest;
- 1.6 Have sufficient knowledge of the legislation, regulatory and organizational requirements relevant to their area of practice and method of service delivery;
- 1.7 Following screening, notify the client/SDM, referral source, or other key participants, whether it is appropriate to proceed with the assessment;
  - 1.7.1 If not proceeding, explain the rationale and provide alternatives where available.
  - 1.7.2 If proceeding;
    - Confirm and communicate the deliverables that the referral source (if relevant) and the client can expect
    - Communicate the scope and timeframes of the assessment and the required next steps;
    - Clearly explain their role and responsibilities;
    - Validate information and make reasonable efforts to ensure the accuracy of the information collected from other sources;
- 1.8 Determine if it is safe to proceed with the assessment (if through telepractice or in-person) and manage any identified barriers or risks;

## 2. Consent

### Standard 2

The occupational therapist will ensure the necessary consent is obtained from the client/SDM in accordance with the Standards for Consent.

#### Performance Indicators

An occupational therapist will:

- 2.1 Follow a process to determine client capacity to consent and participate in the assessment, as outlined in the COTM Consent Practice Guideline;
- 2.2 Obtain consent for the assessment, discussing the following with the client/SDM where appropriate:
  - a) The scope of the assessment, including the arrangements that have been determined with the referral source (if relevant),
  - b) Confirming any financial arrangements specific to the assessment,
  - c) The purpose and nature of the assessment including whether information will be obtained from other individuals,
  - d) The legal authority, if appropriate, given to an occupational therapist (for example a court ordered assessment) to conduct the assessment,
  - e) The identity and professional qualifications of any individuals who will be involved in the assessment, (e.g., other team members - social worker, case manager),
  - f) The potential benefits and limitations of completing the assessment,
  - g) The risks associated with completing or not completing the assessment,
  - h) The expected process of the assessment, how the information will be collected, used, and disclosed,
  - i) The option of the client to withdraw consent at any time during the process;
- 2.3 Respect client choice not to proceed with the assessment and engage client/SDM in a collaborative approach to understand the implications when withdrawing consent to participate in the assessment;
- 2.4 Ensure appropriate consent is obtained to collect, use, and disclose personal health information and assessment results including information sharing, unless not legally required to do so;
- 2.5 Take reasonable efforts to confirm that consent obtained by a third party meets the requirements outlined in the COTM Consent Practice Guideline.

### **3. Assessment**

#### **Standard 3**

The occupational therapist will choose and apply safe assessment methods and tools that are client-centered, based in theory and evidence-informed to assess the client's occupational performance needs.

#### **Performance Indicators**

An occupational therapist will:

- 3.1 Remain current, using relevant evidence and best practice approaches by selecting a theoretical approach, assessment methods and tools that are appropriate to assess the client;
- 3.2 Review the properties of the standardized assessment including reliability, validity, and administration criteria to determine the appropriateness of the tool to assess the client
- 3.3 Have the necessary knowledge and skills to administer the assessment tool;
- 3.4 Manage any risks, contraindications, or limitations of using the selected tools or methods of assessment with the client;
- 3.5 Collaborate and communicate with the client/SDM and other stakeholders regarding the assessment approach process;
- 3.6 Gather subjective and objective information and identify the occupational performance issues to be addressed;
- 3.7 Perform assessments in accordance with the standards of practice and including the Code of Ethics.

## 4. Analysis and Recommendations

### Standard 4

The occupational therapist will ensure they have sufficient information to proceed with the analysis prior to formulating professional opinions and recommendations.

#### Performance Indicators

An occupational therapist will:

- 4.1 Using the subjective, objective assessment findings, analyze all relevant information collected; ensuring that the occupational therapist is working within their own sphere of competence;
- 4.2 Identify any gaps in the assessment findings and determine if there is a need to gather additional information;
- 4.3 Ensure the assessment represents a fair and unbiased evaluation of the client;
- 4.4 Analyze the strengths, and challenges of the person, environment and occupation and the impact on occupational performance needs;
- 4.5 Develop recommendations based on the analysis of the information gathered;
- 4.6 Consider access and availability of resources when collaboratively setting goals and recommendations;
- 4.7 Determine the need to make a referral to other practitioners for further assessment;
- 4.8 Determine if further evaluation is required, if additional information becomes available by the client or relevant others following the assessment.

## 5. Record Keeping

### Standard 5

The occupational therapist will document assessment methods, processes, and findings in accordance with the COTM Managing Client-Information / Meeting Legislative Obligations practice guideline.

#### Performance Indicators

An occupational therapist will ensure that:

- 5.1 Client records are maintained in accordance with the COTM Managing Client-Information / Meeting Legislative Obligations practice guideline;
- 5.2 Documentation is completed in a manner that is accurate, concise, and reflective of the assessment including: consents obtained, sources of information, assessment approach and procedures, results, analysis, professional opinions, and recommendations;
- 5.3 Documentation complies with timeframes, formats, retention, and destruction established by the standards of practice and processes of the practice setting;
- 5.4 Data gathered by the occupational therapist and used to inform clinical decisions, which cannot be included or summarized in the record, will be retained (for example drawings or assessment score forms). The occupational therapist will document in the client record or assessment report indicating the existence and location of this data;  
  
Note: Converting data to an electronic format, for retention purposes, is appropriate as long as the integrity and security of the data is upheld.
- 5.5 Document client participation, and any client tool or environmental limitations associated with the assessment process;
- 5.6 Assessment documentation is complete and accurate prior to finalizing documents and applying their signature.

## 6. Disclosing Information

### Standard 6

The occupational therapist will ensure that relevant assessment information is communicated (results, opinions, recommendations) to the client/SDM or relevant stakeholders in a clear and timely manner.

#### Performance Indicators

An occupational therapist will:

- 6.1 Communicate assessment results in a timely manner using terminology that the client/SDM can easily understand;
- 6.2 Discuss the outcome of the assessment with the client/SDM and provide an opportunity for the client to obtain or provide clarification if requested;
- 6.3 Confirm client/SDM consent for the disclosure of the assessment information to third party payers/stakeholders unless exceptions apply including those allowed under privacy legislation;
- 6.4 Provide their professional contact information should there be questions about the occupational therapy assessment;
- 6.5 Comply with current legislation when withholding all or part of the client's record if it poses a risk of harm to the client or others;
- 6.6 Ensure the client/SDM is aware of the process to access the clinical record or assessment report;
- 6.7 Take reasonable measures to ensure that any assessment information disclosed on behalf of the occupational therapist is accurate and represents the occupational therapist's professional opinion and clinical judgement.

## Practice Examples

### Example 1

An occupational therapist has been contracted by a local community agency to provide an assessment of a client's activity of daily living skills in the client's home. When the occupational therapist arrives for the scheduled appointment, the client states that they are too tired to take part in an actual physical assessment but would be able to tell the occupational therapist what activities they are not able to complete independently. The occupational therapist feels pressured to make recommendations as the case manager is demanding a report as soon as possible.

What is the best course of action for the occupational therapist to take?

#### **Issue: Identifying the limitations of the assessment**

Therapists are faced with many differing circumstances that affect the assessment process. Assessments of clients with pain and fatigue can be one of these challenges. According to the *COTM Standard of Assessment (2022)* occupational therapists "will consider and apply assessment methods that are client centered, evidence based and supported by professional judgment and experience". Therapists will also "use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues in relation to the request for service".

In situations such as this, therapists should use professional judgment and experience to determine when and how to approach the assessment in a safe manner. In some cases, a person may not be capable of participating fully in a physical or cognitive assessment due to their medical or physical status. It is important for the therapist to consciously determine how best to approach and conduct an assessment where the process requires modification or deviation from their normal or standard assessment process. This rationale and decision-making process should be communicated to all stakeholders involved in a transparent manner. In this case, the case manager should be informed of any limitations and risks associated with the assessment that affected the actual assessment and the outcome. There may also be circumstances when therapists may not be able to form an opinion, as they have been unable to gather sufficient subjective and objective information to complete the analysis. For example, in many situations, relying only on the subjective information provided by a client would not maintain the minimum guideline of the practice of the profession. Again, transparent communication would be the expectation.

### Example 2

An occupational therapist works part-time in a hospital and has a private practice part-time. Under this private practice, a referral is received to complete an assessment for home renovations for a client already treated by this therapist in the hospital.

What should this occupational therapist consider?

## **Issue: Screening for Conflicts**

The occupational therapist must consider all issues related to actual and / or perceived conflict of interest. In the above scenario, there is certainly both an appearance of and an actual conflict of interest as the occupational therapist stands to financially gain from involvement with a client that is known through work at the hospital. However, assuming this therapist has the appropriate skill and competence, this therapist may in fact be the most appropriate professional to provide this assessment because of in-depth knowledge of the client and their needs.

According to the *COTM Standard for Assessment (2022)* the occupational therapist must screen each referral / request for service to determine who the client is and determine whether the request for service is appropriate. For example, therapists must determine any competing interests or dual relationships.

An evaluation of conflicts of interest is part of the screening process when deciding whether or not to accept a referral. For the above scenario, this evaluation involves taking the time to understand:

- all the conflicts of interest, perceived and actual;
- the individuals / parties involved and their requests;
- any legislation or policies that might impact the therapist's ability to accept the referral (e.g. the hospital may have a policy on conflict of interest or the referral source may have a policy or criteria for selecting an assessor);

And to determine:

- whether you can provide the level of objectivity required for the assessment;
- what aspects of the client's personal health information is relevant and how it will be accessed, used, shared and disclosed;
- whether the client and all stakeholders agree to those parameters;
- whether there will be any ongoing involvement or future intervention required and how that will be managed,

The referral source and possibly the hospital should be advised of the other relationships and be given an opportunity to consider their appropriateness from its own perspective.

It is important to be transparent with necessary stakeholders about any dual relationships by communicating with the hospital employer about future involvement with current hospital clients.

This is by no means an exhaustive list of what must be considered but it does present some of the issues that can impact effective service delivery and quality of care.

### **Example 3**

A law firm sends an occupational therapist, working in private practice, a referral by mail with no prior notification. The lawyer is seeking a professional opinion regarding an individual. No actual assessment is requested. The lawyer has requested the occupational therapist review and comment on the enclosed orthopedic surgeon's report and a five-minute long surveillance videotape of an individual in a grocery store. In the referral letter, the lawyer asks whether, based on the information on the tape, this individual could return to work.

What is the best course of action for the occupational therapist to take?

#### **Issue: Screening Referrals / Request for Service**

The occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate prior to or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether to proceed with the assessment. Also, the occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements, and determine own competency to practice within their scope prior to accepting referrals for assessment. Therapists have a professional obligation to recognize the parameters of their professional competence and to screen / prepare before accepting referrals to ensure they have the competence and experience to provide the requested services.

There are a number of primary and important considerations before even accepting a referral such as in the above scenario. Consider:

- the nature of the request, who is seeking the information and who the lawyer is working for;
- any relevant legislation that applies to this request (i.e., long term disability insurance, auto insurance, Workers Compensation, etc.) and the correlation between the legislation and what is being asked of you;
- your knowledge of the legislation in question, your experience, competence and ability to provide an ethical and sound expert opinion given the information provided to you;
- the appropriateness of the request based on the information provided to you and any limitations associated with providing an opinion on this type of information.

Consideration of all relevant issues when screening referrals reinforces a conscious decision-making approach to practicing within scope. With detailed screening, public protection increases, and quality of care is enhanced. After screening, clearly communicating any limits of scope or service to those requesting services and the client would be COTM's expectation. Therapists, especially those working in the private sector, should be clear and transparent when communicating the boundaries of their services before accepting referrals. For example, in the above scenario, the occupational therapist does not have enough information to express an opinion on the issue as the request is for conjecture on the future abilities of the client. Networking with peers who have experience dealing with atypical referral scenarios can provide support and resources to validate or improve screening skills.

#### **Example 4**

An occupational therapist who works within a team setting has submitted subjective observations, objective data, analysis and recommendations from an assessment that are to be included in a larger report that contains contributions by other team members. The occupational therapist has been told that the team leader for the case will “cut and paste” needed sections from the original submission to ensure there is no duplication in the report for the client and to make sure the entire report “makes sense”.

What is the occupational therapist’s responsibility in this situation?

#### **Issue: Accuracy and completeness of documentation**

Integrated delivery of health care services has many benefits to offer the client if it is well managed. A difficulty with this type of reporting is maintaining the integrity of the occupational therapy information in a compiled report. It is particularly important that the client understands which health care professional is responsible for which portion of the assessment. The occupational therapist is accountable for the occupational therapy service provided, so it is therefore important to be able to clearly distinguish what part of the report reflects occupational therapy service. While a report may contain information that is gathered by other health care professionals, the occupational therapist needs to ensure the record includes the required information. This would include verification that the record accurately reflects the service provided and the opinions and recommendations of the occupational therapist and the basis and reasoning for any opinions or recommendations expressed. The occupational therapist would be required to ensure that the assessment documentation that reflects the occupational therapy service is accurate and complete and has not been altered prior to applying a signature.

The occupational therapist’s efforts to ensure their portion of the report will not be altered in the future, should include:

- participating in team evaluations and improvement initiatives on team documentation;
- actively engaging others to reach a mutually acceptable solution;
- choosing effective communication tools and techniques that enhances team functions.

## GLOSSARY

Care-Protocol	This term is intended to capture any care map, clinical pathway or protocol that has been developed and approved for client use.
Client	The client (patient, resident, student, citizen, etc depending on the practice environment) is the individual (or group of individuals) or the client's authorized representative, whose occupational performance issue(s) has resulted in a request for occupational therapy service. It is the client to whom the OT has a primary duty to apply the principles of practice.
Client-Centred Practice	A value within the practice of occupational therapy. Demonstrated through respect for clients; client involvement and direction in decision-making; advocacy with and for clients' needs; and recognition of clients' experience and knowledge.
Competence	A complex interaction and integration of knowledge, skills and professional behaviours and judgement. It embodies the ability to generalize or transfer and apply skills and knowledge from one situation to another.
Essential Competencies	As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the essential competencies describe the knowledge, skills and abilities that are required for an occupational therapist to practice safely, effectively and ethically. They constitute the platform for entry to practice requirements and continuing competencies. They can be found in the <i>Essential Competencies of Practice for Occupational Therapists in Canada</i> . See reference section.
Guideline	Existing and generally accepted expectation of practice, according to the consensus of informed members (occupational therapists in Manitoba). Guidelines are statements that describe recommended practice. They are not mandatory but support prudent practice.
Integrity	Within the context of the client-therapist relationship, integrity relates to the sense of confidence and belief that the service provided by the occupational therapist is in the best interest of the client. Honesty and respect form the basis of integrity within the client/therapist relationship and as individuals are neither violated nor controlled.

Harm	Includes psychological and physical harm.
Occupational Performance	Occupational performance refers to the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community.
OT/Occupational Therapist/Member	A member of the College of Occupational Therapists of Manitoba
Performance Indicators	The <b>performance indicators</b> are ways in which the occupational therapist can demonstrate specific behaviours to describe and support how the guideline has been met.
Practice	Refers to the overall organizational and specific goal directed tasks for the provision of services to the client; including direct client care, indirect client care activities as well as research, consultation, education or administration.
Professional Boundaries	Professional boundaries are behavioural limits established and maintained to protect the professional and therapeutic nature of the relationship. Professional boundaries include separating and containing the occupational therapist's needs discretely from the client and maintaining the focus on the client's best interest.
Record	A record means information, however recorded (e.g., audio, video, electronic, written information), generated by the occupational therapist or an individual supervised by the occupational therapist, pertaining to occupational therapy services provided by the occupational therapist. This includes, but is not limited to, therapy goals, progress toward goals, attendance, remuneration etc.
Service	Refers to the overall organizational and specific goal directed tasks for the provision of occupational therapy interventions to the client; including direct client care and indirect client care activities.

Stakeholder	Someone who has a stake in the outcome of a decision involving the client. Examples of stakeholders include family members, other health care team members, physicians, insurance company, legal representative, etc.
Substitute decision maker	In the context of this document a substitute decision maker (SDM) refers to a person named and authorised by the client to access their health information. Client’s primary care giver, family, other health professionals and others involved in the care of the client as referenced in section 60 (1,2) of the Personal Health Information Act.
Telepractice	Service delivery involving the application of telecommunication technology to remotely connect the therapist and the client or other health care providers.

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