

## WHAT IS AN OCCUPATIONAL THERAPIST?

- An Occupational Therapist (OT) develops individual and group programs with patients affected by illness, injury, developmental disorders, emotional or psychological problems and ageing to maintain, restore or increase their ability to care for themselves and to engage in work, school or leisure. OTs also develop and implement health promotion programs with patients<sup>1</sup>

## HOW ARE OTs EDUCATED & REGULATED?

- OTs are skilled professionals that must have obtained a degree in Occupational Therapy for entry to practice (at UBC the program moved from a baccalaureate to a Masters in 2004, with the first class graduating in 2006)
- OTs are regulated under the [Health Professions Act](#) and their scope of practice and any restricted activities they are authorized to do are outlined in the [Occupational Therapists Regulation](#)
- In order to practice occupational therapy in BC, all OTs must be registrants of the [College of Occupational Therapists of British Columbia](#)
- Each individual OT is professionally responsible and accountable to practice autonomously within their defined legislated Scope of Practice and level of competence as part of the interdisciplinary primary care team, to support safe, competent and ethical care for patients, families, and communities

## WHAT ARE THE KEY FUNCTIONS OF AN OT?

OTs enable patients to live as independently as possible while maintaining a high quality of life through:

### Assessment

- Through observation, interviews, and formal assessments, an OT:
  - evaluates 'occupational performance' and provides strategies to optimize performance in self-care, work, leisure, psycho-social and community activities
  - analyzes patients' physical, cognitive, affective and or environmental capabilities and expectations related to life activities

### Treatment/Management

- Engages with patient to establish a personalized care plan working as a member of an interdisciplinary team focussed on improving, maintaining, or restoring occupational performance. This may include:
  - training, education and counselling
  - evaluating and modifying the home, school or work environments by obtaining aids and specialized equipment (e.g. wheelchair, mobility devices)
  - strategies to prevent and address pressure injury management (e.g. recommends suitable sleeping positions, seated cushions, adaptive footwear)

### Education/Advocacy

<sup>1</sup> Statistics Canada, National Occupational Classification (NOC) definition, retrieved January 3, 2020 from:

<https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=314243&CVD=314247&CPV=3143&CST=01012016&CLV=4&MLV=4>

## THE ROLE OF THE **OCCUPATIONAL THERAPIST** IN PRIMARY CARE

- Consults, educates and makes recommendations to patients and their families regarding:
  - home safety; adaptive equipment; ergonomics; return to work
  - connecting with community services, social services, employers, transportation and mobility (e.g. handyDart, volunteer drivers)
  - chronic disease management; cognition; energy conservation; health promotion; mental health and substance use management; palliative and end of life care

### **Referrals/Collaboration**

- Participates in team-based care by collaborating with primary care team and community agencies to build care plans/coordinate referrals
- Seeks feedback from the patient and family
- Links patients with community resources; consults and advises on health promotion programs to prevent disabilities and to maximize independent function in all activities of life (e.g. First Link, Minds in Motion, Stroke Recovery Club)

### **CASE SCENARIO/EXAMPLE**

Below is an example of the role that an OT may provide within an interdisciplinary primary care team. It is recognized that team composition will vary due to population needs, team practice models, health human resources available and geography.

During the weekly primary care round, the team identifies a 67 year old widowed male with moderate dementia, moderate depression, hypertension and history of a stroke who reported having fallen at home three times in the last week. The team is concerned that this patient lives alone and is unsure of the patient's ability to manage medications, obtain the nutrition he requires and manage his own finances.

After a review of the patient's health records and the referral from the Registered Dietitian within the primary care team, the OT investigates to understand if any other community or specialized service teams or health agencies are involved in providing care to this patient.

The OT identifies that no other teams are involved and arranges to meet the patient for an OT assessment. The OT completes an assessment and recommends some cognitive interventions, adaptive cutlery, home safety measures and home exercises.

During assessment, the OT had also noticed that the patient was not following his blisterpack according to the prescription, potentially impacting the patient's mood and balance. The OT asks the patient for consent to refer to other health care providers.

The OT works with the scheduling assistant to arrange a follow up appointment for the patient to meet jointly with the primary care Physician or Nurse Practitioner. The OT also adds this patient to the primary care round agenda to highlight a potential follow-up to review the interprofessional care plan.