MANITOBA PHYSIOTHERAPY - IN TOUCH

COLLEGE OF PHYSIOTHERAPISTS OF MANITOBA NEWSLETTER

Summer 2005

Note From The Editor

Hello again,

It is time for some hello's and good-byes. Welcome to the Board; new members; Heather Martin -Brown and Mavis O' Donohue. They were elected at the recent Annual General Meeting held on April 6th at the Clarion Hotel. Thank you to all the members who allowed their names to stand this year.

Goodbye to Cathy Jones and Mark Beatty. It has been fun to work with you both for the last two years and the College has benefited from your experience and individual perspectives. Thank you for all of your hard work and dedication to the profession.

I am excited to report to you about the AGM this year. We had an impressive turn out, 93 members, 12 students and even a public member from one of the committees. With Jim McLaren acting as facilitator and setting excellent ground rules, the presentations and discussions were off to a good start. The presenters Jenneth Swinamer, Mary Lessing Turner, Moni Fricke and Brenda McKechnie gave us all insight into our profession and our changing role in the future.

The subjects presented lead to some lively discussion and the audience was encouraged to ask questions through the facilitator. Through the presentations and discussions we were all able to see our profession more clearly and were encouraged to look at the future as bright and exciting where we have an expanding role particularly in Primary Heath Care. Physiotherapy in the future is definitely what we make it. We have to advocate for ourselves and forge ahead for improved quality and quantity of health care for the general population.

So we have raised the bar for the AGM and have to begin thinking about next year. What would you like to see discussed next year? What information would you like to share or hear? Think about it, talk to your colleagues and let us know via E-mail, telephone or even the regular mail!

I would like to acknowledge the efforts of Gisèle Periera and Brenda McKechnie in the planning and execution of this years AGM.

- Denny Elliott

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Prevention & Treatment Of Physical Inactivity And Obesity Of Children

Dean Kriellaars and Kristy Wittmeier are part of "The Physical Activity Working Group of Child Health Quality Council of Children's Hospital". Their initial steps have been to make paediatricians and family physicians aware of the fact that physiotherapists have the ability and it's within their scope of practice to address issues of inactivity and obesity. The physicians have asked for a list of potential physiotherapists to refer to. It is Dean's task on behalf of the council to generate a list of qualified practitioners in the field—largely because they are unaware that this is within the scope of practice of physiotherapy, and other exercise specialists.

These MDs routinely use lists like this to refer out for user-pay services such as optometry and vaccinations. They are very interested in receiving a list of interested PT's and other qualified professionals (PFLCs, etc) to provide for their patients. Hence the need to create a list of interested PT's.

Dean has created a new list server called Pt-fitness-and-lifestyle mailing list which provides a means from which individual and practices can sign up to be on the list.

http://lists.umanitoba.ca/mailman/listinfo/pt-fitness-and-lifestyle

Practice Hour Alert

Starting with renewal of registration in January 2006, the Council will be enforcing the Regulations about practice hours.

"Starting in January 2006, members on the Practicing Register will be asked for their practice hours for registration purposes."

In the past, as long as a registrant maintained his or her registration on the Practicing Register by having current employment as a physiotherapist, practicing registration was not denied on the basis of insufficient practice hours.

Starting in January 2006, members on the Practicing Register will be asked for their practice hours for registration purposes. If practice hours fall below 1200 hours over the past 5 years, a member's continued registration on the Active Practice Register may be subject to conditions on a license, or denied. While the College will be asking for self-reported hours, a random audit will be conducted each year to verify the hours.

Letters will be sent out in the near future to members who may be at risk of not having enough practice hours for 2006, based on the information that has been submitted to the College over the past five years.

Members, who have graduated as a physiotherapist within the past five years, will not be subject to the practice hour requirement until the sixth year following graduation.

Please contact the College office if you have questions about your practice hours.

Enhancing Interdisciplinary Collaboration In Primary Health Care (EICP) Initiative

Canadians and their health providers have important stories to tell about how they experience primary health care in Canada and their expectations for the future. The new trend toward teamwork and collaboration in primary health care is something that people are starting to talk about. Everyone wants to know how it works and whether it has benefits for our health care system.

Two new on-line surveys will put some key questions to both health care providers and the public. The Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative has posted two surveys on its web site at: www.eicp-acis.ca as a part of it's more comprehensive research efforts. The initiative, funded by Health Canada's Primary Health Care Transition fund, has a mandate to explore options that would encourage Canada's front-line health professionals to work together more collaboratively.

The initiative has been consulting broadly and is gathering key data about the incidence and effectiveness of interdisciplinary teamwork.

Research to date suggests that more and more health care providers are teaming up either by co-locating or coordinating their patient/client care in other ways. This type of collaboration gives individuals and their families a wider range of care options such as physicians, nurses, dieticians, occupational therapists, pharmacists, psychologists, physiotherapists, social workers, speech-language pathologists and audiologists.

At the heart of true collaboration in health care is a real focus on the patient or the client - it all begins and ends there," says John Service, EICP Chair and CEO of the Canadian Psychological Association. "Generally, we've heard a lot of support for the notion that health care professionals have options to link their work and take a team approach to providing care, but these surveys will deepen our understanding of how health care practitioners, and the individuals in their care, actually experience that kind of collaboration."

The EICP survey for health care providers will try to find out whether health professionals have experience with collaboration and teamwork, and where they find the benefits and challenges. The other survey for the public will ask individuals if they see more collaboration among primary health care providers and if they think it makes a difference.

Most provincial governments have already identified interdisciplinary collaboration as a cornerstone in their plans to transform the delivery and quality of primary health care services. Collaboration is viewed as the best way to give individuals and their families access to the right professional and the right services, at the right time. Early research suggests it may also improve patient/client health outcomes, support health professionals, save costs, sustain the system and introduce more health promotion and illness prevention to the health care system.

You can obtain an electronic version of this article in both languages by contacting:

info@eicp-acis.ca

NPAG Vision Project

At Congress 2005 Victoria, the National Physiotherapy Advisory Group (NPAG) held a follow up session to the Visioning Exercise, which occurred the previous year in Quebec City at Congress 2004. The Registrar was in attendance at both sessions.

Through extensive consultation from a broad spectrum of stakeholders, a draft vision for physiotherapy for 2015 had been developed and discussed at Quebec City. The follow up session in Victoria was held to validate the proposed vision, clarify the vision elements, identify priorities and develop an action and implementation plan to making the preferred vision a reality.

In Victoria, suggestions were made for fine tuning the document in order that the document speaks to the four "communities'- accreditation, education, regulation and professional association and also at a systems level. Other suggestions were made to add additional elements about role, value of the profession and vision. Priority areas were identified.

Key strategies and next steps include the formation of a work group to further fine tune the vision. It was decided a follow up meeting should be held at Congress 2006. There was discussion about holding an annual Leaders Forum which could serve as a think tank on specific issues arising from the vision plan and emerging issues. The vision is to be finalized and a project plan developed including an annual reporting meeting with updates and review on an ongoing basis.

Specialization

At Congress 2005 held in Victoria, CPA invited the Regulators to a Roundtable Discussion to address regulatory issues concerning specialization. CPA has been working for a number of years on a framework to recognize specialty areas of physiotherapy practice. In the fall of 2004, a Joint Advisory Committee was formed with a one year mandate to facilitate a process to provide CPA with clarity in understanding the regulatory requirements/ standards that a Clinical Specialist certifying body must meet to ensure that regulatory bodies recognize the title "specialist'. CPA had responded earlier to regulatory concerns about the framework and the face to face meeting provided another opportunity to discuss regulatory issues.

"Newer models exist in other professions which recognize practitioners with advanced skills or expertise."

Regulation across the country regarding the use of a "specialist' title varies. In Manitoba, Regulations would need to be passed by the government first before any physiotherapist could call themselves a specialist. The Regulations would need to address the requirements for a specialist designation as well as the requirements for maintenance of the designation.

Currently, newer models exist in other professions which recognize practitioners with advanced skills or expertise. For example, the nursing profession is utilizing an advanced practice model.

At the end of the Round Table, the CPA delegates felt that their understanding of the regulatory issues surrounding specialization had improved and they were prepared to take their findings back for further discussion.

Informed Consent

It is a legal requirement that health care practitioners secure "informed consent" from clients/ patients. The College has developed Practice Statement 4.3 **Informed Consent to Treatment.**

While informed consent is mandatory, the way you obtain the consent is left to your discretion and professional judgment. Informed consent can be "implied" whereby consent is provided by either words or the behavior of the client or by the circumstances under which treatment is given. "Expressed' consent may be oral or written in nature and may include asking a patient to sign a consent to treatment form.

While it is preferable to seek a current signed written informed consent from the patient, this is not always practical. In deciding the form of consent you obtain from clients, consider risks factors. These factors may include the medical condition of the patient, the patient's ability to understand your explanations, previous experiences with the client, the type of treatment to be provided (some modalities may carry more risk than others).

When treatment is changed, ensure that the patient understands and consents to the changes.

While informed consent is a legal requirement, an important factor is that it requires you to engage in a discussion with your patient to explain your treatment recommendations, allow the client to ask questions and to more fully understand the rationale behind your recommendations.

"It is illegal at this time to have an incorporated Physiotherapy Practice."

Incorporation

The College recently sent a letter to all physiotherapists who are owners of a private practice in the province. The information letter concerned the incorporation of physiotherapy practice. Currently, the *Physiotherapists Act* has no provision for incorporation of physiotherapy practice. Therefore, the *Corporations Act* takes effect and this legislation states that professional incorporation is not permitted unless it is permitted in the professional legislation. In other words, it is illegal at this time to have an incorporated physiotherapy practice. However, owners may incorporate a holding company which oversees the business transactions of the physiotherapy practice. The holding company may hire and pay staff, purchase equipment, lease space etc. The holding company does not provide any physiotherapy services.

Currently, there are five professions in Manitoba which allow incorporation of professional practice via the regulations in their professional legislation. The regulations for each of these professions are similar in the requirements for incorporation. There are definitely benefits to incorporating a professional practice. For example, if revenues are in excess of $250,000 per year, income tax benefits can be reaped. However, there are also restrictions that are imposed such as voting shareholder restrictions.

The Council will be discussing incorporation again in the fall.

Data Data Everywhere!

A number of projects are impacting the College Database.

The provincial government passed legislation this past spring which requires all Colleges to provide to the Minister of Health several pieces of information about each member. This information includes date of birth, sex and education or training. The purpose of requiring this information is twofold.

1) The four Western provinces are collaborating on a Western Provider Registry which would assign personal identification numbers to each professional. The new information requirement will help to better identify a member and make data collection more accurate.
2) The other reason provided by government, and not as relevant to physiotherapy as some other professionals, is the establishment of a database in the case of a pandemic. This would give the government access to health care professional information for emergency purposes.

The Canadian Institute of Health Information (CIHI) is establishing a national database for each health care profession. Physiotherapy is next on the list following medicine, nursing, occupational therapy and others. Meetings are being held with CIHI during the summer of 2005 to establish the framework for the database.

"The Canadian Institute of Health Information (CIHI) is establishing a national database for each health care profession."

CPA has negotiated with a company, Continovation Services Inc, to provide e-commerce solutions to physiotherapists. An e-commerce model has been developed for physiotherapists to securely submit patients' insurance claims electronically. The Regulatory Colleges have been approached for access to their database to ensure that physiotherapy claims are being submitted by registered physiotherapists and not others.

In all three instances, access to CPM's database would likely have to occur through the Website and the College would have to upgrade its website in order to go "live". It is anticipated that this could be costly to the College. However, there are potential benefits to the membership. For example, members would be able to access the College database electronically to make changes to their address and employment information. Renewal of registration could potentially be conducted electronically as well.

The Council will begin to investigate costs and other factors once it has a better understanding of the needs of the organizations requesting CPM's database information. If you would like to be able to renew your registration electronically, let us know.

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Alliance Update

The Alliance held its Annual General Meeting in the spring in St. John's, Newfoundland. The Council congratulates Alison Baldwin who was voted to the Board of Directors of the Alliance by the delegates to the meeting!

Council recognizes the time and effort that will be required of Ali in her new role. On behalf of all the membership, Council thanks her for her ongoing commitment to the profession and to regulation.

Intensive work is now ongoing on behalf of the Alliance. It was recognized at a special meeting held earlier this year that in order for the Alliance to grow as an organization, a review and restructuring of the current governance model and the operational systems is required. Ali Baldwin, as a member of the Board of Directors of the Alliance will be involved in overseeing the work that is being undertaken. Brenda McKechnie is a member of the Implementation Task Force which is holding weekly conference calls until October to implement recommendations from a preliminary report.

"The regulations require the College to conduct a review of the regulations and make suggestions to the Minister about changes that are indicated."

Sunset Review

Can you believe it is approaching five years since the new legislation came into effect?

The Regulations require the College to conduct a review of the Regulations and make suggestions to the Minister about changes that are indicated.

In order to undertake this "sunset review", CPM has teamed up with the College of Registered Nurses, the College of Psychiatric Nurses and the College of Licensed Practical Nurses to work collaboratively on a review process. Legislation for all four groups was passed about the same time. Therefore, all four professions are obligated to conduct the sunset review at the same time. Currently, the Registrars from all four Colleges are working collaboratively to develop a review process which will have elements of surveying the profession and other stakeholders. Stay tuned for more information. Council anticipates the full co-operation of any member who is selected to participate in the review process.

Primary Health Care

CPM, CPA- Manitoba Branch and the SMR are collaborating on a project concerning the role of physiotherapy in Primary Health Care. The first part of the project involved hiring a consultant, Moni Fricke, to undertake research and an environmental scan about physiotherapy and primary health care. The paper was completed in time for Congress and was premiered at Congress.

The paper has received wide recognition; CONGRATULATIONS MONI!

This paper is significant because it is the first research work that has reviewed models of primary health care and the role of physiotherapy from a world wide perspective. Following up on this paper, is a project being undertaken in Alberta by the College of Physical Therapists of Alberta (CPTA) and CPA. They are anticipating taking our work to the next level, although with an Alberta focus. CPTA has approached the CPM about the possibility of holding a joint conference on primary health care. This will be discussed further. If you would be interested in attending a weekend conference about primary health care, either in Winnipeg or Edmonton, let us know!

Acupuncture

The College's Acupuncture Committee has been working on reviewing and revising the current Acupuncture Practice Statement. It is anticipated that the draft document will be sent to Council for approval in the fall of 2005.

The Council had sent a letter out last year to members whose name was entered on the Acupuncture List to advise that the College would be updating the Acupuncture List in June 2006. Members who had failed to meet the College standards by that date would have their name struck from the Acupuncture List. The basic requirements to meet the standard include:

- Graduation from a College recognized acupuncture program
- A minimum of 100 hours of course instruction
- An examination to test competency level after 100 hours of instruction

Council will hold a discussion in the fall about acceptable options for those physiotherapists who have not yet met the current requirements. Discussions have been occurring between the College and the two main acupuncture programs that run in Manitoba (AFCI and the Arts and Science Program).

A number of members have not yet contacted the College about updating the College's records about their acupuncture status. If you have not done this already, please contact the College in September to ensure that your record is current and accurate.

The College of Physical Therapists of Alberta (CPTA) is currently undertaking a project which will identify the competencies necessary to "needle". Brenda McKechnie is serving on the oversight committee which assists CPM's Acupuncture Committee as we conduct our own review. Dr. Barbara Shay was recommended by CPM to the Alberta College to participate as a Subject Matter Expert at the Focus Group held earlier this year as part of the CPTA Needling Project. Barbara's involvement in the Focus Group was also beneficial to CPM as she is a member of the Acupuncture Committee. It is anticipated that the Needling Project will be completed later this year.

"The Council had sent a letter out last year to members whose name was entered on the Acupuncture List to advise that the College would be updating the Acupuncture List in June 2006."

Excerpted from: **College of Physical Therapist Of Alberta**

Doing The Right Thing About : Clinical Error

By Perry Mill, Ethics Advisor

Since embarking on the set of moral monologues I called *Doing the Right Thing*, I have been introducing various bioethical issues such as respect for patient autonomy, confidentiality, and professional integrity. As well, the February 2004 issue of *College Callings* included an article by Katrina Haymond on the *Duty to Report Errors Made in the Course of Treatment*, which discussed the legal and some ethical implications of clinical errors. In this installment of Doing the Right Thing, I would like to expand on, and attempt to integrate these issues.

The topic of clinical error has taken the popular media by storm with the report of the recent deaths of two elderly patients from the inadvertent administration of the wrong medications. In this case, a substitution of potassium chloride for sodium chloride in the patients dialysis fluids was reportedly attributed to error in the verification system at the Calgary Health Regions (CHR) Central Production Pharmacy. The question on the minds of many people is .How could this happen?, particularly after a medication substitution error reportedly occurred as recently as four years ago at another CHR-funded hospital.

Doing The Right Thing About : Clinical Error—Continued

Clinical error is an issue not much discussed among practitioners because it is an unpleasant topic, because we are trained to accurately and consistently apply scientific evidence-based health care, and because the general public has high expectations of health care professionals. *“There is no permission given to talk about errors, no way of venting emotional responses. Indeed, one would almost think that mistakes are in the same category as sins: it is permissible to talk about them only when they happen to other people.”*

And yet, errors are a common and inevitable part of our work. They occur to everyone, on a daily basis, whether they lead to discernible injury or not. The focus of clinicians should not be the impossible task of preventing all errors, but to work toward minimizing individual and systems-based errors and their impacts.

Interestingly, the definition of a mistake, or deviation from a standard of practice, predicates the existence of such a standard. Experienced practitioners will be familiar with the paucity of iron-clad, evidence-based practice standards in the scientific literature. Furthermore, as medicine in general and our profession in particular embrace new cutting-edge diagnostic and therapeutic technologies, we invite the probability of more .errors. as these technologies are incorporated into our armamentarium.

Ethically, we owe the individuals in our care a duty of truthfulness. When errors are committed, patients would like to know, even if these errors are not of great significance. Such disclosure not only respects the patients autonomous choice to decide on his/her outcome and options for further treatment and/or redress, but also whether to continue the relationship with the practitioner, which is more likely than if the error is “covered up” There is some evidence indicating that only a fraction of adverse events lead to litigation, and that disclosure to patients may actually have led to a *decline* in malpractice cases in a large American hospital.

Ironically, there are few, if any policies currently in effect, to guide practitioners toward the productive and healthy disclosure and/or discussion of clinical error. This leaves clinicians to their own devices, unaided and unsupported. It also thwarts a badly-needed focus on the health and organizational systems (e.g., work process and job-design flaws, inadequate staffing and training) which often place clinicians in perilous situations leading to errors.

As well, because there is a culture of blame and guilt associated with clinical errors, we have difficulty accepting and forgiving ourselves. Although there are no hard and fast rules for dealing with error, we clinicians may want to consider the following:

- verify if in fact there has been error and/or harm;
- consult with a supervisor, family member, colleague, mentor, friend (not necessarily in that order);
- consult facility policy on documentation/disclosure of error;
- consult professional association (s)/licensing bodies;
- listen to advice/follow your conscience;
- learn from mistakes; and
- forgive yourself (seek help if needed)

“At some point we must bring our mistakes out of the closet. We need to give ourselves permission to recognize our errors and their consequences. We need to find healthy ways to deal with our emotional responses to those errors. Our profession is difficult enough without having to wear the yoke of perfection.”

Excerpted from: Being A Witness In Court

Article published in CPTA *College Callings* August 2003

By Audrey Lowe, CPTA and Katrina Haymond, Field Law

Expert witnesses function to provide the court with information that is necessary to understand issues within the expert's particular area of expertise and to provide an opinion to the Court regarding an issue which requires the application of a particular area of expertise to one or matters at issue in the litigation. In general, expert witnesses function to assist the "trier of fact" (judge/jury) in drawing inferences about matters that are beyond common knowledge.

Expert witnesses must possess sufficient background, knowledge, and skill to share information and opinions on matters that are common to their area of practice to assist the Court with its decisions. There is a process the court follows to qualify an individual to be considered an expert witness. Any physical therapist may be eligible to be an expert witness about physical therapy treatment because they posses unique knowledge and skills that can help the trier of fact understand information and make decisions.

"Expert witnesses must possess sufficient background, knowledge, and skill to share information and opinions on matters that are common to their area of practice to assist the Court with its decisions."

Testimony of the expert witness is considered admissible evidence when it meets the following criteria:

- Legally relevant to a matter in issue;
- Necessary to assist the trier of fact;
- There is no exclusionary rule precluding its omission; and
- The expert is properly qualified.

Qualifying as an Expert Witness

In order to be considered an expert witness, the witness must be "qualified" as an expert by the court. It is normal to have a "proposed expert" provide written curriculum vitae for filing with the court. Thereafter, there is a "voir dire" (trial within a trial) to decide whether the court will accept the witness as an "expert". During the "voir dire", the individual will testify as to their qualifications to offer an opinion on evidence within the scope of their expertise. Opposing counsel may cross-examine the proposed "expert" with respect to his or her qualifications. The Court will then determine whether the proposed expert will be qualified as an "expert", determine the limits of the qualifications of that witness and appoint the individual as an "expert witness".

Following the qualification and testimony of the expert witness, the court will assess the evidence provided and determine the weight of the expert's opinion.

The following factors may be considered:

- Manner of presenting evidence and response to cross-examination, and general attitude on the stand.
- Qualifications including skill, knowledge, training, experience, powers of observation and the degree of attention given to the matter.
- Whether the witness appears biased, favoring one party.
- Whether the witness strays from the requested area of expertise.

Being A Witness In Court-Continued

Situations where Physical Therapists become Expert Witnesses

Physical Therapists can become expert witnesses in two ways.

Physical Therapist as Treatment Provider

In this situation, the physical therapist is subpoenaed to attend court to testify in a mater involving a patient he or she treated. The physical therapist's role in this case is to provide evidence regarding his or her role in treating the patient. Such evidence may include: the patient's reported history, the nature and purpose of the treatment provided, and the patient's response to treatment. Physical therapists who are subpoenaed to provide evidence as a treatment provider have a duty to testify.

Physical Therapist as "Independent" Expert

In some situations, a physical therapist may be retained by one of the parties involved in litigation to provide an "independent assessment". In this situation, the physical therapist functions to interpret the facts of the case, and to offer an alternative opinion with respect to some of the matters which may be at issue. The physical therapist may be called upon to assess the care provided by another physical therapist, or the feasibility of another physical therapist's methods of treatment or conclusions/outcomes with respect to a patient's condition or progress.

"In some situations, a physical therapist may be retained by one of the parties involved in litigation to provide an "independent assessment."

In this case, the physical therapist is not subpoenaed, but instead voluntarily agrees to act as an expert witness and is usually retained by a lawyer. The physical therapist has no obligation to act in this capacity.

Physical therapists who act as experts, in the capacity of treatment provider or "independent" expert are entitled to charge a fee for the service provided. The fees charged should be reasonable, and should be agreed upon between the physical therapist and the person retaining the physical therapist in advance of any services being provided.

What to do When You Are Asked to be an Expert Witness

Contact the lawyer to discuss your involvement:

- Ensure that consent to release of information is signed by the patient and that consent indicates the lawyer seeking information is entitled to it;
- Find out what is involved when you are asked to testify (i.e. how your qualifications will be presented, the manner in which you will be cross-examined);
- Ask the lawyer to explain the purpose for which your evidence will be required, and discuss the nature of the evidence you will be presenting well in advance of the trial date;
- Outline areas that you feel comfortable providing testimony or opinions;
- Discuss the likelihood of the case settling out of court;
- Discuss the fees for preparing a written report, preparing for attendance in Court, testifying in court and whether fees will be charged if the trial is adjourned or the case is settled out of court;
- On the day of the trial have the original records and other information (e.g. articles) with you.

Where's My Line?

Personal Boundaries define personal space or the area you occupy that you feel is appropriately under your control. Boundaries are violated when one person crosses a line by doing or saying something to another person without the other person's consent. Boundaries can change. They may differ from one person to the next, from one situation to the next and they can differ through time. However, the person who holds the most power in a relationship ultimately is responsible when boundary violations occur.

In a physiotherapist / client relationship, it is the physiotherapist who holds the power. In this relationship, the physiotherapist brings three key characteristics to the relationship. By calling yourself a physiotherapist, you have professed to a body of knowledge and having done so, invite your clients to assume you are competent. You bring objectivity since you have promised to put your clients' needs first. This means you do NOT allow your needs to become a factor in the decisions you make about your clients' care.

You also bring humility. You have agreed to acknowledge your limits. This includes the limits of your particular area of practice and the limits of your own personal skill. You take responsibility to consult with colleagues who know more or know other things, when you don't know what's best in the interest of your clients.

As a professional, your patients trust you to tell the truth, listen carefully, objectively and compassionately, to facilitate their health and well-being and to respect the choices they make regarding their treatment. Clients approach you in the hope that you know how to help them and will do only that which is in their best interest.

"Wherever there is a power imbalance, boundary "negotiations" can become one-way conversations."

It is true that clients control compliance. As a professional, you cannot provide services to a client unless they give you their informed consent to do so. However, given the power imbalance that is built into the physiotherapist/ client relationship, clients may find it difficult to negotiate boundaries or defend against boundary violations. Wherever there is a power imbalance, boundary "negotiations" can become one-way conversations, with the physiotherapist holding the power, defining the relationship and regrettably, sometimes violating personal boundaries.

Some of the typical boundary violations include:

- Excessive self-disclosure which allows the physiotherapist to give away his/her power for the moment and relieves her/him of the obligation to act in the best interest of clients.

- Establishing dual relationships with clients that make them feel cross-pressured. For example, a physiotherapist could enter into a business relationship with a client in which the client feels pressured to agree with the physiotherapist's business decisions to avoid receiving inferior care.

- Giving or receiving significant gifts. For example, a client who receives a gift from a physiotherapist could feel pressured to reciprocate in order to avoid receiving inferior care. Conversely, a physiotherapist who accepts gifts from clients could feel pressured to reciprocate by offering "special" care.

- Assuming client's values are the same as your own. For example, the physiotherapist could use his/her clients to foster causes in which the physiotherapist is interested. Clients could feel pressured to support causes that they do not endorse to avoid receiving inferior care.

- Ignoring established conventions that help to maintain the necessary space between clients and physiotherapist.

Where's My Line - Continued

- For example, providing care in social rather than professional settings, not charging for services rendered, and scheduling treatment when no-one is around rather than during office hours, providing or using alcohol during treatment…
- Intruding verbally on your client's personal space. For example, breaching client confidentiality, making value judgments about your client's body or lifestyle, probing for inappropriate personal information, using intimate words (dear, darling etc) or allowing their use by your clients, offering unsolicited advice…

Sexual boundary violations include intercourse or other forms of physical sexual relations, touching of a sexual nature of the client by the physiotherapist and behavior or remarks of a sexual nature by the physiotherapist towards the patient. The College of Physiotherapists of Manitoba has a zero tolerance level to sexual boundary violations.

To minimize boundary violations, establish an atmosphere of choice in physiotherapist/ client relationships.

"To minimize boundary violations, establish an atmosphere of choice in physiotherapist/ client relationships."

- Explain all procedures thoroughly, moment by moment, and establish client cooperation along the way. Check constantly for each client's level of understanding and his/ her continuing consent.
- Respect your client's right to withdraw consent. If a client says "no" to a procedure, respect that and work within his/her comfort zone. If a client becomes uncomfortable during a procedure, stop what you are doing, drape your client, make eye contact and comfort your client. Re-establish your client's consent before proceeding further.
- Obtain your client's permission before allowing others to observe.
- Legitimize your client's fear or embarrassment.
- Provide your clients with the opportunity to ask questions.
- Answer questions honestly, staying within the physiotherapy scope of practice.
- Know when to use interpreters, and talk directly to your clients when using them.
- Identify special situations and anticipate possible options.

Respect established conventions that help you maintain necessary space between yourself and your clients. See clients in professional settings and during published office hours; negotiate a mutually agreeable fee for your services; maintain professional decorum when dealing with clients; avoid entering into dual relationships that may compromise your professional objectivity etc….)

Remember that many physiotherapists are only conscious of boundaries when a boundary is violated. Part of being professional is staying alert to the possibility that a boundary has been crossed and "crossing back" when necessary. There is a power imbalance built into all professional relationships. The presence of this power imbalance combined with your professional commitment to put the interests of your clients first, means that the onus is always on you, the physiotherapist, to maintain professional boundaries. This is particularly important when you are dealing with vulnerable people who may be transferring experience from their past onto their relationship with you.

(Adapted from the booklet "Where's My Line- published by The College of Chiropractors of Ontario, the College of Massage Therapists of Ontario and the College of Physiotherapists of Ontario)

Continuing Competency

The Continuing Competency Committee is currently running a pilot test of the draft Continuing Competency Program. About one hundred members were randomly selected early in the summer to participate in the pilot, scheduled to be completed in September.

The program consists of a Self Evaluation Questionnaire, an information package, and a Practice Enhancement Plan designed to assist members to set goals for their practice of physiotherapy. The pilot study currently being conducted will assist the committee to evaluate the process developed for the Continuing Competency Program. While participants are being asked to set goals for a very brief time period, the purpose of the pilot study is to examine the process and tools, not the member's goals. Based on the comments from participants, the Committee will review and revise the program to take feedback into consideration.

The Committee is grateful to those members who have agreed to participate in the pilot, especially since it is taking place over the summer.

THANK YOU PARTICIPANTS!

Manitoba Physiotherapists accepting leadership opportunities

Clinical Education Advisory Committee

Manitoba is well represented on an NPAG committee looking into clinical education across the country. Currently, Jenneth Swinamer and Brenda McKechnie are members of this committee. Recently, Gisele Pereira completed her term of office on this committee.

The committee was struck following a workshop held at Congress in 2002. At the workshop, led by Nancy McKay, a report was written which addressed a multitude of problems related to clinical education across the country. The current committee has been meeting by conference call but had a face to face meeting this spring. This meeting was very productive in determining a course of action for addressing many of the concerns. Bev Lafoley, from Ontario, is chairing the committee and over the summer will be writing a report to NPAG which will make recommendations for an implementation plan to address the issues.

Best Practice Advice

The College of Physical Therapists of Alberta (CPTA) has produced an Inquiry into Best Practice Advice Supported by Current Evidence. A copy of the document has been forwarded to CPM and will be available for the membership on request and hopefully on the web.

The report is comprehensive and gives members clear information of available websites for organizations and their programs regarding best practice advice, there is reference to centres for evidence based practice and Free medical journals etc. Although written for CPTA the information contained within the report is both international and Canadian and well worth reading.

Complaints Committee

The past year has been a busy one for the CPM Complaints Committee. Recently received complaints range from serious ethical concerns, or complete issues to complaints in which the patient or client is generally unhappy with the health care services that were provided. Aside from reviewing your copy of the recently revised CPM Code of Ethics and practicing within your level of competence, are there other ways of reducing your risk of receiving a complaint?

The expectations of the public are ever increasing and as Physiotherapists we are viewed not only as health care professional but service providers as well. Providing good service is not always easy given the fast pace of most work places, but good communication seems essential in providing quality service to patients. Taking the extra time to explain the purpose of treatments and potential risks is a good habit to get into.

Informed consent is a topic that has been frequently discussed by the Complaints Committee. How much information needs to be given and how should consent be obtained? Although verbal consent is considered acceptable by the CPM it is advisable to obtain informed written consent to treatment whenever possible. Many treatment options including acupuncture and manipulation are perceived by the public to be more invasive or potentially harmful. Obtaining written informed consent to specific treatments like these is another step in risk management.

"Following up promptly with patients who are unhappy with the service received may allow the therapist to provide a further explanation or clarification to a client."

In the past year there have been some complaints in which there are conflicting reports when reviewing the information received by the complainant and the Physiotherapist. Complaints can be lodged up to two years after an incident has occurred. If a large amount of time has passed then the client's chart is likely to be your best source of information. Proper documentation and record keeping is another area in which therapists can mange risk. Documentation of assessment findings, treatment and the patient's response to treatment all of the time is the safest bet. The CPM currently has an Ad Hoc Committee hard at work to provide the membership with some record keeping guidelines.

Following up promptly with patients who are unhappy with the service received may allow the therapist to provide a further explanation or clarification to a client. Having an internal process in place to deal with complaints, either through a supervisor or a clinic owner is a good practice to deal with misunderstandings before they get to the CPM Complaints Committee.

Thanks again to the Complaints Committee for all of their hard work this past year.

Complaints Chairperson-Mark Beatty

Advisory Committee On PT Practice

The Advisory Committee on Physiotherapy Practice has completed *The Practice Environment Guideline.* This document will eventually be available on the CPM Website to assist therapists in their efforts to achieve and maintain a safe and effective working environment. The committee worked many hours over several years putting the third document together.

A huge thank you goes out to Dr. Leah Weinberg (chair), Rosemary Aves Wood,

Katherine Blacklin, Russ Horbal, Tam Yamashita, and Cathy Jones (ex-officio).

Congratulations To Recent Grads!

New graduates are eligible to register with CPM on the Examination Candidate Roster to practice under mentorship, please see Registrations Policies 3.3 of the CPM Reference Guide for details.

You may also visit our web site at: www.manitobaphysio.com for registration forms and fees.

For Your Information...

Blue Cross

Almost a year ago the registrar for the College contacted Blue Cross regarding physiotherapists being able to prescribe orthotics for patients with Blue Cross insurance.

On May 30th the College received a letter stating:

"Physiotherapists have been included as eligible prescribers for the following benefits, braces, cervical collars, corsets, lumbar sacral supports, orthotics, special (medical) equipment, splints, traction equipment and trusses."

All Physiotherapists will receive a Blue Cross provider number for this purpose.

Registration Reminder...

For PT's who are returning to work from being on the In Active register must submit an application to the College **prior to commencing employment**. Pease visit out Web site at: www.manitobaphysio.com for registration information and forms, or call the office at: 287-8502.

Please keep the College up to date with your current address, telephone number (s) and work location (s).

About CPM

The College is the body responsible for the registration (or licensing) of any physiotherapist who wishes to practice physiotherapy in this province. Its primary purpose in registering physiotherapists is to ensure that the public receives physiotherapy treatment only from a qualified person. The College is also charged with ensuring that complaints of malpractice, misconduct or misrepresentation involving physiotherapists are thoroughly investigated and that appropriate action is taken to resolve the problem. The College does not exist to promote the interests and / or advancement of physiotherapists. However, registration with the College ensures that the physiotherapist has met certain requirements and is fully qualified to practice as a physiothera-

We're on the Web!

www.manitobaphysio.com

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