

BLUEPRINT FOR THE CPTBC QUALITY ASSURANCE PROGRAM

A. QUALITY ASSURANCE PROGRAM

Purpose of the CPTBC Quality Assurance Program

The purpose of the CPTBC Quality Assurance Program (QAP) is to monitor and support the continuing competence of physical therapists in British Columbia.

Definition of ‘continuing competence’

‘Continuing competence’ is the ongoing ability of a practitioner to demonstrate competent practice in such areas as safety, effectiveness and ethics.

‘Competent’ refers to the skill level of a practitioner, which meets or exceeds the minimal and ongoing performance expectations.

‘Competent practice’ is dependent upon three elements:

- 1) Context of practice,
- 2) Capacity of the practitioner (e.g., intellectual, physical, emotional, psychological), and
- 3) Competencies demonstrated by the practitioner.¹

Standard for the Quality Assurance Program

For development and implementation of the CPTBC QAP, the *Essential Competency Profile for Physiotherapists in Canada*² and any subsequent revisions or updates, will be used to describe the standard for safe, ethical and effective physical therapy practice in British Columbia.

¹ Glover Takahashi, S., McIlroy, J., & Beggs, C. (2008). *Assessing the competence of internationally educated occupational therapists for practise in Canada: Towards a common approach and an assessment toolkit*. Victoria, BC: College of Occupational Therapists of British Columbia.

² Accreditation Council for Canadian Physiotherapy Academic Programs, Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council. (2004). *Essential Competency Profile for Physiotherapist in Canada*. Toronto: Authors

B. THE BLUEPRINT

Purpose of the Blueprint

The purpose of the blueprint for the CPTBC QAP is to:

- 1) Communicate the relative importance of each area of competence for the assessment of continuing competence of CPTBC registrants, and to
- 2) Itemize what parts of a registrant's continuing competence will be tracked or assessed in each of the components of the QAP (i.e., the Annual Self Report and the Registrant Competence Assessment).

The blueprint was developed and approved in consideration of the CPTBC standards of practice, and with the input and oversight of members including the Registrant Competence Assessment Sub-committee, the Quality Assurance Committee, the Board of Directors and the CPTBC staff. Based on the development of the blueprint, an assessment tool was developed.

A more detailed outline of what may be included within the blueprint is found in Appendix A. The examples of what may be included in the Annual Self Report (ASR) or the Registrant Competence Assessment (RCA) assist in the development of the assessment tool and contribute to registrant information. Appendix A is a working inventory, and is updated under the supervision of the Quality Assurance Committee from time to time as required.

Dimensions of the Blueprint

The blueprint for the Continuing Competency Program includes three dimensions:

1. *Contexts* of Physical Therapy Practice,
2. Key Regulatory Topic areas to be assessed, and
3. Essential Competencies to be assessed.

1. Physical Therapy Practice Contexts

The Quality Assurance Program will assess the various Physical Therapy Practice Contexts. Aspects of practice contexts that may be represented within the QAP include:

1.1 Practice Setting

- a) Facility-based: hospitals, rehabilitation centres, nursing homes, etc.
- b) Office / clinic-based: private practice, ambulatory care clinics, etc.
- c) Community-based: client residences, schools, group homes, community access centres, urban/rural/remote areas, etc.

1.2 Goals of Care

- a) Health promotion in wellness and managing activity limitations
- b) Disease / injury / disability prevention
- c) Restoration and rehabilitation
- d) Maintenance and support

Choosing a practice context for assessment in the Registrant Competence Assessment

For the Registrant Competence Assessment (RCA), each physical therapist registered in British Columbia is required to demonstrate continuing competence in one or two of the key physical therapy practice contexts listed below:

Key Physical Therapy Practice Contexts
1. Adults & Older Adults with Musculoskeletal Problems
2. Adults & Older Adults with Neuromuscular Problems
3. Adults & Older Adults with Cardiorespiratory Problems
4. Paediatrics

Registrants will be able to choose, from the list of key physical therapy practice contexts, the context(s) in which they will demonstrate their continuing competence. This choice enables registrants' assessments to focus on one or two of the four key physical therapy practice contexts (i.e. all cases/questions/answers can be in one area; alternately, half of the cases/questions/answers can be completed in one area with the balance in a second area).

2. Regulatory Topics

The QAP will assess key regulatory topics including the following standards, guidelines and policies developed by CPTBC. Visit the CPTBC website for a complete updated list of current documents at www.cptbc.org

2.1 Adherence to CPTBC Practice Standards, including:

- a) Standard #1: Clinical Records
- b) Standard #2: Electro-physical Agents
- c) Standard #3: Assignment of Task to Physical Therapist Support Worker
- d) Standard #4: Consent to Treatment
- e) Standard #5: Spinal Manipulation
- f) Standard #6: Sexual Misconduct
- g) Standard #7: Infection Control
- h) Standard #8: Conflict of Interest
- i) Standard #9: Complementary and Alternative Therapies
- j) Standard #10: Dry Needling
- k) Standard #11: Draping for Patients
- l) Standard #12: Intrapelvic Assessment and Treatment
- m) Standard #13: Use of Title and Credentials

2.2 Adherence to Advisory Statements including:

- a) Concurrent Treatment Practices
- b) Intrapelvic Assessment (in conjunction with PS # 12)
- c) Observation/Job Shadowing by a Non-PT Student
- d) Conducting a PT Practice
- e) Ethical Guidelines for Research

- f) Preparation of Expert Opinion Reports
- g) Reporting Abuse

2.3 College Code of Ethics (By-Laws Part V,55)

2.4 Minimal Treatment Standards (By-Laws Part V, 56)

2.5 Health Records (By-Laws Part VI, 59, 60, 61)

2.6 Professional Boundaries

2.7 Communication

2.8 BC Health Professions Act

2.9 Scope of Practice (people)

2.10 Assignment

2.11 BC Privacy Laws – Personal Information Protection Act (PIPA) and Freedom of Information Protection of Privacy Act (FOIPPA)

2.12 Appropriate referral to others *re: needs of patient, personal competence*
(Essential Competency Profile 1.1.c)

3. Essential Competencies (Elements of the 2009 Essential Competency Profile)

The QAP will assess the essential competencies of registrants. The document that guides and informs this assessment is the *Essential Competency Profile for Physiotherapists in Canada (2009)*. Information to help further clarify the interpretation and application of this document can be found on the CPTBC website. The essential competencies that will be assessed include the following (*the number in brackets refers to the competency listed in the Essential Competency Profile document*):

- 3.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes (1.1)
- 3.2 Collects assessment data relevant to the client's needs and physiotherapy practice (1.2)
- 3.3 Analyzes assessment findings (1.3)
- 3.4 Establishes a physiotherapy diagnosis and prognosis (1.4)
- 3.5 Develops and recommends an intervention strategy (1.5)
- 3.6 Implements intervention (1.6)
- 3.7 Evaluates the effectiveness of interventions (1.7)
- 3.8 Completes physiotherapy services (1.8)
- 3.9 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication (2.1)
- 3.10 Elicits, analyzes, records, applies, conveys and shares information (2.2)

- 3.11 Employs effective and appropriate verbal, nonverbal, written, and electronic communications (2.3)
- 3.12 Establishes and maintains interprofessional relationships which foster effective client-centered collaboration (3.1)
- 3.13 Collaborates with others to prevent, manage and resolve conflict (3.2)
- 3.14 Manages individual practice effectively (4.1)
- 3.15 Manages and supervises personnel involved in the delivery of physiotherapy services (4.2)
- 3.16 Participates in activities that contribute to safe and effective physiotherapy practice (4.3)
- 3.17 Works collaboratively to identify respond to and promote the health needs and concerns of individual clients, populations, and communities (5.1)
- 3.18 Uses a reflective approach to practice (6.1)
- 3.19 Incorporates lifelong learning and experiences into best practice (6.2)
- 3.20 Engages in scholarly inquiry (6.3)
- 3.21 Conducts self within legal/ethical requirements (7.1)
- 3.22 Respects the individuality and autonomy of the client (7.2)
- 3.23 Contributes to the development of the physiotherapy profession (7.3)

C. DISTRIBUTION OF CASES & QUESTIONS FOR REGISTRANT COMPETENCE ASSESSMENT

1. CASES - PHYSICAL THERAPY PRACTICE CONTEXT

Almost all (90% or more) of the cases and/or questions in the Registrant Competency Assessment will relate to/or be based within the registrant's specifically selected Physical Therapy Practice Contexts (one or two of FOUR).

2. QUESTIONS - REGULATORY CONTEXT

Each question, based in a regulatory context, will cover one of two areas:

2.1 Regulatory Topics

Approximately 35% (+/- 10%) of the cases and/or questions in the Registrant Competency Assessment will relate to regulatory topics.

2.2 Essential Competencies

Approximately 65% (+/- 10%) of the cases and/or questions in the Registrant Competency Assessment will relate to essential competencies.

APPENDIX A

DETAILED CONTENT OUTLINE FOR CPTBC BLUEPRINT

The examples of what may be included in the Annual Self Report (ASR) or Registrant Competence Assessment (RCA) assist in the development of the assessment tool and add to the information for registrants. Appendix A is a working inventory, and is updated under the supervision of the Quality Assurance Committee from time to time as needed.

1. Physical Therapy Practice Contexts

Examples of, and resources for, the physical therapy practice contexts are included in this section.

1.1 ADULTS – Musculoskeletal

EXAMPLES of ***client diagnoses and problems*** may include:

- Amputations
- Congenital malformations (e.g., talipes equinovarus, hip dysplasia)
- Degenerative joint disease
- Fasciitis, fascial tearing, myofascial restriction
- Fractures, dislocations, subluxations
- Inflammatory/infectious conditions of the neuromusculoskeletal system (e.g., osteomyelitis)
- Joint derangements/dysfunction (e.g., loose bodies, hypermobility, hypomobility)
- Ligament sprains/tears
- Mechanical spinal abnormalities (e.g., low back pain, scoliosis, postural dysfunction)
- Muscle contusions/strains/tears/weakness
- Nerve compression (e.g., Carpal Tunnel Syndrome, radiculopathy, spinal stenosis)
- Neural tissue dysfunction/neuro-dynamic dysfunction
- Osteoporosis/osteopenia
- Peripheral nerve injuries
- Scars
- Tendonopathy, tendon ruptures/tears, tendonosis
- Tumour/pathological fractures

1.2 ADULTS – Neuromuscular

EXAMPLES of *client diagnoses and problems* may include:

- Acquired brain injuries (TBI, Tumours, Anoxic Brain Damage)
- Altered level of consciousness (e.g., coma, seizures)
- Cerebellar disorders
- Cerebral vascular accident/transient ischemic attack
- Degenerative neurological/neuromuscular disorders (e.g., muscular dystrophies, amyotrophic lateral sclerosis, Parkinson's disease)
- Dementia, affective and cognitive disorders
- Demyelinating disorders (e.g., multiple sclerosis)
- Inflammatory/infectious conditions of nervous system (e.g., meningitis, Lyme disease)
- Neuropathies (e.g. peripheral neuropathies, complex regional pain syndrome)
- Non-progressive neurological conditions (Guillain Barré, Post-polio, cerebral palsy)
- Spinal cord injury
- Tumour
- Vestibular disorders

1.3 ADULTS – Cardiorespiratory

EXAMPLES of *client diagnoses and problems* may include:

- Adult respiratory distress syndrome (e.g., acute lung injury)
- Asthma
- Atelectasis (primary or post-operative/preventive)
- Chronic obstructive pulmonary disease (e.g., emphysema, chronic bronchitis, bronchiectasis)
- Cystic fibrosis
- Heart disease/malformation/injury (e.g., arteriosclerosis, blunt trauma, tamponade, aortic aneurysm)
- Heart failure, cor pulmonale
- Myocardial ischaemia and infarction (including surgical interventions)
- Peripheral arterial disease
- Pleural effusion
- Pneumonia (primary or post-operative/preventive)
- Pulmonary edema
- Restrictive pulmonary disease (e.g., fibrosis)
- Tuberculosis
- Tumour
- Venous disorders

1.4 Paediatrics (i.e. birth to 18 years)

Examples of **client diagnoses and problems** may include:

- Asthma
- Acute respiratory diagnoses
- Chronic disease impairments
- Congenital impairments (e.g. spina bifida)
- Developmental delay / children at risk for developmental delay
- Developmental/birth injuries (e.g., cerebral palsy, myelomeningocele, Erb's palsy)
- Infant respiratory distress syndrome (e.g., acute lung injury)
- Neuromotor impairments (e.g., cerebral palsy, traumatic brain injury, motor control disorders)
- Orthopaedic impairments (e.g., arthritic disorders)
- Progressive disorders (e.g., muscular dystrophy, cystic fibrosis)

2. Regulatory Topics

Examples of, and resources for, the regulatory topics are included in this section.

Regulatory Topics	Examples
1. Standard #1: Clinical Records	<ul style="list-style-type: none"> • Records patient/client information appropriately • Documents assessment, treatment plan and outcomes, and discharge summary
2. Standard #2: Electro-physical Agents	<ul style="list-style-type: none"> • Appropriately applies electrophysical agents • Knows contraindications for electrophysical agents • Maintains electrophysical agents
3. Standard #3: Assignment of Task to Physical Therapist Support Worker	<ul style="list-style-type: none"> • Assigns task appropriately (e.g., to support personnel) • Obtains appropriate consent for assignment of task • Supervises appropriately
4. Standard #4: Consent to Treatment	<ul style="list-style-type: none"> • Communicates risks, benefits and alternatives to patient/client • Obtains permission/authority to proceed • Patient/client and/or family acknowledges risks, benefits and alternatives • Substitute decision maker • Right to live at risk • Assessment of risk • Acknowledgement of risk by patient and/or family • Capacity issues • Consent re: support worker • Communication disorder (e.g., aphasia)
5. Standard #5: Spinal Manipulation	<ul style="list-style-type: none"> • Has appropriate qualifications before performing manipulation
6. Standard #6: Sexual Misconduct	<ul style="list-style-type: none"> • Knows appropriate professional conduct with clients • Knows professional and ethical boundaries as they pertain to patient-therapist relationship • Maintains personal boundaries in a professional relationship with a patient/client • Manages the power imbalance between the physical therapist and the patient/client
7. Standard #7: Infection	<ul style="list-style-type: none"> • Has knowledge of approach for immuno-compromised patients

Regulatory Topics	Examples
Control	<ul style="list-style-type: none"> • Uses appropriate procedures for patients / clients with MRSA, VRE, C-Difficile, open sores, and other infectious conditions
8. Standard #8: Conflict of Interest	<ul style="list-style-type: none"> • Gifts from patients/clients • Preferential treatment • Self-interest/business/family interest • Payment issues
9. Standard #9: Complementary and Alternative Therapies	<ul style="list-style-type: none"> • Knows own knowledge and skill boundaries • Offers conventional physical therapy treatment plan options in addition to complementary and alternative therapies • Ensure the patient/client is aware when the treatment option is considered a complementary and alternative therapy
10. Standard # 10: Dry Needling	<ul style="list-style-type: none"> • Appropriate application of needles • Knows contraindications for dry needling • Maintenance of needles and other related equipment
11. Standard #11: Draping for Patients/Clients	<ul style="list-style-type: none"> • Drapes patient appropriately • Manages assessment when patient does not have appropriate clothing • Manages situation with children appropriately
12. Standard #12: Assessment and Treatment of Patients/Clients with Intrapelvic conditions	<ul style="list-style-type: none"> • Need for ongoing informed consent and documentation • Appropriate examination room set-up, draping • Obtains informed consent prior to proceeding with an intrapelvic assessment and treatment • Advises the patient/client that he or she may have a third party of their choice present during the assessment and treatment
13. Standard #13: Use of Title and Credentials	<ul style="list-style-type: none"> • Uses title and credentials appropriately³
14. Advisory Statement: Concurrent Treatment Practices	<ul style="list-style-type: none"> • Uses appropriate communication to avoid duplication of service • Knows when and how to proceed when concurrent treatments for a patient/client occur either by another physical therapist or by another health care provider • Establishes the roles of treating health care providers by communicating clearly with the patient/client
15. Advisory Statement: Intrapelvic Assessment (in conjunction with Standard # 12)	<ul style="list-style-type: none"> • Is aware of how to provide the patient/client with autonomy and control when physical or sexual abuse is identified in the patient/client history (e.g., establish with patient the ability to withdraw consent at any time, ability to request presence of a third party) • Minimizes the potential for misunderstanding by communicating and documenting accurately • Has a third party present if the physical therapist has concerns regarding the patient's/client's understanding or psychological well being
16. Advisory Statement: Observation/Job Shadowing by a Non-Physical Therapy Student	<ul style="list-style-type: none"> • Is aware of limits and boundaries for inclusion of non-PT students (e.g., <i>patient privacy, need for confidentiality to be observed, signing of confidentiality agreement, consent first prior to introducing observers, consent for observation for each client encounter</i>)

³ Professional association membership is not a credential and must not be conveyed as such (e.g., MCPA = member of the Canadian Association of Physiotherapy). When providing patient care services, physical therapists holding a doctorate degree can not use the title Doctor or abbreviation Dr to precede their name, but can use the designation after their name (e.g., PhD).

Regulatory Topics	Examples
17. Advisory Statement: Conducting a Physical Therapy Practice	<ul style="list-style-type: none"> • Need to provide adequate space and privacy for conducting therapy • Need to ensure clinical records are stored securely with respect to privacy and safety concerns • Need to maintain equipment safety (physical modalities), adequate linens, and supplies in compliance with infection control standards, draping for patients • Maintains professional and ethical standards as they pertain to marketing/advertising • Ensures clear records of patient scheduling, attendance, invoicing • Written policies and procedures are available to orient new staff • Policies and procedures direct all staff as to the expectations for performance based on established guidelines and legal requirements
18. Advisory Statement: Ethical Guidelines for Research	<ul style="list-style-type: none"> • Knows the ethical standards by which research must abide • Reviews and follows the proper procedures for ethical conduct for research involving humans • Follows ethical guidelines established by employer/health authority
19. Advisory Statement: Preparation of Expert Opinion Reports	<ul style="list-style-type: none"> • Understands the three types of evidence: factual evidence, opinion evidence, and opinion upon opinion evidence • The first duty of an expert is to the court, not to the person who retained them as an expert witness
20. Advisory Statement: Reporting Abuse	<ul style="list-style-type: none"> • Understand legal requirements for reporting abuse of adults in BC • Understand legal requirements for reporting abuse or suspected abuse of a child or youth in BC
21. College Code of Ethics (By- Laws Part V, 55)	<ul style="list-style-type: none"> • Mandatory reporting • Concurrent treatments
22. Minimal Treatment Standards (By-Laws Part V, 56)	<ul style="list-style-type: none"> • Prior to initiating treatment, the physical therapist must complete a list of seven minimum requirements including obtaining a medical history, completing a physical examination, formulating a treatment plan, obtaining client consent and documentation, etc.
23. Health Records (By-Laws Part VI, 59, 60, 61)	<ul style="list-style-type: none"> • Patient/client access to records • Release of records to third parties
24. Boundary Issues	<ul style="list-style-type: none"> • Client-therapist relationship • Gifts (i.e. limits to) • Professional relationship not friendship • Dating (i.e. limits to) • Bias • Preferential treatment • Self-interest/business/family interest • Payment issues • Communication with patient in social context
25. Communication	<ul style="list-style-type: none"> • Collaboration with other professionals • Referral when out of scope • Referral to physician for reassessment • Managing difficult patients • Develop rapport with patient • Communication re: different expectations (patient/PT) • Patient education • Language barriers • Documentation
26. BC Health Professions Act: Scope of Practice	<ul style="list-style-type: none"> • Works within physical therapy scope

Regulatory Topics	Examples
27. BC Health Professions Act: Assignment	<ul style="list-style-type: none"> • Assigns treatment appropriately • Does <i>not</i> assign tasks that require assessment • Supervises at an appropriate interval for the patient condition and status
28. BC Privacy Laws: Personal Information Protection Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIPPA)	<ul style="list-style-type: none"> • Maintains confidentiality of information in different situations (e.g., parents asking for information, children asking for information on parents, school teachers asking for information, social requests for information, colleagues) • Understands circle of care and who can have information • Insurance adjusters • Worksafe BC
29. Appropriate Referral to Others re: needs of patient, personal competence	<ul style="list-style-type: none"> • Refers patient to appropriate professional when situation is out of personal or professional scope

3. Essential Competencies

Examples/sample of and resources for the essential competencies are found below.

Competency	Examples
1.1 Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes	<ul style="list-style-type: none"> • Takes an appropriate history prior to treatment
1.2 Collects assessment data relevant to the client's needs and physiotherapy practice	<ul style="list-style-type: none"> • Identifies relevant components of history for case • Obtains information from family or colleagues as required • Identifies relevant components of physical assessment for case • Uses appropriate outcome measures to assess and monitor progression
1.3 Analyzes assessment findings	<ul style="list-style-type: none"> • Recognizes complications • Recognizes red flags • Reassesses when status changes • Reassesses prior to treatment changes • Interprets x-ray findings • Interprets lab values • Recognizes reason for changes in patient condition • Knows special tests for conditions (e.g., specific ligamentous tests for ACL) • Correctly interprets common outcome measures
1.4 Establishes a physiotherapy diagnosis and prognosis	<ul style="list-style-type: none"> • Able to identify most likely diagnosis • Able to identify most likely differential diagnoses • Able to rule out conditions • Recognizes complications
1.5 Develops and recommends an intervention strategy	<ul style="list-style-type: none"> • Communicate with patient/parent/decision maker re: treatment • Modifies plan when weight bearing status changes • Selects appropriate treatment approach • Progresses treatment appropriately • Adapts treatment to patient circumstances • Selects appropriate exercises for patient • Selects appropriate electrotherapy modalities • Avoids contraindicated treatments/activities
1.6 Implements intervention	<ul style="list-style-type: none"> • Patient education strategies

Competency	Examples
1.7 Evaluates the effectiveness of interventions	<ul style="list-style-type: none"> • Reassesses as required • Uses and monitors common outcome measures • Reassess prior to changes treatment
1.8 Completes physiotherapy services	<ul style="list-style-type: none"> • Discharges when treatment no longer indicated • Creates appropriate return to work plan
2.1 Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication	<ul style="list-style-type: none"> • Consults and collaborates with other healthcare professionals involved in the care of the client with the best interest of the patient/client in mind
2.2 Elicits, analyzes, records, applies, conveys and shares information	<ul style="list-style-type: none"> • Records accurately • Records with clarity • Maintains privacy of patient information • Access to records • Supervises student records • Records changes in treatment/patient status • Records appropriately re: support personnel • Supervises support personnel records
2.3 Employs effective and appropriate verbal, nonverbal, written, and electronic communications	<ul style="list-style-type: none"> • Uses open ended questions • Discusses treatment plan with patient • Discusses goals with patient • Works to clarify appropriate goals in the face of unrealistic patient expectations • Professional written communications • Communicates with family as required • Deals with non-compliant patients • Provides follow-up reports to physicians • Communicates with other professionals
3.1 Establishes and maintains interprofessional relationships, which foster effective client-centered collaboration.	<ul style="list-style-type: none"> • Provides follow-up reports to physicians • Communicates with other professionals • Refer to others when issues are outside of personal or professional scope • Maintains peer interaction in remote areas • Clarifies orders with physicians as required • Appropriate use of title and credentials
3.2 Collaborates with others to prevent, manage and resolve conflict.	<ul style="list-style-type: none"> • Works with other team members when handling a “difficult” patient • Respects the roles and contributions of other team members/professions, respecting their autonomy and processes • Conducts self in a professional manner using effective communication skills
4.1 Manages individual practice effectively	<ul style="list-style-type: none"> • Individual responsibility • Workforce demands • Prioritization of care • Autonomy of practice • Understanding of standards • Scope of practice/competence • Fitness to practice: physical, mental, psychosocial • Professional misconduct
4.2 Manages and supervises personnel involved in the delivery of physiotherapy services.	<ul style="list-style-type: none"> • Rehab assistants • PT assistants and other PT support workers • Recreation therapists • Community health workers
4.3 Participates in activities that contribute to safe and effective physiotherapy practice.	<ul style="list-style-type: none"> • Health Canada alerts • Clinic maintenance

Competency	Examples
	<ul style="list-style-type: none"> • Infection control
5.1 Works collaboratively to identify, respond to and promote the health needs and concerns of individual clients, populations, and communities.	<ul style="list-style-type: none"> • Communicates with parents re: expectations vs. child expectations • Client/patient-centered care
6.1 Uses a reflective approach to practice.	<ul style="list-style-type: none"> • Regularly reflects on areas of practice requiring attention • Seeks means to improve knowledge and skills of practice
6.2 Incorporates lifelong learning and experiences into best practice.	<ul style="list-style-type: none"> • Tracks learning needs • Identifies and manages risks and supports to own competence
6.3 Engages in scholarly inquiry.	<ul style="list-style-type: none"> • Regularly seeks literature and research to support practice
7.1 Conducts self within legal/ethical requirements.	<ul style="list-style-type: none"> • Ethical billing standards and policies for cancellations and no shows • Ethical marketing to the public • Follows ethical and legal standards of practice
7.2 Respects the individuality and autonomy of the client	<ul style="list-style-type: none"> • Discontinue treatment when requested by patient • Can not refuse to treat (e.g. human rights) • Quality of care • Continued care • Conflict of personal values vs. need for care
7.3 Contributes to the development of the physiotherapy profession	<ul style="list-style-type: none"> • Participation in clinical placement with PT students, supervision of interim registrants • Engages in self development • Maintains interest in profession • Has knowledge of changes to profession and professional practices