



RE-ENTRY CANDIDATE INFORMATION

COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA
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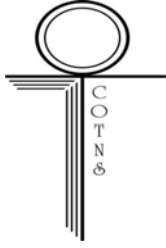


STEP BY STEP PROCESS FOR RE-ENTRY CANDIDATES

1. Individuals self-identify, or are identified by the Registrar, as not meeting currency hour requirements.
2. If the Registrar identifies an individual as not meeting currency hour requirements, the Registrar informs the individual, via telephone, email, or letter, asking them to confirm their currency hours in writing.
3. Whether an individual self-identifies or is identified by the Registrar, they will reply to the Registrar in writing, confirming their currency hour status.
4. Registrar notifies the individual that they do not meet COTNS currency hour requirements and outlines the specific requirements for their re-entry program (number of supervised practice hours required, CAOT exam required, additional items required).
5. Candidate obtains malpractice liability insurance.
6. Registrar sends candidate re-entry program application and registration package.
7. Candidate completes re-entry program application (including their proposal for completion of the program that identifies a supervisor for the required practice hours) and registration application. Candidate may contact Dalhousie University School of Occupational Therapy Regional Fieldwork Coordinator to arrange supervised practice. Practice Committee reviews the candidate's application. If the Committee approves the application, they pass their recommendation onto the Board for final approval. However, if they are not satisfied with the application, they may recommend changes prior to sending it for Board approval.
8. Once Board approval has been granted, the candidate is registered on the defined register and can use the title OT Reg (NS) Candidate.
9. Registrar informs the candidate in writing that their application has been approved. Registrar also sends a letter of acknowledgement to the clinical director at the identified fieldwork site(s) and to the candidate's peer advisor.
10. Candidate is now engaged in the re-entry program.
11. Candidate is provided with a Continuing Competency Portfolio.
12. Candidate develops their learning contract and presents it to their supervisor.
13. Candidate establishes and maintains their Continuing Competency Portfolio.
14. Candidate completes all required reading prior to beginning the supervised practice hours.
15. Candidate maintains a reading log of required and supplementary reading throughout the re-entry program.
16. Candidate completes supervised practice hours and evaluation.
17. Candidate engages in at least 16 hours of continuing professional development.
18. Candidate obtains two letters of support from registered occupational therapists.

STEP BY STEP PROCESS FOR RE-ENTRY CANDIDATES (CONT'D.)

19. Candidate presents their continuing competency portfolio, letters of support, reading log, evidence of continuing professional development and evaluation of supervised practice to the Registrar for approval.
20. If satisfied, the Registrar will approve the candidate's successful completion of the re-entry program and present his/her findings to the Board.
21. Once Board approval is received, the Registrar places the candidate on the practicing register and grants the candidate a full license. The Registrar informs the candidate of the decision in writing.
22. Candidate's currency hours is considered current for 18 months after the completion of the re-entry program.
23. Candidate has 18 months to establish currency of 1200 hours.
24. Candidate's file is reviewed at the subsequent annual registration renewal.



COTNS RE-ENTRY PROGRAM REQUIREMENTS

Those individuals requiring a re-entry program from the COTNS must complete the following:

- Supervised practice
- Reading log for required and supplemental readings
- At least 16 hours of Continuing Professional Development (outside of supervised practice)
- Obtain two letters of support at the end of supervised practice from registered occupational therapists
- Establish and maintain continuing competency portfolio

SUPERVISED PRACTICE

Supervised practice can be completed in any of the following settings; clinical, research, teaching, management or any other setting where the individual uses their occupational therapy skills and knowledge. Candidates should have established a clear professional aim for their re-entry (i.e. the area of practice for re-entry should reflect their goal for employment). Additionally, occupational therapists should be responsible to identify their scope of practice and set learning objectives or develop a plan to change their scope of practice.

Candidates may contact Dalhousie School of Occupational Therapy Regional Fieldwork Coordinator to arrange supervised practice.

Method of Evaluation

The Competency Based Fieldwork Evaluation for Occupational Therapists (CBFE-OT) will be used as the primary evaluation tool for individuals involved in the COTNS re-entry program. The competency level of the re-entry candidate must be that of an entry-level MScOT graduate in Occu6222 (the final full-time fieldwork experience at Dalhousie University). The CBFE-OT is an appropriate evaluation tool for those candidates completing supervised practice in non-clinical practice settings such as administration, research, teaching, etc.

There is a cost of \$60 per CBFEOT that is charged to all individuals engaged in fieldwork through the Dalhousie School of Occupational Therapy.

COTNS RE-ENTRY PROGRAM REQUIREMENTS (CONT'D)

READING LOG

Re-entry candidates must keep a reading log of required and supplemental readings to refresh their knowledge base. This reading log should be kept in their continuing competency portfolio and should be shared and discussed with their practice supervisor.

CONTINUING PROFESSIONAL DEVELOPMENT

At least 16 hours of continuing professional development must be completed throughout the re-entry program. These hours are not to be included in supervised practice hours, although it may take place in that practice setting. Continuing Professional Development may include:

- in-services
- workshops
- on-site courses, seminars & workshops
- on-line courses & seminars

Continuing Professional Development must be related to the practice of occupational therapy and must be included as part of the re-entry candidate's proposal package and documented using the Continuing Competency Portfolio.

LETTERS OF SUPPORT

Two letters of support for re-entry to the profession of Occupational Therapy must be provided to the College of Occupational Therapists of Nova Scotia at the end of the candidate's re-entry program (after supervised practice is complete). These letters of support must be from registered occupational therapists. The letters of support should make specific reference to the Code of Ethics and the Essential Competencies of Practice.

CONTINUING COMPETENCY PORTFOLIO

The continuing competency portfolio, including instructions, will be provided to the candidate as soon as their re-entry proposal is approved by the Practice Committee. The candidate must establish and maintain their portfolio throughout the re-entry process, including the use of the Professional Development Plan.



RE-ENTRY PROGRAM - RESPONSIBILITIES

Responsibilities of the Candidate

The re-entry candidate is responsible for:

1. Submitting the re-entry program application and registration application, including required documentation, to the College;
2. Updating professional knowledge using the reading lists provided and submitting a dated logbook of all required and recommended reading completed;
3. Contacting the desired facility or work place to arrange the re-entry period and make arrangements regarding time, place and content of supervised practice;
4. Submitting a proposal for completing the re-entry program to the COTNS Board of Directors and the Practice Committee for approval, including a letter from each facility confirming dates and practice areas;
5. Maintaining a record of hours worked, which must be validated by supervising therapist;
6. Ensuring completion of midterm and final performance evaluation and submitting copies of these to the Registrar;
7. Contacting the Peer Advisor regularly or as needed;
8. Reporting any difficulties with the re-entry process to the Chair of the Practice Committee or the COTNS Designate Contact Person;
9. Performing at an equivalent level of an entry level therapist in accordance with the *Occupational Therapists' Act* and By-Laws, Code of Ethics, and Standards of Practice.
10. Completing the Candidate Evaluation of the Re-entry Program.

Responsibilities of the Supervising Therapist

The supervising therapist will be responsible for:

1. Orienting the candidate to the workplace environment and the practice of occupational therapy at the designated facility;
2. Assisting the candidate in developing a network of relevant contacts both within and outside the profession;
3. Weekly one on one meeting to review performance, or more frequently if deemed appropriate by both the supervising therapist and the candidate;
4. Being available consistently, or making alternate arrangements for supervision if unavailable for a period of time;
5. Providing a level of coaching/supervision equivalent to a level that would be expected of a 2nd year Masters occupational therapy student;
6. Completing both midterm and final evaluations in a timely manner with the candidate, and submitting directly to COTNS;
7. Notifying the Chair of the Practice Committee or the COTNS Designated Contact Person if major concerns arise regarding the candidate's performance, prior to the end of the placement.
8. Completing the Facility Evaluation of the Re-entry Program

It is understood that the supervising therapist may change when the re-entry candidate switches to another area of clinical practice. Therefore, one therapist may complete the mid-term evaluation and another therapist may complete the final evaluation.

Responsibilities of the Occupational Therapy Administration

It is expected that the occupational therapy Director or Manager will be responsible for:

1. Liaising with the candidate in the selection of a registered occupational therapist who is prepared to take on the role of the supervising therapist;
2. Communicating the role and scope of practice, within the context of supervision, the candidate will be expected to undertake;
3. Communicating the mission and objectives of the facility to the candidate;
4. If available, providing for any stipend allowance that may be allotted to the candidate (It is NOT expected that the candidate receives remuneration as he/she cannot be “employed” as an occupational therapist);
5. Writing a letter to the Registrar confirming the Re-entry program arrangement;
6. Ensuring that the candidate is in possession of liability insurance.

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Responsibilities of COTNS

The Registrar will:

1. Upon receipt of request to complete re-entry, mail out the New Applicant/Re-entry Application Form with the Re-entry Program Package.
2. Upon approval of written proposal will provide the supervising therapist/facility with relevant re-entry package materials, copies of evaluation forms to be used and facility evaluation of Refresher Education Process. When is this being done

The Practice Committee will:

1. Review and update re-entry program package on regular basis.
2. Provide re-entry candidate with a list of peer advisors if requested.
3. Review written proposals for re-entry and submit to COTNS Board for approval.
4. Provide a contact person for the candidate and the facility. This person is responsible for maintaining regular communication with the candidate and supervising therapist/facility and will record all formal contacts made with either candidate, supervising therapist or facility.

The COTNS Board of Directors will:

1. Approve proposals submitted by candidates and notify candidates in writing of this decision.
2. Review Registrar's recommendations based on the Evaluation Reports and make final decision regarding the candidate's successful completion of the Re-entry Program.
3. Provide candidate with written notification of successful completion of Re-entry Program.

Responsibilities of the Peer Advisor

The Peer Advisor is separate from the supervising therapist and will be responsible for:

1. Providing support and acting as a mentor during the re-entry period.
2. Providing guidance on clinical and professional issues.
3. Orienting to local occupational therapy resources.



GUIDELINES FOR FACILITY SELECTION

1. The facility must employ a registered occupational therapist who will supervise the candidate's re-entry program.
2. The administration of the facility must be aware of the candidate's involvement with occupational therapy clients and must possess adequate insurance coverage, given the candidate's supervision by a registered occupational therapist.
3. The facility must use the clinical fieldwork form developed for students at the School of Occupational Therapy at Dalhousie University, or other form provided by the College for evaluation.
4. The facility must be able to provide supervision by a registered occupational therapist at all times while the candidate is on-site.



REQUIRED READING

The Occupational Therapists Act of Nova Scotia, 1998, c.21

Professional Corporations Regulations (1999)

Registration Regulations (1999)

General Regulations (1999)

The Essential Competencies of Practice

Profile of Occupational Therapy

CAOT Code of Ethics

COTNS Practice Guidelines

Canadian Association of Occupational Therapists (1997). Enabling Occupation: An occupational therapy perspective. Ottawa, ON: CAOT Publications ACE.

Cara, E. & MacRae, A. (2005). *Psychosocial Occupational Therapy: A Clinical Practice*, 3rd Edition. Thompson Delmar Learning: Clifton Park, New York.

Atchison, B. & Dirette, D. (Eds.). (2006). *Conditions in occupational therapy: Effect on occupational performance* (3rd ed.). Baltimore, MD: Lippincott Williams and Wilkins.

Anatomy & Physiology text with CD-ROM

- **The Anatomy & Physiology Learning System – Text and Study Guide Package (Paperback)** by Edith J. Applegate
- **Anatomy & Physiology Online for the Human Body in Health & Disease (Text, User Guide and Access Code Package)** (Paperback) by Gary A. Thibodeau (Author), Linda Swisher (Author)

SUPPLEMENTAL READING

A. PROFESSIONAL KNOWLEDGE - OCCUPATIONAL THERAPY

Bair, J. & Gray, M. (1992). *The occupational therapy manager*. Rockville, MD: American Occupational Therapy Association.

Bonder, B. (2004). *Psychopathology and function: A guide for occupational therapists* (3rd Ed.). Thorofare, NJ: Slack Inc.

Bruce, M.A. & Borg, B. (2002). *Psychosocial frames of reference: Core for occupation-based practice* (3rd Ed.). Thorofare, NJ: Slack Inc.

Canadian Association of Occupational Therapists. (1998). *Occupational therapy guidelines for client-centered practice*. Toronto, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists. (2002). *Profile of occupational therapy practice in Canada* (2nd Ed.). Ottawa, ON: CAOT Publications ACE.

Christiansen, C.A. & Baum, C. (1991). *Occupational therapy: Overcoming human performance defects*. Thorofare, NJ: Slack Inc.

Crepeau, E.B, Cohn, E.S. & Boyt Schell, B.A. (2003). *Willard and Spackman's occupational therapy* (10th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Hemphill, B.J. (1988). *Mental health assessment in occupational therapy: An integrated approach to the evaluative process*. Thorofare, J: Slack Inc.

Kielhofner, G. (Ed). (2002). *A model of human occupational: Theory and application*. Baltimore, MD: Williams & Wilkins.

Law, M., Baptiste, S., Carswell, A., McColl, M.A., Poltajko, H., & Pollock, N. (1994). *Canadian occupational performance measure*. (3nd Ed.). Toronto, ON: CAOT Publications ACE.

Management Information Systems (1989). *Guidelines for management information systems in Canadian health care facilities: Diagnostic and therapeutic services - occupational therapy*. Ottawa, ON: Author.

Mosey, A.C. (1986). *The psychosocial components of occupational therapy*. New York, NY: Raven Press Books, Ltd.

February 19, 2008

Pendleton, H., & Krohn, W.S. (2006) *Pedretti's occupational therapy: Practice skills for physical dysfunction* (6th Ed.). St. Louis, MO: C.V. Mosby Company.

Posthuma, B.W. (2001). *Small groups in therapy settings: Process and leadership* (4th Ed.). Toronto, ON: Pearson Education Canada.

Pratt, P.N. & Allen, A.S. (1989). *Occupational therapy for children* (2nd Ed.). St. Louis, MO: C.V. Mosby Company.

Trombly, C.A. & Radomski, M.V. (2006). *Occupational therapy for physical dysfunction* (6th Ed.). NY: Lippincott Williams & Wilkins.

Van Deusen and Brunt (1997). *Assessment in occupational therapy and physical therapy*. Saunders.

Suggestion

Cara, E. & MacRae, A. (2004). *Psychosocial occupational therapy: A clinical practice*. New York, NY: Thompson Nelson.

Case-Smith, J. (Ed). (2005). *Occupational Therapy for Children* (5th Ed.). St. Louis, MO: MOSBY.

B. BIOMEDICAL/HEALTH SCIENCES

Review any one undergraduate textbook in English or French which covers the basic content in the following areas such as the examples listed:

ANATOMY

Hollingshead, W.H. & Rosse, C. (2003). *Textbook of anatomy* (5th Ed.). Philadelphia, PA: Harper & Row, Publishers, Inc.

Woodburne, R.T. & Burkel, W.E. (1988). *Essentials of human anatomy* (9th Ed.). New York, NY: Oxford University Press.

NEUROANATOMY/NEUROPHYSIOLOGY

Barr, M.L. & Kieman, J.A. (2004). *The human nervous system* (5th Ed.). Philadelphia, PA: J.B. Lippincott Company.

Chusid, J.G. (1985). *Correlative neuroanatomy and functional neurology* (19th Ed.).

Guyton, A.C. (1991). *Basic neuroscience: Anatomy and physiology* (2nd Ed.). Philadelphia, PA: W.B. Saunders Company.

PSYCHIATRY

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. DSM IV-TR (4th Ed.). Washington, DC: Author.

Kaplan, H.I. & Sadock, B. (2002). *Synopsis of psychiatry* (9th Ed.). Baltimore, MD: Williams & Wilkins.

Waldingr, R.J. (1990). *Psychiatry for medical students* (3rd Ed.).

MEDICINE AND SURGERY

Jarrell, B.E. (Ed.). (2008). *Medicine: National medical series for independent study*. Baltimore, MD: Williams and Wilkins.

Meyers, A.R. (Ed.). (no date). *Medicine: National medical series for independent study* (5th Ed.). New York, NY: John Wiley & Sons Inc.

Salter, R.B. (2000+). *Textbook of disorders and injuries of the musculoskeletal system* (3rd Ed.). Baltimore, MD: Williams & Wilkins.

C. SOCIAL SCIENCES

Berger, K.S. (2005). *The developing person through the life span* (6th Ed.). New York, NY: Worth Publishers Inc.

Craig, G.J. & Dunn, W. (2007). *Understanding human development*. Upper Saddle River, NJ: Prentice Hall Inc.

Seifert, K., Hoffnung, R., & Hoffnung, M. (2000). *Life-span development* (2nd Ed.). Boston, MA: Houghton Mifflin Company.

D. APPLIED RESEARCH AND EVALUATIVE SCIENCES

Bailey, D.M. (1997). *Research for the Health Professional: A Practical Guide*.

Hicks, C.M. (2004). *Research methods for clinical therapists: Applied project design and analysis*.

As a companion to “Enabling Occupation” - Fearing and Clark’s (2000). *Individuals in context*. Slack.

Payton, O.D. (1998). *Research: The validation of clinical practice* (2nd Ed.). Philadelphia, PA: F.A. Davis Company.

RE-ENTRY PROGRAM

CANADIAN EVALUATION

1. Please rate the overall usefulness of the different components of the re-entry package using the following rating scale (please circle one):

- 1 = Not useful
- 2 = Somewhat useful
- 3 = Very useful
- 4 = Extremely useful

A. Step by Step Process for Re-entry Candidates

1 2 3 4

Comments:

B. Information on Program requirements

1 2 3 4

Comments:

C. Outline of the Responsibilities of the candidate, COTNS Board, Supervising therapist, Facility Administration, and peer advisor

1 2 3 4

Comments:

D. Guidelines for Facility Selection

1 2 3 4

Comments:

B. Peer Advisor/Resource List (If Provided)

1 2 3 4

Comments:

2. Please rate (please circle one) the educational benefit of the following aspects of the program where:

- 1= Not beneficial
- 2= Somewhat beneficial
- 3= Very Beneficial
- 4= Extremely Beneficial

A. Reading List

1 2 3 4

Comments:

B. Clinical Experience

1 2 3 4

Comments:

C. Feedback & Evaluation

1 2 3 4

Comments:

3. GENERAL COMMENTS:

Please state what you felt were the positive aspects of the program.

Please state if there was anything about the program you felt could be improved.

Do you have any suggestions for change?
