

# Update CPTBC

Summer 2007 • Volume 8 Issue 2

## NOTICE OF REGISTRATION FEE INCREASE FOR 2008

See page 3 for further information

### COLLEGE BOARD OF DIRECTORS 2007-2008

- Margaret Harris - Elected Registrant and Board Chair
- Victor Brittain - Elected Registrant and Board Vice-Chair
- Roy Emperingham - Appointed Public Representative
- Garrett Gabriel - Elected Registrant
- Jeffrey Garrett - Elected Registrant
- Jason Giesbrecht – Elected Registrant
- Gurpreet Rai – Appointed Public Representative
- Christa Robertson – Student Representative
- Anne Scott - Elected Registrant
- John Zimmer - Appointed Public Representative

## REGISTRAR'S REPORT

### ANNUAL GENERAL MEETING

The Annual General Meeting (AGM) was held on April 28, 2007 at the Radisson President Hotels & Suites, Richmond, British Columbia. There were 47 members in attendance carrying 33 proxies; therefore a quorum of registrants was not present as required under section 4(1) of the College Bylaws.

The Board Chair, Margaret Harris, welcomed the registrants and the following guests to the meeting:

- Ms. Brenda Loveridge, Interim Director, School of Rehabilitation Sciences, University of British Columbia
- Mr. Brian Riemer, President, Physiotherapy Association of British Columbia

The business meeting was short with the Chair's report, committee reports and the 2006 financial statements received and placed on file. Margaret Harris was elected for a third two-year term and Jeffrey Garrett was elected for a second two-year term to the Board of Directors. Jason Giesbrecht (see biography below) was elected to the Board of Directors for a two-year term.

### COLLEGE RECOGNITION AWARDS

Recognition awards were presented to the following volunteers for serving on the Board and/or committees:

- Jane Cole: Board member from May 28, 2005 to August 16, 2006
- Sara Falkner: Student Representative to the Board from November 20, 2004 to October 31, 2006
- Terry Fedorkiw: Board member from September 9, 2006 to April 28, 2007
- Wren Montgomery: appointed Board member from May 19, 2004 to May 18, 2007
- Neil Pearson: Continuing Competence Sub-Committee member from November 20, 2004 to November 19, 2006

The AGM was followed by a College hosted luncheon to which all registrants and guests were invited.

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## INSERTS

- CBI Physiotherapy Centre
- Practice Standard No. 4  
Consent to Treatment
- Fraser Health Authority

## BIOGRAPHIES – NEW BOARD MEMBERS

### Jason Giesbrecht

Originally from southern Saskatchewan, Jason Giesbrecht attended the University of Saskatchewan in Saskatoon where he received a Bachelor of Arts in Psychology and a Bachelor of Science in Physical Therapy. Jason was employed in a private practice for five years before returning to the public healthcare system where he worked in acute, residential, and community rehabilitation programs. While employed in Saskatchewan, Jason became a senior physical therapist and later progressed to become the regional manager of Rehabilitation Services for the health authority. In 2000, Jason attended the University of Alberta where he completed his Master of Science in Physical Therapy degree in the Department of Rehabilitation Medicine. Currently, Jason is the Director of Rehabilitation Services for the East Kootenay Health Services Area of Interior Health in the southern interior of British Columbia. He is responsible for operational, clinical, and administrative aspects of all rehabilitation service programs delivered throughout the health service area. Jason is a proven leader in rehabilitation and has continuously demonstrated a rigorous commitment to innovation and evolution in physical therapy practice.

### Roy Emperingham

Roy Emperingham (BA, MPA, CHRP) is a recognized leader in human resources, labor relations and issue management. During a career with the Canadian Provincial Government of British Columbia, Mr. Emperingham served as the Executive Director with BC Public Sector Employers Secretariat and Executive Director of Corporate Services with the BC Ministry of Education as well as numerous positions in staff & line Ministries and central agencies in program management and advisory positions. Mr. Emperingham, through his company 2nd Quadrant Solutions Limited, strategically manages issues for government, national and international clients. As a consultant he has acted as the Executive Director -Strategic Alliances & Business Development for WCG International Limited. His current assignments include Corporate Account Executive for the Conference Board of Canada, Axia Interactive Media and Malatest and Associates. His international consulting has included providing advice and assistance to both government and non-government organizations in Hong Kong, Sri Lanka and Thailand.

He has been a government appointed Board member with the Post Secondary Employers Association, the Community Social Services Employers Association and the Association of Professional Engineers and Geoscientists. He is involved in a number of community based charitable organizations.

He is married to Sonya with one son – Ryan and lives in the Greater Victoria area.

## COMINGS AND GOINGS

**The College welcomes two new staff members - AMY GUAN and CARLYNE MASSINCAUD and says good-bye to ARLENE GLORIA.**

### Amy Guan

Amy Guan joined the College as an administrative assistant on May 1, 2007. Amy graduated from the Canadian Tourism College in 1998 with a Diploma in Travel and Tourism. Amy worked as a group coordinator assistant with Rocky Mountaineer Vacations as well as a pay clerk with Statistics Canada before joining the College. Amy is originally from China and immigrated to Canada in 1982.

Amy administratively supports the complaints and the professional practice programs. She can be reached at amy\_guan@cptbc.org or 604-730-9193 during regular office hours.

### Carlyne Massincaud

Carlyne Massincaud joined the College staff as an administrative assistant for corporate affairs on May 28, 2007. Carlyne graduated from Sprott-Shaw Community College in Vancouver in 2005 with an Administrative Assistant diploma and a Legal Secretary diploma. She then took a year off to travel to Europe, Mexico and the United States as well as the Dominican Republic. Carlyne is originally from Montreal, Quebec and moved to British Columbia in 1994.

Carlyne can be reached at carlyne\_massincaud@cptbc.org or 604-730-9193 during regular office hours.

### Arlene Gloria

It is with regret that the College accepted Arlene Gloria's resignation from her position as administrative assistant. Arlene started her employment with the College in October 2000 and provided support to various committees and the Board during the past six and a half years. Arlene left the College to take an executive assistant position with Deloitte & Touche. We wish Arlene all the best and thank her for her years of service.

### Wren Montgomery

It is with regret that the Board accepted Wren's decision not to accept a Ministry of Health reappointment to the College Board. Wren was initially appointed to the Board as a public member in May 2004. Her valuable contributions to Board discussions will be greatly missed. However Wren has agreed to continue to serve on the Patient Relations Committee.

### Roy Emperingham

It is with pleasure that the Board announces the Ministry of Health appointment of Mr. Roy Emperingham to the Board of Directors for a one year term effective May 31, 2007. Roy's biography can be found under "BIOGRAPHIES – NEW BOARD MEMBERS".

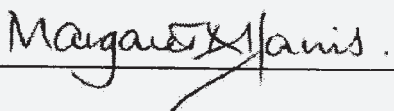
## NOTICE OF FEE INCREASE for 2008

Please be advised that the Board of Directors of the College has approved a fee increase for 2008. The registration fee will be increased from \$300.00 to \$350.00 for full, interim and limited registrants effective January 2008. The late fee charge will be increased to \$70.00 [20% of the renewal fee as per bylaw 44(6)] and the reinstatement fee will be increase to \$122.50 [35% of the renewal as per bylaw 44(7)(c)].

This increase is required to continue the work that is being done on the Quality Assurance Program and meet the ongoing expenses of the College.

A survey of fees for Physical Therapy Regulatory organizations in other Canadian jurisdictions indicates a range of fees between \$200.00 in Prince Edward Island to \$600.00 in Ontario. Most other provinces are in the \$350.00 range. Closer to home the College of Occupational Therapist of British Columbia charge \$350.00 annually, the College of Dietitians of BC charge \$500.00 and the College of Registered Nurses charge \$340.00 plus GST.

Sincerely,



**Margaret Harris**  
*Chair, Board of Directors, CPTBC*

## JOINT INITIATIVES COMMITTEE (CPTBC and PABC) AGM EDUCATION SESSION

In conjunction with the College AGM, the Joint Initiative Committee presented an education session on Working with Physical Therapist Assistants (PTA). The session included a discussion with a four member panel which gave registrants in the audience a chance to ask questions. The panel members included registrants Ms. Nancy Cho, Mr. Victor Brittain, Mr. Jeff Garrett and lawyer Mr. Anthony Tobin from Tobin and Associates. The goal of the two hour education session was to generate discussion on appropriate use of PTAs, and to highlight practice challenges, lessons learned, regulatory issues, and what has worked well in practice where PTAs are involved.

One of the questions posed during the discussion period addressed the choice of the wording in Practice Standard No. 3 on Assignment of Task to a Physical Therapist Support Worker which states that support workers must not be assigned tasks involving "assessment". The panel pointed out that the word assessment implies the use of a physical therapist's clinical judgment and clinical interpretation, and should not be used to describe tasks carried out by a PTA. The panel suggested that more accurate words to describe a task assigned to a PTA might include: observing, monitoring and reporting.

When discussing the wide variety of practice settings and employment settings of physical therapists and PTAs, it was clear that physical therapists are concerned about liability issues. The panel pointed out that this highlights the importance of drafting a clear agreement on roles and responsibilities at the outset of a working relationship in order to clarify the limits of the relationship, supervision requirements, and assignment of task details between the physical therapist and the PTA.

The education session was recorded with the intention of audiocasting the session. Unfortunately, the audiocast only successfully captured the last 30 minutes of the two hour presentation. For those interested in listening to the audiocast please visit: <http://bcphysio.org/data/upload/news/PTA%20Seminar%20Q&A.mp3>

If you have any questions about the audiocast, or the education session, please contact the College Practice Advisor, Susan Paul, by calling 604 730 9193.

## DID YOU COMPLETE THE CLINICAL MASTER'S SURVEY? IF NOT, WE STILL NEED YOUR RESPONSE.

Your help is needed to get an accurate impression of the career plans, current practice, interest and barriers to participate in a clinical master's program in physiotherapy at UBC. The questionnaire takes approximately 6-7 minutes to complete and all responses are confidential. Regardless of your plans to participate/not participate in this type of degree – we still need your input.

Please go to:

[www.pt.med.ubc.ca](http://www.pt.med.ubc.ca)

Choose 'Clinical Masters Survey' from the 'Research' Tab

OR

The URL is:

[http://www.pt.med.ubc.ca/\\_shared/assets/Clinical\\_Masters\\_Survey3419.pdf](http://www.pt.med.ubc.ca/_shared/assets/Clinical_Masters_Survey3419.pdf)

\*\*when you type this in ensure there are 2 underscores before 'shared' and 1 underscore before 'Masters' and 'Survey'\*\*

Please download the survey, complete it and return it by fax or mail ASAP – before September 30, 2007.

## THE CANADIAN ALLIANCE OF PHYSIOTHERAPY REGULATORS (THE ALLIANCE) RECOGNITION AWARDS

The Alliance Annual General Meeting was held in May in Vancouver. At the meeting the following British Columbia registrants were honored for their contribution to the work of the Alliance:

- **Nancy Cho** for her work with the Examination Advisory Group
- **Sue Murphy** for her work with the Credential Review Committee
- **Margaret Warcup** for her three terms as president of the Alliance Board of Directors

In addition to her recognition award **Paul Castonguay**, president of the Alliance, presented **Margaret Warcup** with the **Beth Maloney Award**.

### Beth Maloney Award

*The Beth Maloney Memorial Award was established in 2000 in memory of Beth Maloney. Beth was the first Registrar of the College of Physical Therapists of British Columbia and a past president of the Physiotherapy Association of British Columbia. She was actively involved in the formation of The Alliance and contributed significantly to the development of the regulatory community in Canada. Beth's untimely death in 1999 reminds us that our actions and words leave a mark on those we touch as we pass through.*

*The intent of the award is to recognize the contribution of a member of the physiotherapy regulatory community who has made an outstanding contribution to physiotherapy regulation, exemplifies professionalism, a demonstrated commitment to public interest values and ethical conduct and, best practice in regulatory conduct as was espoused in Beth Maloney.*

### Excerpt from the presentation given by Mr. Paul Castonguay at the Alliance AGM

Margaret Warcup has been involved in regulation for over 20 years, first at the provincial level with the Association of Physiotherapists and Massage Practitioners of British Columbia and the College of Physical Therapists of British Columbia; and then nationally with the Alliance. Margaret is always ready to volunteer her time, rarely, if ever, says 'no' to a request to participate in a project and is always willing to take a leadership role when necessary. Margaret has a keen interest in quality assurance and is an avid reader.

Margaret's interest in regulation and a national vision for physical therapy put her in a position to lead the Alliance as its chair for four years. Her vision to recognize excellence in regulation led to the creation of the Beth Maloney Memorial Award in 2000.

## COMMITTEE REPORTS

### REGISTRATION REPORT

#### A message to potential employers and supervisors of Interim Registrants

Interim registration is a registration category under the College Bylaws that allows new graduates and recently credentialed internationally educated applicants to practice physical therapy in B.C. under general supervision of a full registrant while in the process of completing the Physiotherapy Competency Examination (PCE).

Applicants who undertook either component of the examination in another province, were unsuccessful, are now registered to sit the examination in British Columbia and are seeking employment in this province will be required to submit, in addition to the standard application package, a letter of request, a study plan, and an enhanced supervision plan. In addition, the applicants are required to have 50% direct supervision. Direct supervision is defined as personal intervention and/or observation by the supervising physical therapist for at least 50% of the time that the interim registrant is working and for the remainder of the time must be accessible through telecommunications. The supervising physical therapist must complete regular caseload reviews with the interim registrant to monitor client management and adherence to standards.

Applications will be reviewed at the Registration Committee in-person monthly meetings and the Committee will consider applications on a case-by-case basis. Therefore please allow for approximately 4 to 6 weeks processing time once a complete registration application package has been received at the College office.

Please contact the College Deputy Registrar, Ann Lo, if you require more information.

### INCORPORATION REPORT

A physical therapy corporation must, subject to section 42(1) of the *Health Professions Act* hold a valid permit with the College of Physical Therapists of British Columbia to carry on the business of providing physical therapy services to the public.

Section 62(2) of the College Bylaws specifies that a name for a health profession corporation must consist of the registrant's given name (first name, middle name(s), last name, alone or in combination), or if more than one individual, their given names, followed by the words "physiotherapist corporation", "physiotherapist corp.", "physical therapist corporation", or "physical therapist corp." Before you apply to the Registry of Companies, you must first obtain approval from the College for your corporation name. Contact the College in writing indicating the proposed corporation name and provide a signature line in your letter for the Registrar to approve the intended name. The College will fax or mail the approval back to you.

Once your physical therapist corporation is set up, you must apply to the College for a corporation permit before your corporation can start providing physical therapy services. The application form is available for downloading on the College website. Alternatively, you may contact the College directly and have the form either mailed or emailed to you. Do not forget this final step! Some registrants only obtain name approval from the College and forget to apply to the College to register their corporations.

A Corporation that fails to comply with the *Health Professions Act* and the College Bylaws is in contravention of the *Act* and College Bylaws and is subject to an investigation by the Inquiry Committee.

Please contact the College Deputy Registrar, Ann Lo, if you require more information.

## QUALITY ASSURANCE/CONTINUING COMPETENCY PROGRAM

### QUALITY ASSURANCE – FROM PAST TO PRESENT

In this rapidly evolving health care system, the role of regulatory organizations is now oriented towards assuring the competence and enhancing the quality of the profession, in addition to the traditional responsibilities of registering applicants, responding to complaints and conducting investigations.

Health regulators were recently advised by the Ministry of Health that Sections 26.1 and 26.2, of the *Health Professions Act* with the exception of section 26.1(1), will be brought into force effective November 1, 2007. These sections provide for the Quality Assurance Committee of a College to assess a registrant's professional performance, make remedial recommendations if a deficiency is found, and to protect the confidentiality of information provided in the course of assessment.

To paraphrase Dr Marla Nayer, *Director of Assessment Operation from the Centre for Evaluation of Health Professionals Educated Abroad*, the theory for evidence based practice can be related to continuing competence programs. Dr Nayer notes that it is no longer enough to say that you do a type of treatment because it works; you need evidence. She argues that the same is true with continuing competence. It is no longer enough to say you are staying current; you need evidence to support this claim.

### **The Present Starts with the Past**

In 1993, the B.C. government assigned the responsibility of establishing continuing competence requirements to regulatory organizations under the *Health Professions Act*. The College started work on its program in the late nineties, and in 2002 published the Professional Portfolio. The Portfolio was a self-evaluation tool intended to summarize a registrant's professional experience, values and obligation for life-long learning. All registrants would be required to complete the Portfolio annually and to sign a declaration of having done so at the time of renewing their registration.

By the fall of 2004, one hundred and fifteen registrants had voluntarily completed the Professional Portfolio and Audit Form as part of the pilot testing. The Audit Form was designed to promote reflective practice and to identify trends related to practice standards.

With the proposed changes in legislation, it became apparent that the Portfolio and the Audit Form for this self-report or "tell us" tool, would not meet the pending quality assurance requirement. We now require a "show us" tool. During 2006, members of the Quality Assurance Committee, and the Continuing Competency Sub-Committee, supported by the consulting firm, Management Dimensions Inc. developed a new Quality Assurance Framework. The Board of Directors approved this Framework in June 2006.

### **Who Will Deliver the Quality Assurance Program?**

Physical therapy is a self-regulated health profession, and its registrants are responsible for maintaining their continuing competence. The College is mandated by the *Health Professions Act* to protect and serve the public by ensuring safe, ethical and efficient practice of its registrants. Additionally, the College is taking the initiative to support registrants in maintaining their continuing achievements towards best practice. As a result, the future Quality Assurance Program will be a product of collaborative partnership between the College and its registrants.

The Quality Assurance Program is based on an assumption that a physical therapist in British Columbia is a competent practitioner with a career-long commitment to maintain his or her knowledge, skills, and ethics towards delivery of quality physical therapy care. The Quality Assurance Program presents an opportunity for the physical therapy community to demonstrate its professional competence to the public.

#### **Three components of the program:**

- 1. Continuing Competence - Promote Individual Monitoring.** The aim is to support registrants in their self-directed activities towards maintaining continuing competence. Registrants will declare this "Tell us" component at the time of renewing their registration. Therefore, all registrants would be required to participate in this part of the program annually.

The College Continuing Competence Sub-Committee is currently working on redeveloping a new continuing competence tool.

- 2. Quality Assurance - Monitor Safe and Effective Practice.** The registrant's practice performance will be assessed. In addition to continuing competence activities, the Quality Assurance Program requires all registrants to participate in this component every 6-10 years in a way that will demonstrate, or "Show us" competence. The College is presently working on assembling a Professional Practice Assessment Sub-Committee that will develop an assessment tool. The College expects that this Sub-Committee will start its work in autumn of this year and it will be tasked with making recommendations on the type and number of assessment tools that will be offered to the registrants. The registrants will likely have a choice to select the tool that best suits them.
- 3. Support Practitioner's Practice.** The Quality Assurance Program is designed to be supportive and meaningful to registrants practice and to provide an overall positive educational experience. However, if it is determined, that a registrant has not met the established standards or criteria, a remediation process will be offered. This component of the Quality Assurance Program will offer different opportunities for registrant to overcome difficulties and demonstrate competence.

Ongoing program evaluation will ensure validity, reliability, acceptance and cost effectiveness of the program.

The document used to describe standards for safe, ethical and effective practice is **The Essential Competency Profile for Physiotherapists in Canada** issued by the Alliance in 2004.

In closing, we would like to take this opportunity to thank the Quality Assurance Committee and Continuing Competence Sub-Committee members for their hard work in the program development since the beginning of the project.

As you can see from this information, a great deal of work has been done in the last year, however, there is still much more work to do!

The College is committee driven. This is a great opportunity for registrants to become involved in the development of a new program while fulfilling their professional obligation. The College is currently recruiting registrants for the Quality Assurance Program Communication Working Group and the Professional Practice Assessment Sub-Committee to begin work on the next stage of program development and implementation. ***Make a difference – VOLUNTEER!*** Contact the College Registrar, Brenda Hudson, at [brenda\\_hudson@cptbc.org](mailto:brenda_hudson@cptbc.org), for further information.

Your input is important to us. Send your questions and comments to the quality assurance program coordinator at [qapc@cptbc.org](mailto:qapc@cptbc.org)

*Submitted by the Quality Assurance Program Communication Working Group*

## A GUIDE THROUGH THE INQUIRY COMMITTEE PROCESS

As chair of the College Inquiry Committee, I am often asked by other physical therapists to explain how the inquiry process works. No physical therapist wants to be on the receiving end of a complaint made to the College about them, however, it serves all physical therapists well to know what happens when a formal complaint is made to the College.

Physical therapists are regulated health professionals governed by the *Health Professions Act (HPA)*.

Sections 16(1)(a) and 16(1)(b) of the *HPA* states that:

“It is the duty of a college at all times

- (a) to serve and protect the public, and
- (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.”

Section 33(1) of the *HPA* states that:

“If a complaint is delivered to the inquiry committee by the registrar under section 32(2), the inquiry committee must investigate the matter raised by the complainant as soon as possible.”

The Inquiry Committee is the committee that receives, investigates and determines the outcome of a complaint filed with the College by a member of the public.

The Inquiry Committee consists of registered physical therapists and at least two public members. There are currently seven members on the Inquiry Committee. The committee ensures that its members come from different work settings such as hospitals, community services, and private practice and other areas of practice. Appointments to this committee are for five years and it meets every six to eight weeks for a full day.

When a written complaint is received by the Registrar, the complaint is forwarded to the Inquiry Committee for review at its next meeting to establish:

- whether the College has jurisdiction under the *HPA*
- whether the *HPA*, the Physical Therapist Regulation, or College Bylaws may have been contravened
- whether there may be an issue of professional misconduct, unprofessional, or unethical conduct as outlined in College Bylaws, or
- whether the safety of the public is at risk

Should any of the above apply, the committee has the jurisdiction to appoint an inspector to gather information about the complaint. The inspector conducts an investigation, which includes interviewing the patient and, if required, conducting an audit of the patient’s clinical record. The inspector then submits a report to the Inquiry Committee.

Once the Inquiry Committee determines that it has all the information it requires regarding the complaint, this information is sent to the physical therapist named in the complaint, with a request that the physical therapist review the information and respond to the allegations in writing, to the committee. Once the physical therapist responds, the committee will deliberate the case, and determine the appropriate action for resolution of the complaint.

Section 33(6) of the *HPA* allows the committee to:

- take no further action if the committee is of the view that the matter is trivial, frivolous, vexatious, made in bad faith or the conduct or competence to which the matter relates is satisfactory.
- take any action it considers appropriate to resolve the matter. This generally entails the physical therapist agreeing to fulfill some type of action, or undertaking. Failure to comply with an undertaking may result in the Inquiry Committee directing the Registrar to issue a citation for a hearing by the Discipline Committee.

Discipline hearings are full legal processes where evidence is heard just as in a court case. All parties are represented by legal counsel and is an expensive process. The Registrar has not been directed to issue a citation in over four years.

Alongside the formal process of investigating a complaint is a less formal alternative dispute resolution process. The physical therapist can, at any time, request a without prejudice meeting as a means to attempt to resolve the issues brought forth in the complaint. This can lead to a more timely resolution to the process when there is no dispute as to the information gathered to that point. The formal process may still continue while the informal process is explored.

All members of the Inquiry Committee are active participants in the discussions and deliberation related to the complaint. These discussions and deliberations will eventually conclude with a formal vote regarding the outcome of the complaint.

A committee member can ask to be removed from hearing a complaint if that member believes that there may be a conflict of interest or apprehension of bias on their part.

The committee is, at all times, bound by the *HPA* and by the legal principles of timeliness, fairness, and knowing the case before you.

As chair of the Inquiry Committee, I invite you to forward any questions or comments you may have regarding the committee process to the College.

*Respectfully submitted,*

***Robert Hoffman, Registrant, and Inquiry Committee Chair***

## MEMBER ADVISORY

### **Revision of Clinical Practice Statement No. 4 on Consent to Treatment**

As an insert in this edition of the *Update*, you will find the new Practice Standard No. 4 on Consent to Treatment, which will take effect on September 1, 2007. Please add the new Practice Standard, printed on yellow paper, to your College Reference Guide (white binder) and plan to remove the December 1996 version of Clinical Practice Statement No. 4 when the revised Practice Standard takes effect on September 1st, 2007.

### **Important Safety Information from Health Canada on the Use of Waist and Torso Patient Restraints**

#### **Re: Risk of fatal asphyxiations resulting from the use of waist or torso patient restraints**

Note - The following information is an excerpt from the Health Canada website. Please see the full text article, including information on product recalls, on the Health Canada website at: [http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/restraints\\_dispositifs\\_nth-aah\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/restraints_dispositifs_nth-aah_e.html)

There have been several reports in Europe of fatal asphyxiations involving waist-fixating physical restraints. The European incidents happened predominantly when patients tried to leave the bed. The waist-fixating belt would then slide up over the patient's chest, which led to fatal asphyxiations by compression of the thorax. Some incidents occurred when patients slipped into the gap between split side rails. In most of the incidents, the side straps were not being used and the side rails of the bed were not in the raised position.

Following a review of the information provided by manufacturers and distributors selling waist restraints in Canada, and the incidents in Europe, Health Canada is making several recommendations on the use of waist restraints to prevent the occurrence of such incidents.

**Recommendations for the use of waist and torso patient restraints:**

1. Perform a thorough assessment of the patient to determine the degree of restraint, the type of restraint and the appropriate level of patient monitoring needed. Many health care centres have a 'least restraint' policy that requires care givers to use the least restrictive option consistent with the patient's safety and comfort.
2. Keep the side rails of the bed raised at all times when restraints are being used.
3. Ensure that any gaps between split bed rails are blocked with a solid gap barrier that effectively prevents the patient from sliding through when restraints are being used.
4. Ensure that the waist belt cannot slide up over the patient's chest. For those patients deemed at risk, consider using side straps or other accessories to limit patient movement from side to side and to limit "helicoptering" (i.e turning in bed head to toe).
5. Ensure that the straps for the waist restraint are attached to the bed frame and not the side rails, and ensure that the part of the bed frame they are attached to moves with the patient as the bed height and articulation are adjusted. Otherwise, tightening or loosening of the restraint may occur as the bed's position is adjusted.

**PATIENT RELATIONS CORNER****Cross-cultural Communication and Practice**

Physical therapists are often faced with ethical challenges in practice. These challenges become more complex when a patient's culture is different from our own.

In an article published in 2004 entitled 'Some Thoughts on Practicing Physiotherapy in a Multi-Cultural Country' (Jelsma, J. (2004) *South African Journal of Physiotherapy*, 60(1), 4-6), the writer explains how each culture decides what is morally desirable behaviour in a society based on the views of that culture, individuals' upbringing, and the societal context. In other words, different cultures by their very nature, will have different ideas about what is morally acceptable behaviour within their culture. The Jelsma article reminds that morality is embedded in a culture and that physical therapists should not impose their cultural beliefs on a patient as though they are the only correct interpretation.

As professionals we may encounter cultural differences with respect to vaccinations, blood transfusions, circumcision, or the ability of a woman to give consent to health care. A more concrete example in the provision of physical therapy might be cultural differences we experience when greeting a patient. The overt behaviour of various cultures might differ (bow, handshake, kiss) while the intention of the action remains the same across the cultures - to show respect for the person being greeted.

Physical therapists practicing in a multi-cultural society owe it to their patients to become culturally competent. Several sources for information on cross-cultural communication will help establish a sound understanding in this area. The College of Health Disciplines at UBC has a Division of Health Care Communication. Information on the site below informs on cultural competency, culture in health care, and the role of the interpreter. A handbook has been developed and can be accessed on their website at the following link:

<http://www.health-disciplines.ubc.ca/DHCC/prof/resources.htm>.

In addition to the handbook, there is a video about working with interpreters in health care settings at the following link. Please note that the video is at the very bottom of the web page:

<http://www.health-disciplines.ubc.ca/DHCC/publications.htm>.

If you have any questions about the College of Health Disciplines resources, please contact Cathy Kline, Research Coordinator - Division of Health Care Communication, College of Health Disciplines, University of British Columbia at 604-822-8002 or visit the website at [www.health-disciplines.ubc.ca/DHCC](http://www.health-disciplines.ubc.ca/DHCC).

Although the published article referred to above was written for the South African Journal, cross-cultural communication and practice is a global concern. Here in British Columbia we constantly face an ever increasing cultural diversity amongst our patients. As physical therapists practicing in a multicultural society, the onus is on us to step up our awareness and become culturally competent, thereby diminishing potential barriers to excellence in treatment.

*Submitted by the Patient Relations Committee*

## FREQUENTLY ASKED QUESTION

**Q:** *Where can I find up to date information on Infection Control procedures?*

**A:** The Quality Assurance Committee at the College is currently revising Clinical Practice Statement No. 8 on Infection Control. Below is a list of infection control resources from Health Canada, the BC Centre for Disease Control, and the World Health Organization.

### Health Canada:

Hand Washing, Cleaning, Disinfection and Sterilization in Health Care (article)

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>

### BC Centre for Disease Control:

Infection Control Guidelines

<http://www.bccdc.org/content.php?item=194>

### World Health Organization:

Practical Guidelines for Infection Control in Health Care Facilities (article)

NOTE: 110 page document (page 34 – Laundry instructions)

[http://www.searo.who.int/LinkFiles/Publications\\_Practical\\_guidelinSEAROpub-41.pdf](http://www.searo.who.int/LinkFiles/Publications_Practical_guidelinSEAROpub-41.pdf)

Infection Control Standard Precautions in Health Care (Poster)

[http://www.who.int/csr/resources/publications/4EPR\\_AM2.pdf](http://www.who.int/csr/resources/publications/4EPR_AM2.pdf)

Guidelines on Basic Training and Safety in Acupuncture (Section II Part 1-Prevention of Infection, page 17)

[http://whqlibdoc.who.int/hq/1999/WHO\\_EDM\\_TRM\\_99.1.pdf](http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf)

## INQUIRY SUMMARIES

### Incompetence – Exacerbation of Injury

The complainant alleges that during the course of his treatment the electrode that was placed on his back slipped and caused him to receive an electrical shock. The Inquiry Committee determined that there was no evidence that the physical therapist had failed to follow the Electro-physical Agents Practice Standard #3. No further action was taken.

### Incompetence

The complainant alleges that the physical therapist used excessive force while examining his knee and that the physical therapist terrorized him by using the flame from a cigarette lighter to check the complainant's tolerance. The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(b) of the Act and request the physical therapist to take a course on Professional Boundaries.

### Professional Misconduct

The complainant alleges that the physical therapist behaved in a manner towards the complainant that the complainant believed was too familiar and that the physical therapist made remarks that, in the complainant's opinion, were inappropriate. The Inquiry Committee decided under section 33(6)(c) of the *Health Professions Act* to act under section 36(1)(b) of the Act and request the physical therapist to take a course on Professional Boundaries and read the College's By-laws, Code of Ethics section 55(1.1).

**ARE YOU MOVING?  
CHANGING YOUR STATUS?  
CHANGING YOUR NAME?  
MAIL OR FAX COUPON TO:**

Registration Program  
College of Physical Therapists of B.C.  
302-1765 West 8th Avenue  
Vancouver, BC V6J 5C6  
Phone: (604) 730-9193  
Fax: (604) 730-9273  
Email: info@cptbc.org

**MOVING OR CHANGING JOBS?**

Name: \_\_\_\_\_

Full: \_\_\_\_\_ Inactive: \_\_\_\_\_ Interim: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

**New Home Address**

\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**New Business Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**DISCLAIMER**

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**CHANGING YOUR NAME?**

Reg. No. \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Attach a copy of official change of name form or marriage certificate and \$25 each for a new certificate or registration card.

**GOING INACTIVE**

**CHANGE MY REGISTRATION STATUS**

\_\_\_\_\_  
(Print Name) & (Signature)

\_\_\_\_\_  
Registration Number

I am a full registrant in good standing with the CPTBC and intend to cease practice as a physical therapist in British Columbia. If I choose inactive registration, I understand that as an inactive registrant I no longer need to carry malpractice insurance, may not work in BC as a physical therapist and **MUST** renew my registration by December 31. Please change my registration status to:

- Cancelled in good standing
- Retired
- Inactive\*

on \_\_\_\_\_ (m/d/y)

\*If you choose inactive registration, please be aware of the following:

1. You must be a full registrant to qualify for inactive status. You must request this change in writing, either with this form, with a letter to the Deputy Registrar or on your annual renewal form.
2. You **must** change to inactive registration in BC if you no longer carry malpractice insurance.
3. There is no refund in whole or part of the annual registration fee when you change status during the year.
4. Inactive registrants may not work as physical therapists in any capacity, either clinically or non-clinically **and must report practice hours on renewal of registration.**
5. Inactive registrants continue to be listed in the register, receive the newsletter and any College mailouts.
6. To change from **inactive to full** registration at **any time during the year** you must first contact the office and obtain an application package. Allow three weeks for processing. Call the Deputy Registrar if you have any questions.

**ADVERTISING RATES**

The College of Physical Therapist newsletter **Update** is published three times per year (spring, summer and fall).

Contact the College for submission deadlines.

<b>Rates:</b>	\$100	up to 3¼" x 3¼"
	\$150	3¼" x 4½"
	\$200	3¼" x 8½"
	\$400	full page (black and white)

Contact the College for quotes for color ads

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