

Special Interest Articles

Ethics Committee Case Study

Reserved Acts

Continuing Competency

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The Annual General Meeting

Brenda McKechnie, Registrar/Executive Director

The Annual General Meeting of the College of Physiotherapists of Manitoba will be held on Saturday, May 1, 2010 at the Masonic Memorial Temple, located at Confusion Corner, the intersection of Pembina, Osborne and Corydon Avenues. There is plenty of free parking beside the building, or across the street.

Council is currently planning a very interesting program which will appeal to all members of the College. The business portion of the meeting will also be held to review the activities of the College in 2009.

More information will be sent to you as soon as the program has been finalized.

Mark your calendars now because you won't want to miss the program!

Recruiting

Brenda McKechnie, Registrar/Executive Director

Council is currently busy recruiting new Council and Committee members. As you can see from the other sections of the newsletter, there are some exciting things happening at the College. If you want to be involved with these (and other) activities and have a part in moving the profession forward, now is the time

to sign up.

We are looking for members who can commit some time and energy for these activities. Council and Committees meet once a month on average, and take the summers off. You will meet other members of the profession and have an opportunity to learn new things. We would like to

hear from you, even if you aren't quite sure but have a few questions.

Call Brenda McKechnie at 287-8502 to have a chat.



Assistant Registrar

The College is currently recruiting a physiotherapist to work 2 days per week in the role of Assistant Registrar. More information on this position can be found on the CPM Website: <http://www.manitobaphysio.com>

Report from the Ethics Committee

Brenda McKechnie, Registrar/Executive Director

The Ethics Committee will be presenting in this and future newsletters, various case studies for your consideration. A scenario will be provided and you will be asked what the physiotherapist should do given the situation. The case study will be followed by options or questions to assist you to make a decision. This is the first case study to be presented.

Case Study 1:

Sandra is a sole charge physiotherapist in a small community hospital. The nearest town with physiotherapy services is 1 hr away. Sandra was born and raised in this small town. Her mother has sustained a back injury at work as a healthcare aide. She has been approved for WCB coverage. Sandra is unsure if she can treat her mother.

Providing treatment in a small community can be difficult when the possibility of a dual relationship exists. Whenever possible it is better to explore other options for treatment.

Is it possible or practical for her mother to travel to the next town for treatment?

Will her condition be impacted by the travel?

Could another therapist travel to the community and provide treatment?

If all other options for treatment have been explored Sandra needs to ask herself the following questions;

1. Can I establish and maintain therapeutic boundaries within this dual relationship? If she cannot then treatment should not take place.
2. Will past experiences influence my ability to provide care? Family relationships can be complicated at the best of times. If she feels issues from the past might cloud her professional judgment she should not provide treatment.

Case Study - Continued

3. How can I maintain and respect confidentiality? Sandra needs to think about how she responds to questions from other family member and/or coworkers when they ask how her mother is doing and when she will be back to work. It is always a good idea to have a plan of action for these situations, you might explain that you are unable to answer those questions because the information is confidential and questions should be asked to mother directly. It is important to recognize both the therapist and her mother are employed by the same hospital and that can also lead to inappropriate questions from others.

4. Who do I need to disclose this situation to? Employers, payers or other healthcare providers? Sandra needs to speak to WCB and explain the situation and determine what impact that would have on their willingness to provide funding. The possibility of a "perceived" conflict of interest needs to be addressed. Sandra may have to advocate for an extension of treatment or additional funding if a prolonged treatment is expected. Could a plan of treatment be reviewed by an unbiased third party? What is the best model to provide care?

5. Sandra needs to discuss the potential difficulties with this dual relationship with her mother and come up with a plan to manage this potentially challenging situation. How can we maintain personal and professional boundaries? For example, matters of the professional relationship should remain in the treatment setting and not be discussed while visiting ones home.

6. Am I comfortable with the physical closeness required to provide this treatment? Is a large amount of disrobing required to access the area to be treated?

Acknowledgement: College of Physical Therapists of Alberta, with thanks.

Legislative Update

Brenda McKechnie, Registrar/Executive Director

The Legislative Committee has been meeting regularly to work on the new Health Professions Legislation. Of primary importance at the moment, is deciding which of the twenty-one reserved acts, should be granted to physiotherapists. The reserved acts are those activities which are deemed to be high risk activities and taken out of the public domain. Regulated health professions will need to decide whether their profession has the competencies to perform reserved acts and to provide evidence to the government of their competency in this area.

From the Regulated Health Professions Act, the following is the list of reserved acts:

4 A "reserved act" is any of the following acts done with respect to an individual in the course of providing health care:

*1. Making a diagnosis and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.

*2. Ordering or receiving reports of screening or diagnostic tests.

Legislative Update - *Continued*

- *3. Performing a procedure on tissue
 - *(a) below the dermis;
 - (b) below the surface of a mucous membrane;
 - (c) on or below the surface of the cornea; or
 - (d) on or below the surface of a tooth or dental implant, including the scaling of a tooth or dental implant.

- *4. Inserting or removing an instrument or a device, hand or finger
 - (a) into the external ear canal;
 - (b) beyond the point in the nasal passages where they normally narrow;
 - (c) beyond the pharynx;
 - (d) beyond the opening of the urethra;
 - (e) beyond the labia majora;
 - (f) beyond the anal verge; or
 - (g) into an artificial opening in the body.

- *5. Administering a substance
 - (a) by injection;
 - (b) by inhalation; *
 - (c) by mechanical ventilation;
 - (d) by irrigation; *
 - (e) by enteral instillation or parenteral instillation;
 - (f) by transfusion; or
 - (g) using a hyperbaric chamber.

- 6. Prescribing a drug or vaccine.

- 7. Compounding a drug or vaccine.

- 8. Dispensing or selling a drug or vaccine.

- *9. Administering a drug or vaccine by any method.

Legislative Update- *Continued*

- *10. Applying or ordering the application of
- (a) ultrasound for diagnostic or imaging purposes, including any application of ultrasound to a fetus;
 - (b) electricity for
 - (i) aversive conditioning,
 - (ii) cardiac pacemaker therapy,
 - (iii) cardioversion,
 - (iv) defibrillation, *
 - (v) electrocoagulation,
 - (vi) electroconvulsive shock therapy,
 - (vii) electromyography,
 - (viii) fulguration,
 - (ix) nerve conduction studies, or
 - (x) transcutaneous cardiac pacing;
 - (c) electromagnetism for magnetic resonance imaging;
 - (d) other non-ionizing radiation for the purpose of cutting or destroying tissue or medical imagery;
 - * (e) X-rays or other ionizing radiation for diagnostic, imaging or therapeutic purposes, including computerized axial tomography, positron emission tomography and radiation therapy;
 - (f) any other use of a form of energy listed in clauses (a) to (e), if the use is specified by regulation; or
 - (g) any other form of energy that is specified by regulation.
11. In relation to a therapeutic diet that is administered by enteral instillation or parenteral instillation,
- (a) selecting ingredients for the diet; or
 - (b) compounding or administering the diet.



"The reserved acts are those activities which are deemed to be high risk activities and taken out of the public domain."



“Of primary importance at the moment, is deciding which of the twenty-one reserved acts, should be granted to physiotherapists.”

Legislative Update - *Continued*

- *12. Setting or casting a fracture of a bone or a dislocation of a joint.
- 13. Putting into the external ear canal, up to the eardrum, a substance that
 - (a) is under pressure; or
 - (b) subsequently solidifies.
- 14. Managing labour or the delivery of a baby.
- *15. Administering a high velocity, low amplitude thrust to move a joint of the spine within its anatomical range of motion.
- 16. Prescribing, dispensing or fitting a wearable hearing instrument.
- 17. Prescribing, dispensing or verifying a vision appliance.
- 18. Fitting a contact lens.
- 19. Prescribing, dispensing or fitting a dental appliance.
- 20. Performing a psycho-social intervention with an expectation of modifying a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behaviour, the capacity to recognize reality, or the ability to meet the ordinary demands of life.
- 21. In relation to allergies,
 - (a) performing challenge testing by any method; or
 - (b) performing desensitizing treatment by any method.

The Legislative Committee, in its review of the reserved acts and in consultation with some members of CPM, has decided that the reserved acts which are practiced currently by physiotherapists, are (*) starred above. Are you practicing in an area which has not been starred? The Legislative Committee would like to hear from you.

CPM has been advised that the Medicine and Nursing Regulations will be passed before any Allied Health regulations are passed. The earliest that either of these professions will be putting regulations forward to government is later in 2010. Manitoba Health has also advised that our Continuing Competence program will need to be in place prior to enactment of the new legislation. The Continuing Competence Committee is currently busy reviewing documents and undertaking an environmental scan of what types of continuing competence programs are in place across Canada.



“CPM is now facing new legislation. Manitoba Health has informed us that in order to come under the new legislation, we will need to have a continuing competence program in place, and be ready with regulations about the program.”

Continuing Competence

Brenda McKechnie, Registrar/Executive Director

The Continuing Competence Committee was originally struck in 2001 in anticipation of proclamation of the new *Physiotherapists Act* which was passed in 2001. At the time, the Committee began by understanding what other professions and other regulators were using as tools for evaluating continuing competence. It was a new concept in 2001 and little research had been done which confirmed best practices.

The Continuing Competence Committee worked very hard under Alison Baldwin, to develop a program “made in Manitoba” but based on the College of Physical Therapists of Alberta framework. The program was almost ready to launch in 2007. Unfortunately, a couple of things happened along the way which delayed progress.

The College was unable to get enough members and a leader to take the program into the launch phase. Despite many recruitment attempts, Council was unsuccessful in recruiting. Then, the Alberta program was evaluated and problems were found which caused them to put their program temporarily on hold. Since the CPM program was similarly based, it seemed to make no sense to launch at this time.

CPM is now facing new legislation. Manitoba Health has informed us that in order to come under the new legislation, we will need to have a continuing competence program in place, and be ready with regulations about the program. Therefore, CPM now has a new committee composed of Gil Magne as Chair, Mark Garrett, Emily Koroscil, Andrew Neufeld and Kim Okano. This committee needs broad representation from the physiotherapy community. At the moment, there is no one from public practice providing feedback from this sector of practice. If you are interested in participating in this interesting and valuable work, please call the Registrar as soon as possible.

The committee is looking at various frameworks for the continuing competence program. The tools being considered include professional portfolios, goal setting and practice audits. These appear to be the tools most commonly used by physiotherapy regulators as well as other health care professions.

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*The mission of CPM is to
protect the public interest
by regulating and
continually improving the
practice of physiotherapy
in Manitoba.*



We're on the Web!
See us at:
www.manitobaphysio.com

Examination Candidate Register

A registration package will be mailed out in April to all current third year physiotherapy students with information about registering on the Examination Candidate Register. Once you have successfully completed the written component of the Physiotherapy Competency Examination, you must register as an Examination Candidate if you plan to work in Manitoba.

Registration Reminder

If you are presently on the Inactive register and planning to return to work, you must contact the CPM office in order to change your registration status to the [Active Register](#) prior to returning to work. Please give the College sufficient time to process your documents.

Member Profiles

Members are reminded to [log in](#) to their profiles to ensure that the current information (address, employer) is up to date.

If you require assistance with logging in, please contact Virginia at the CPM office: 287-8502.

Active Committees

The following committees have vacant positions; please call the CPM office for more information at 287-8502

Board of Assessors

Complaints Committee

Continuing Competence Committee

Ethics Committee

Legislative Committee

Physiotherapy Standards Committee