College of Audiologists and Speech Language Pathologists of Ontario

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) were gathered from written information provided by College staff for this evaluation, and from a face-to-face meeting with Barbara Meissner Fishbein, Practice Consultant, Robin Waldman, Professional Practice Advisor for Audiologists, and David Hodgson, Registrar, on December 13th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CASLPO is dedicated to the practice of audiologists and speech language pathologists in the public interest. The College has been in existence since early 1994.

The College mission statement states that "the people of Ontario shall have knowledge of, and access to respectful, effective, high quality audiology and speech-language pathology services provided by competent self-regulated practitioners." The purpose of the College is to regulate the profession, in the public interest, and to govern its members.

It carries out its mandate through the following eight committees: Executive, Complaints, Discipline, Fitness to Practice, Professional Relations, Patient Relations, Quality Assurance and Registration Committees.

2.2 Size and Resources

The College currently regulates approximately 2,454 active members. Of these, 212 (9%) are male and 2,242 (91%) are female.

In fiscal year ending April 30th, 1999, the College had revenue of $1,085,149 of which 93% came from membership fees. Expenditures for the year totaled $1,130,514 leaving an excess of revenue over expenses of $45,365.

As one of the smaller Colleges, CASLPO does not have specific personnel assigned to the PR function. The College feels that PR is part of all of the staff positions, from the receptionist to Registrar. The College has eight full-time employees including the Registrar and Practice Advisors. Consultants are retained as necessary in the areas of public awareness, clinical practice guidelines and strategic planning.

2.3 Risk of Patient Abuse

There is an awareness at the College regarding the risk involved with the common interaction between their members and children, as well as adults who may develop a dependence on the practitioner.

A further factor when considering the level of risk of sexual abuse is the presence of physical touch between patient and practitioner. In normal practice, an Audiologist may undertake a physical exam of the ears and head of patients. Speech Language Pathologists may place their hands on the throat, may examine the strength of the muscles in the mouth area, as well as examine the diaphragm and chest areas.

To date, the College has had no complaints or mandatory reports regarding inappropriate relations of a sexual nature. Since inception, the College has had 41 complaints of a general nature and one discipline hearing.

The risk for sexual abuse is low, with the College recognizing the risk areas involving children and potentially dependent adults.

3.0 Description of the CASLPO Patient Relations Program

The Patient Relations Committee of CASLPO was formed in 1992. The PR Committee meets as required during the year to fulfill its statutory functions. Public awareness initiatives are being directed by the Professional Relations Committee, which meets at least four times per year. On-going communications with members regarding all matters, including sexual abuse, is a staff function. The College reports that between twenty to fifty percent of the entire budget is devoted to PR in one form or another.

As background material for the PR program, the College has developed a (i) Professional Code of Ethics , (ii) Sexual Abuse Prevention Plan, (iii) Guidelines for Professional Conduct and a (iv) Position Statement on Service Delivery to Linguistically and Culturally Diverse Populations.

Beginning in 1998, present and new members receive a Desk Reference which includes a description of the PR program, including the Sexual Abuse Prevention Plan, the college legislation, regulations, professional guidelines, QA program, bulletins, position statements, annual reports, as well as a miscellaneous section with frequently asked questions. This desk reference is continually updated with new materials when necessary. Questions regarding sexual abuse are currently being developed to be included in the Desk Reference.

Two pamphlets on the differences between regulated and non-regulated service providers, and on the complaints process, were distributed to members for distribution to the public in September of 1996. Only one copy of the pamphlets was distributed per member, with reorders available upon request. These pamphlets, as well as the distribution system and a list of possible stakeholders for distribution of the pamphlet, are being developed and revamped as part of the public awareness campaign.

College staff make regular presentations during meetings of the Ontario Association of Speech Language Pathologists and Audiologists (OSLA). District meetings have been held with the Association, and plans for continued cooperation are currently being developed. Targets will be set during this development stage, but it is hoped that at least ten percent of the members will attend OSLA meetings. College staff also write articles regarding regulatory issues to be used in the OSLA newsletter.

The College conducts education sessions for staff regarding PR on a yearly basis. A refresher course with a consultant was delivered to all staff in January 2001. Council members are advised of the sexual abuse provisions in the RHPA by staff during regular council meetings as well as during their orientation.

The College is currently focusing efforts on a public awareness program which will include information regarding sexual abuse. The College hired a consultant in September 2000 to plan a strategy to raise public awareness about (i) communications disorders and the role of audiologists and speech language pathologists in helping to correct them, (ii) the College and (iii) the role it plays in promoting public safety. More than ten percent of the entire College budget is currently devoted to this program.

The College participated in the PricewaterhouseCoopers evaluation. The Sexual Abuse Prevention Plan states that the College will comply with the RHPA in terms of evaluation. No in-house evaluations of the PR program have been undertaken to date, and there is no mention in the Plan of such an evaluation to determine the effectiveness of the PR program. College representatives mentioned that an evaluation will be completed, but no target dates are set for on-going evaluation of the program.

The following Results Chain presents a summary of CASLPO's PR program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is elimination of sexual abuse of patients by Audiologists and Speech Language Pathologists in Ontario.

Patient Relations Program Results Chain – College of Audiologists and Speech Language Pathologists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Establish Professional Code of Ethics.	1.1 Code developed and disseminated to all members (*May 1996).*	1.1 to 1.4 - Increased member sensitivity to sexual abuse issues. - Increased awareness of mandatory reporting. - Increased knowledge of relationship boundaries. -Increased knowledge of professional conduct.	1.1 to 1.4 - Patients and potential patients are better served and protected. - The status of the profession is enhanced.
1.2 Sexual Abuse Prevention Plan.	1.2 Sexual Abuse Prevention Plan approved and disseminated to all members *(May 1998).*		
1.3 Guidelines for Professional Conduct.	1.3 Guidelines for Professional Conduct finalized *(January 2001)* and disseminated to all members *(February 2001)*.	1.1 to 1.3 - Increased member support of public interest.	
1.4 Position Statement on Service Delivery to Linguistically and Culturally Diverse Populations.	1.4 Position Statement on Service Delivery to Linguistically and Culturally Diverse Populations *(Approved in 2000 and disseminated to all members January 2001)*.	1.4 Increased member knowledge regarding the provision o f accessible and equitable care.	

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Patient Relations materials developed for members.	2.1.1 Bulletin communications regarding Patient Relations disseminated to members *(Every quarterly bulletin will have an article regarding PR).* 2.1.2 Publication of Desk Reference and distribution to members *(Distributed beginning in 1998; continually updating with new materials when necessary).* 2.1.3 Pamphlet on the differences between regulated and non-regulated service providers *(Provided to members and public in September 1996. Reorders available upon request. This is being revamped as part of the public awareness campaign).* 2.1.4 Pamphlets on the Complaints Process distributed to members *(Distributed May 1998, with reorders available upon request. Plans for revamping underway).*	2.1.1, 2, 3 & 4 - Increased knowledge among members regarding patient relations and sexual abuse. - Members incorporate learning into their practice, thereby maintaining high levels of competence and performance.	2.1 - The public is better protected and served. - Increased member confidence in College. - Increased member confidence in professional behaviour.

Activities	Outputs	Outcomes	Impacts
2.2 Outreach to members through the professional association (OSLA).	2.2.1 Presentation by College staff conduced at OSLA meetings *(at least twice a year, involving at least 10% of College members).*	2.2.1 Increased collaboration with the professional association.	2.2 & 3 - The public is better protected and served. - Increased member confidence in College. - Increased member confidence in professional behaviour.
	2.2.2 Publication in OSLA newsletter on regulatory issues *(December 2000).*	2.2.2 Increased knowledge among members regarding regulatory issues.	
2.3 Website development.	2.3 Website development *(target date set for 2001).*	2.3 Increased accessibility of PR program to all members.	
3. Educate College Staff and Council			
3.1 Education sessions for staff regarding PR.	3.1.1 Education on Patient Relations provided to all staff members *(Done annually. First series of sessions done in January and February 2000*, with a *refresher course in January 2001).*	3.1.1 - Increased sensitivity among staff regarding sexual abuse. - Increased PR staff capacity to respond to member questions and concerns. - Improved consistency in responding to questions and complaints.	3.1.1, 2 - Better outcomes for patient concerns. - Improved patient satisfaction with health care providers and staff and council. - Member's image of college is improved.
3.2 Council member education regarding PR.	3.2.1 Council members are advised by staff of the sexual abuse provisions in the RHPA during regular council meetings, as well as during their orientation.	3.2.1 - Increased sensitivity among council members regarding sexual abuse. - Improved PR program, as directed by council.	

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Public outreach initiative put forward by Patient Relations and Professional Relations Committees.	4.1.1 Council approves public outreach initiative *(March 2000).* 4.1.2 Consultant hired to develop public outreach initiative *(June 2000).* 4.1.3 Public relations program presented to Council *(September 2000).* 4.1.4 Concepts, posters and pamphlets reviewed by Council in *(December 2000).* 4.1.4 Complaints Process pamphlet distributed to members to distribute to public *(The pamphlet, distribution system and list of stakeholders to distribute the pamphlet are being developed and revamped).*	4.1, 2 - Increased public awareness of access to professions and expectations of care.	4.1, 4.2 - Improved patient care. - Public perception of College as sensitive to public needs increased. - Improved public image of College and of professions.
4.2 Public input sought on components of PR.	4.2 Public input obtained on Position Statement on Service Delivery to Linguistically and Culturally Diverse Populations.	4.2 - Public input into PR program increased. - Improved PR program.	
4.3 Regular communication between the Practice Consultants and the public.	4.3 Practise Advisors respond to communication with the public *(Response to 100% of enquiries provided).*	4.3 - Enquiries by the public regarding PR are answered by Practice Consultants. - Increased public awareness regarding PR.	4.3 Increased public awareness regarding PR results in better patient well-being and increased protection.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CASLPO's PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

CASLPO's PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does CASLPO's PR program address issues beyond sexual abuse?

The PR program at CASLPO is focused on (i) the prevention of sexual abuse and (ii) on accessibility. Regarding the later, the College has developed a position statement on Service Delivery to Culturally and Linguistically Diverse Populations. There was consultation with both members and the public during the development of this position statement.

4.1.3 To what extent do CASLPO's patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. CASLPO meets the requirements of the RHPA as all elements of the act are being undertaken or are planned to be undertaken. Member and staff education is on-going. Council member education is provided by staff during council meetings and, specifically, during council orientation. Some elements of the public education component have been done to date, although there was an apparent weakness in the depth of the strategies to educate the public. The College became aware of this gap and is currently developing a public awareness campaign.

2. CASLPO has staff available to respond to all public, patient and member inquiries, including potential boundary violations. The first series of PR related training were provided to all staff members in early 2000, and it is planned that training will be conducted annually.

3. CASLPO provides information to patients regarding their rights and responsibilities. This is in the form of a pamphlet distributed to members for distribution to the public entitled "Do you know the Difference Between Regulated and Unregulated Service Providers". Besides informing the public of the differences between unregulated and regulated service providers, the pamphlet also speaks to "Professional and Ethical Treatment" which provides information on standards of care and quality assurance.

4. Professional and human relations skills development opportunities are available for members through the Quality Assurance program's continuing education program.

Members also participate in presentations at OSLA meetings.

5. Information on appropriate professional behaviour is available in the Desk Reference provided to all members. The Desk Reference includes the Sexual Abuse Prevention Plan which outlines appropriate behavior for professionals. The Code of Ethics for the College is also included in the reference. The Guidelines for Professional Conduct are being finalized and will be added to the Desk Reference in January 2001.

6. Written training materials for students and members were developed specifically for audiologists and speech language pathologists.

7. College training materials encourages participation in treatment decision-making in a manner desired by the patient. Specifically, the Code of Ethics of the College states that audiologists and speech language pathologists "will respect the patients'/clients' right to participate in treatment decisions". As well, the College's position statement on service delivery to culturally and linguistically diverse populations states that members must endeavour to provide care which is receptive and responsive to the cultural and linguistics needs of patients/clients.

8. PR material at the College mentions that all touch is potentially problematic. The College's Sexual Abuse Prevention Plan stipulates a zero tolerance policy in terms of sexual abuse. The Plan stipulates that sexual abuse includes touching of a sexual nature of the patient by the member.

9. The College has plans to review its PR materials regularly, to promote continuing education and to monitor educational needs of members. Statutory requirements for the College require members to undertake educational development.

10. The College does not offer rewards to members who participate in continuing education. Members are required to participate and are encouraged to do so since, if they do not fulfil certain standards, they will be referred to the QA committee for assessment.

11. The College has a systematic approach in place for training College staff. The first series of one-day training sessions took place in January and February, 2000. These training sessions will be delivered annually. Council members are educated by staff both during council orientation and at regularly scheduled meetings.

12. The PR program as a whole does not have a plan per se. The College does have a document called a Sexual Abuse Prevention Plan which generally outlines activities, but does not stipulate target dates, locations or participation rates.

13. The Sexual Abuse Prevention Plan makes mention of a program evaluation. The Plan refers to the RHPA stipulation regarding evaluation, which suggests the Advisory Council shall report to the Minister within five years after the act comes into place on the effectiveness of the program. The College states that it will comply with this stipulation, but does not provide details on how this will be accomplished.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The main areas of concern for the College in terms of PR is currently the lack of public knowledge regarding the services provided by members and of the College itself. The College has observed that the majority of their patients are members of the public who know about the services offered by Audiologists and Speech Language Pathologists, and insist on obtaining these services. People suffering communications disorders are often not referred to these services, and do not know that help of this kind exists. Thus, accessibility is a major concern of the College. The College is addressing this concern through the development of their public awareness campaign. The campaign plan and performance indicators for public awareness are currently being finalized.

Generally, the College will know if their PR program is successful by the continued absence of complaints of a sexual nature. As mentioned, the College intends to conduct continual in-house evaluations of the PR program, but there is no specific plan outlining these evaluations, nor are there target dates for such evaluations.

4.2.2 Efficiency

There has been no collaboration between CASLPO and other Colleges in the development of materials, although the College has used materials developed by other Colleges. CASLPO supports all collaborative efforts among Colleges and the Federation. The College believes that the government should be responsible for spearheading such collaborative endeavours.

The College has made some attempts to efficiently deliver their PR program. They provide information to all members through a single binder called a Desk Reference. This reference is distributed and kept by all members. It is updated regularly.

The College finalized their Sexual Abuse Prevention Plan in May 1998. The plan does not include specific target dates for implementing various components of the plan.

4.2.3 Effectiveness

College representatives indicated that training for staff members has resulted in increased knowledge regarding sexual abuse. This is evidenced by more discussion about the topic among staff in the office. There has not been evidence of staff behaviour change in terms of dealing with members, patients or the public.

In terms of College members, it is assumed that the members have read over the PR materials and gained knowledge from these communications. There is some evidence of behaviour change in terms of an increasing number of questions asked by members to the College related to professional boundaries. The College suggests that further evidence is the lack of complaints regarding sexual impropriety brought forward to the College. Representatives reported that they daily receive questions of all sorts (indicating that the public is aware of how to reach them), but there have been no complaints of a sexual nature.

The College is currently not certain how effectively their PR program is reaching patients or the public. A public awareness campaign is currently being developed and the College would be encouraged to incorporate outcomes and targets associated with this campaign in order to judge success.

4.2.4 Impact

The College currently has no plans to determine whether or not the PR Program has had an impact at the societal level. The College believes that this may be better accomplished through the government or other bodies.

4.2.5 Equity

All College members across the province have equal access to the PR program. For members, the program currently consists of written materials (bulletin, pamphlets, Code of Ethics, Sexual Abuse Prevention Plan, etc.) which are distributed to all members in Ontario.

The College is aware that they must meet special needs related to communication with their patients, considering the nature of their profession. In this regard, the College has made accommodations regarding accessibility to the hearing impaired and deaf.

The College has culturally appropriate material available to members that serve minority communities. This involves a position statement on Service Delivery to Linguistically and Culturally Diverse Populations.

5.0 Conclusions

14. CASLPO is meeting the PR requirements and intent of the Regulated Health Professions Act, with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas. Until recently, an area of weakness for the College was in effectively communicating its PR program to the public. The College recognized the weakness and has taken a number of steps to address the problem.

15. The centralization of all documents into a Desk Reference, which is provided to all members and updated regularly, is an excellent and efficient approach taken by the College.

16. A commendable start has been made in terms of equity which will lay the foundations for a successful public awareness campaign. The College has developed a position paper on service delivery to culturally and linguistically diverse populations. Communication and access to information are of upmost concern for CASLPO.

17. There appears to be an opportunity for improvement of CASLPO's PR program in terms of documented planning for activities under and by the PR Committee. The plans and reports provided by the College are not as specific as may be desired. A written and transparent plan, including target dates, numbers of participants, etc., is needed to improve the PR program and its effectiveness. The College is encouraged to utilize the results chain for documenting more detailed program activity plans, expected outputs, outcomes and related targets.

18. A further opportunity for improvement involves more concrete plans for evaluating the impact of the PR program. College representatives indicated that there may be an in-house evaluation completed, but no target dates are set for on-going evaluation of the program. Currently, the College has few ways to judge success of its PR program in terms of increased awareness and/or behaviour change among members, council, staff or the public. Feedback on the effectiveness of the program is missing, resulting in a lost opportunity to modify the PR program according to the needs of the stakeholders.

19. A further opportunity for improvement lies in the diversification of methods to educate members regarding PR issues. Further work with the association in program delivery is encouraged. Current efforts at website development are also encouraged.

6.0 Recommendations

1. That CASLPO's PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

2. That CASLPO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

3. That CASLPO be encouraged to diversify their methods of educating their members. They may wish to collaborate with other Colleges in the development of materials, presentations or workshops to educate their members. Current plans to increase and formalize the collaboration with the professional association in conducting presentations related to PR and the prevention of sexual abuse is encouraged.

College of Chiropodists of Ontario

1.0 Introduction

Data to construct the PR program description for the College of Chiropodists of Ontario (COCOO) were gathered from written information provided by College staff for this evaluation and a face-to-face meeting with Carol Shapiro, Registrar and Norm Baker, Chair, PR Committee on December 21st, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The College of Chiropodists' mission statement states that the College has a duty to serve and protect the public interest. The College will ensure that the public receives competent care from Chiropodists and Podiatrists by regulating the practice of the professions and governing the members in accordance with the Chiropody Act, the RHPA, the College policies, regulations, by-laws and guidelines. It also (i) establishes standards of practice and educational requirements for entry to practice and continuing competence, (ii) addresses concerns forwarded by the public and (iii) educates and provides information to the public about Chiropody and Podiatry.

The College carries out its mandate through the Executive, Registration, Complaints, Discipline and Fitness to Practice, Quality Assurance, Patient Relations and Standing Drug Committees.

2.2 Size and Resources

The College regulates two professions; Chiropodists and Podiatrists. At the beginning of 2000, there were a total of 331 Chiropodists and 98 Podiatrists. In terms of gender division, there were 170 female Chiropodists and 4 female Podiatrists (41%), and 161 male Chiropodists and 94 male Podiatrists (59%).

In fiscal year ending December 31, 2000, the College had revenue of approximately $412,000 of which 96% percent came from annual fees. Expenditures for the year were approximately $335,000, leaving a surplus of $60,800. (These are not audited figures.) The surplus is planned for approved projects that were not started until late in the year and is allocated to complete these projects in 2001.

The College is small and positions require a great deal of "multi-tasking." There are no dedicated staff for the PR program. All staff participate in providing different aspects and components of PR. Current staff at the College includes a Registrar (one full time equivalent position), an Administrative Assistant/Membership Coordinator (.8 full time equivalent) and a Complaints Coordinator/Investigator (.2 of a full time equivalent). The Chair of the PR Committee also assists staff with work relating to this aspect of College activity.

2.3 Risk of Patient Abuse

Many procedures that a Chiropodist or Podiatrist may perform require direct body contact with patients. Under certain circumstances, patients may be required to change clothing so that an assessment can be completed (i.e. biomechanical, gait analysis, etc.). Changing is done in private. The College finds it difficult to conceive of a situation where a practitioner would need a patient to completely disrobe or to expose his or her genital or breast area, or why a member would touch an area even close to their genitals or breast area. If a member needs to examine or palpate tissue in the genital area, the member is advised to explain why this is indicated and precisely what will be done, obtain an informed consent, have a witness present and do everything possible to avoid inadvertent touching or brushing of the patient's genitals.

The professions of Chiropody and Podiatry are seen to have a low risk associated with sexual abuse of patients.

From January, 1994 to December 31, 2000, the College of Chiropodists has received a total of one complaint and no mandatory reports relating to sexual abuse of patients, distributed as shown in Table 2.

Table 1. Complaints and Reports of Sexual Abuse by Chiropodists and Podiatrists, 1994 - 2000

Year	1994	1995	1996	1997	1998	1999	2000
Complaints	0	0	1	0	0	0	0
Mandatory Reports	0	0	0	0	0	0	0

3.0 Description of the COCOO Patient Relations Program

The RHPA stipulates that the College must have a PR program that includes measures for preventing or dealing with sexual abuse. The College submitted a Draft Patient Relations Plan to HPRAC in early 1995. A Plan was approved by the College's Council, but the Council was not fully functional at the time. Thus, in the fall of 2000, a reinvigorated PR Committee reviewed and updated the Patient Relations Plan This final Plan was approved by the Council in January 2001, and will be distributed to members in March 2001. The final Patient Relations Program includes (i) a discussion of the philosophy of the College regarding abuse, (ii) a definition of abuse, (iii) an abuse prevention plan, and (iv) mandatory reporting requirements.

The appendices of the Plan will be updated by the committee throughout 2001. Individual appendices will be distributed individually throughout the year. The appendices include (i) the Guidelines for Members of the College of Chiropodists of Ontario Principles of Communication, (ii) the Policy on the Administration of the Patient Therapy and Counseling Fund, (iii) the Reporting Abuse - Types of Reports document, and (iv) Patient Explanation and Consent Form for Reporting Abuse by a Health Practitioner.

The distribution of the Abuse Prevention Plan and its appendices is considered education to members, and will be undertaken during 2001.

The College began work in the area of sexual abuse prevention prior to the finalization of the Plan. The following list describes this work:

1. In 1993, information sessions were held throughout the province informing members of the new RHPA and the Chiropody Act. This included an explanation of the sexual abuse provisions under the Act.

2. In the summer of 1996, a brochure "Foot Care in Ontario" was made available to members. This brochure discussed the services of Podiatrists and Chiropodists, and the role of the College. It received extensive input from the membership.

3. In the spring of 1996, the PR Committee set up a 1-800 phone system. This system was initiated to provide service to members and the public outside of Metro Toronto in order to ensure greater access.

4. The College conducted a workshop in 1994, in cooperation with the Michener Institute, on "Sexual Abuse of Patients; Protecting Yourself and Your Patients" held at the institute (an education center for students of Chiropody).

5. In the summer of 1996, guidelines for members when treating incapable patients was prepared and sent to members.

6. In 1997, a guide to the Health Care Consent Act for Chiropodists and Podiatrists was prepared and sent to members.

7. In April of 1998, the College sponsored a PR workshop with members designed to help practitioners interact more effectively with their patients. Enrolment was limited to 25 people. The feedback the College received from this course was positive and participants said they learnt active listening skills, and specific skills for communicating.

8. In the winter of 1999, a feed-back questionnaire on the draft Code of Ethics was sent to members for input and comment. The final Code of Ethics was approved by the Council in September 2000.

The College has recently determined that the most appropriate and effective method of disseminating PR education materials is through the College bulletin. Articles on PR-related issues for inclusion in the bulletin are an on-going activity of the PR Committee.

The College has also been active in promoting PR related education for students of Chiropody. It has ensured that curriculum for Chiropody education covers the issues of abuse and abuse prevention, as outlined in the RHPA, the Standards of Practice and the Colleges' Statement of Philosophy with respect to abuse. The curriculum is presented by the Registrar and is done in three sessions of three hours each, over a period of three weeks. PR related issues are discussed throughout the sessions. In addition, the draft Sexual Abuse Prevention Plan has been distributed to students. The final plan will be distributed to students in 2001.

As part of the PR program, the registration examination contains testing on components that cover jurisprudence and aspects of the RHPA and Standards of Practice covering abuse, especially abuse of a sexual nature, abuse prevention and mandatory reporting.

College staff will receive training specifically related to PR and sexual abuse prevention in 2001. The College reports that staff have attended workshops, meetings and other events in which the topic of sexual abuse has been covered. In addition, the College has reported that there has been informal discussion with other College Registrars and investigators on the subject, and much reading has been done.

The College has done work to educate the public in terms of PR. In July 1994, the Federation of Regulatory Colleges distributed a brochure “A New System” to members for placement in patient waiting areas. In addition, an information sheet entitled “Foot Facts” was developed for distribution at the Bata Shoe Museum in 1997. This was a public relations initiative delivered by the College.

The College also developed a brochure “Foot Care in Ontario”, which outlines, in general terms, how to contact the College regarding any complaints about a member’s practice. A toll free number is available to callers from outside the Metro Toronto area.

In order to further educate both the public and College members, a College website was set up in 1998. In addition to other topics, the site provides extensive information on the PR program of the College, including (i) informed consent, (ii) communications (iii) confidentiality, (iv) professional conduct and accountability, and (v) sexual ethics.

Patient Relations Program Results Chain – College of Chiropodists of Ontario
Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines 1.1 Patient Relations Plan.	1.1.1 Submission of Draft Patient Relations Plan to HPRAC. It includes the philosophy of the College, a definition of abuse, abuse prevention plan and mandatory reporting requirements. Appendices include guidelines and principles of communication, the policy of administration of patient therapy and counseling fund, types of abuse reporting and a copy of the patient explanation and consent form for reporting abuse. *(February 1995).* 1.1.2 Distribution of Draft Patient Relations Program to members *(Winter 1999)*. 1.1.3 Approval of the Abuse Prevention Plan *(January 2001)*. 1.1.4 Distribution of Patient Relations Program to members *(100% of members by spring 2001).*	1.1 - College members are more aware of issues related to PR and sexual abuse prevention. - Members incorporate learnings into their practice, thereby maintaining high levels of competence and performance.	1.1, 2 - Health care of patients of Chiropodists is enhanced. - Patients and potential patients of Chiropodists are better served and protected against sexual abuse.
1.2 Code of Ethics.	1.2.1 Draft Code of Ethics, along with a feed-back questionnaire on Draft Code of Ethics, sent to members for input and comment *(Winter 1999)*. 1.2.2 Council approved Code of Ethics (Sept 2000).	1.2 - Code of Ethics is improved through member input. - Patient is better served and protected by application of Code of Ethics.	

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Sexual abuse prevention information provided to undergraduate Chiropody students.	2.1.1 The College ensured that Chiropody education program curriculum covers the issues of abuse and abuse prevention, as outlined in the RHPA, the Standards of Practice and the College's Statement of Philosophy with respect to abuse (3 *sessions of 3 hours each over 3 weeks, for a total of 9 hours per year).*	2.1.1a Ontario students of Chiropody have increased awareness of issues related to PR and sexual abuse. 2.1.1b New entrants apply the learning in their practice.	2.1.1 - Potential members of the College have increased confidence and competence. - Patient well-being is improved. - Patient image of professional and profession improved.
2.2 Registration Candidates examined regarding PR.	2.2.1 New registrants are tested on abuse and abuse prevention and mandatory reporting requirements *(100% of new registrants).*	2.2.1 - Increased knowledge new registrants regarding PR and sexual abuse. - New members incorporate learning in their practice, thereby maintaining high levels of competence and performance.	2.2, 2.3 - Reduce or eliminate sexual abuse. - Patient well-being is improved. - Patient image of professional and profession improved. - Member self-image and image of profession improved.
2.3 Member education.	2.3.1 Patient Relations workshop held for members *(April 1998).* 2.3.2 The College is preparing continuing education programs to ensure that professionals are fully aware of their obligations with respect to abuse and abuse prevention and mandatory reporting requirements under the RHPA *(This is an ongoing activity. The PR Committee has identified that the newsletter will be their vehicle of communication with members).*	2.3.1, 2 - Members are more aware of PR and sexual abuse prevention. - Members incorporate learning into their practice, thereby maintaining high levels of competence and performance.	

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council 3.1 Training sessions for staff and council members regarding PR and sexual abuse.	3.1 Budget in place to train staff and council members regarding PR and sexual abuse in 2001.	3.1 Increased PR staff and council knowledge of issues and expectations around PR and sexual abuse. - Increased PR staff capacity to respond to member questions and concerns. - Improved consistency in responding to questions and complaints. - Improved PR programs due to increased staff and council member knowledge.	3.1 - Better outcomes for patient concerns. - Improved patient satisfaction with health care providers, council members and staff of COCOO. - Member's image of COCOO is improved.
4. Inform the Public 4.1 Develop and distribute brochure.	4.1.1 Brochure entitled "Foot Care in Ontario" is distributed to members for distribution to the public. The brochure includes the College phone number in case of question, concerns or complaints. It also includes general information on the college and the professions *(Brochure distributed but currently out of print).* 4.1.2 New materials are developed to promote the College to the public *(This project is currently underway and will be complete by Summer 2001).*	4.1.1, 4.1.2 - Increased awareness among patients regarding the College, the professions, common treatment, how to make an appointment, the cost of foot care. - The public is provided with the College's phone number in case of questions, concerns or complaints.	4.1 Public receives improved health care as a result of increased knowledge.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do COCOO PR activities meet the requirements of the RHPA, 1991?

The HPRAC requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The COCOO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the COCOO PR program address issues beyond sexual abuse?

The COCOO PR program addresses issues beyond sexual abuse. A PR workshop for members was held in 1998 to discuss sexual abuse prevention and PR. The members were educated on active listening and communication skills. The class was limited to 25 participants.

In addition, the College sets out principles of communication for their members, such as the importance of listening to patients. A standard of practice of the college involves members ensuring that patients comprehend assessment findings, diagnoses, treatment plan and prognoses. It also urges members to arrange for an interpreter when members are unable to communicate with patients due to a language barrier. In addition,

The College's Code of Ethics requires that members communicate complete, accurate information clearly to the patient "while establishing a feedback process to ensure individual understanding.

4.1.3 To what extent do the COCOO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The COCOO has fulfilled the requirements to inform new and current members of the requirements under the RHPA, 1991 re prevention of sexual abuse and to providing related training materials and opportunities. Training opportunities relating to PR and sexual abuse prevention for staff and council members are being planned for 2001.

2. The COCOO has staff available to respond to all public, patient and member inquiries, including complaints of a sexual nature. Staff will receive specific training in 2001.

3. COCOO provides some information to patients regarding their rights and responsibilities. The brochure entitled "Foot Care in Ontario" states: "You expect safe, effective foot care provided by qualified practitioners. So do we. We are the College of Chiropodists of Ontario, made up of Chiropodists and Podiatrists. We set standards of practice to ensure that you receive competent and safe care. All Chiropodists and Podiatrists who

practise in Ontario are responsible for meeting our standards. We are here to protect your interests." The brochure provides the College's phone number in case of questions, concerns or complaints. It does not mention the right of patients to receive care free from abuse, including sexual abuse. It also does not include information related to the complaints process.

The brochure does discuss the rights of patients relating to treatment cost. It states that patients have a right to know the cost of treatment prior to treatment being given.

New materials for public consumption are currently being developed and will be ready in summer 2001.

4. Both professional and human relations skills and knowledge development opportunities exist for Chiropodists and Podiatrists. The COCOO is active in educating new entrants to the practice through three sessions of three hours each over three weeks, for a total of nine hours per year. These sessions are taught by the Registrar and cover the issues of abuse and abuse prevention, as outlined in the RHPA, the Standards of Practice and the College's Statement of Philosophy with respect to abuse. The draft Sexual Abuse Prevention Plan has been distributed to students during these sessions. It is anticipated that the final version will begin distribution during the next scheduled session.

   The College is currently participating in a joint initiative of the Federation to develop a workshop on communications between practitioners and patients. This is currently going out as a request for proposal to appropriate consultants.

5. Information on appropriate professional behaviour is available to members through the Sexual Abuse Prevention Plan and its appendices, as well as the Standards of Practice and Code of Ethics documents.

6. Training material for students and members was developed specifically for the professions.

7. The College places some emphasis on educational material that encourages participation in treatment decision-making in a manner desired by the patient. The College emphasizes good communication and listening skills to its members through the Sexual Abuse Prevention Plan, but does not specifically encourage the participation of the patient in treatment decision-making. The Standards of Practice ensure that members will take reasonable steps to ensure patient comprehension of assessment findings, diagnoses, treatment plan and prognoses, but does not mention involvement of the patient in treatment decisions. The College recognizes that "consent is implied when the patient attends for the purpose of assessment for treatment, and that the nature of any treatment plan must be disclosed to the patient following such assessment prior to the implementation of the treatment plan". Again, this means that patients are provided an opportunity to deny treatment, but does not emphasize involvement in the treatment decision-making itself.

   The College has developed a paper on "Guidelines for Members when Treating Incapable Patients". This document discusses the actions a practitioner must taken in a situation where a patient is found incapable with respect to treatment.

8. The College PR material emphasizes that all touch may be potentially problematic. The Patient Relations Plan lays out the guidelines for appropriate touch, including having informed consent , having a witness present, and avoiding all touch that may be inappropriate. The College supports zero tolerance for all forms of abuse. It goes on to suggest that abuse is defined from the *patient's perspective.*

9. Ongoing development and training to members relating to PR and sexual abuse involves providing educational opportunities to all members on an on-going basis. This ensures that members - who were provided education at the advent of the RHPA in 1993, as well as during their education to become practitioners - receive continued education above and beyond these opportunities. On-going education related to sexual abuse and prevention has been underdeveloped at the COCOO in the past, but the College is currently preparing continuing education programs. The PR Committee has identified that the newsletter will be their vehicle of communication with members on an on-going basis. The renewal and distribution of the Abuse Prevention Plan and its appendices is considered education to members, and will be undertaken during 2001 through the newsletter. In addition, the College is encouraged to repeat the workshop held in 1998 regarding PR.

10. There exists methods to induce members to participate in continuing education at the College. Members must provide a learning log to the College each year. If this is not submitted, the chances that the member may be subject to a peer assessment of their practice increases. This provides ample incentive for members to participate in continuing education programs.

11. The COCOO has not provided specific training for staff or council regarding PR and sexual abuse prevention. This training is planned for 2001. According to the College, although staff members may not have attended courses/programs specifically related to sexual abuse, the topic has been covered in a number of workshops, meetings and other events attended by staff. This includes the Investigator's Network meetings, meetings/discussion of Bill 100, the *How to Conduct an Investigation* course, NICT course (basic), and many events and meetings hosted by the Federation. In addition, there has been much informal discussion with other College Registrars and investigators on the subject, and much reading has been done.

12. The Patient Relations Plan does not include targets for dates, locations or participation rates of members, council, staff or the public. The inclusion of this information would improve the program.

13. The COCOO currently does not have an evaluation plan for its PR program. At a meeting in October 2000, the PR Committee recommended that a future meeting of the committee will look at indicators of effectiveness and evaluation of the Patient Relations Plan.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The current area of concern for the COCOO regarding PR is to ensure that members have an up-to-date copy of the Patient Relations Plan. The final copy of the Plan has not yet been distributed to members. This is planned to occur in Spring, 2001. Appendices of the Plan will be distributed individually throughout the year using the College bulletin as the delivery system.

4.2.2 Efficiency

In terms of the College's attitude toward collaboration, COCOO would welcome and support collaborative efforts with the Federation and other health colleges.

In terms of the use of other college materials, the PR Committee is currently viewing the College of Nurses handbook and video, "One is One Too Many", in order to determine appropriateness for the COCOO.

The College has recently determined that the most efficient method of disseminating PR related materials is through the College bulletin.

4.2.3 Effectiveness

The College does not currently have methods in place to evaluate the effectiveness of the PR program, but the Committee has indicated that this is going to be a focus in the future.

4.2.4 Impact

The College suggests that a study to evaluate the societal impacts of the College's PR program would best be done through a collaborative effort with the other Colleges, with assistance from HPRAC and/or the Federation.

4.2.5 Equity

All members of the College across Ontario have equal access to the program. Student Chiropodists are provided with education on a yearly basis. Educational material is sent through the bulletin to all members. Attendance at the PR workshop in 1998 was open to all members, but was limited to 25 participants.

The PR Plan given to all members states that abuse is defined from the *patient's perspective*. It recognizes that culture, age, socio-economic status and particular sensitivities and vulnerabilities affect how patients may perceive communication with members of the profession.

5.0 Conclusions

1. The COCOO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas. Certain areas which need further attention to ensure success are noted below.

2. An area of strength in the COCOO PR program is the high level of public involvement in the implementation of the program. Two of the four members of the committee are public appointees, and they spend a higher percentage of time working with the College to develop and implement the program compared with other regulated Colleges.

3. A further area of strength is the emphasis in the PR Plan that abuse is defined from the patient's perspective, recognizing that factors such as culture affect how patients may perceive communication with Chiropodists and Podiatrists.

4. The PR workshop held in 1998 (to help practitioners interact with patients more effectively) was a success. According to a survey of participants, 100 percent of the participants would recommend the workshop to colleagues. This workshop was limited to 25 participants and has not yet been repeated. Regular workshops would improve the program and ensure that the message regarding the importance of communication between practitioner and patient is being delivered to a larger percentage of membership.

5. An opportunity for improvement for the College is in the area of staff and council training. Staff and council have not received specific training related to PR or abuse prevention. Budget is in place in 2001 for such training. The development of a written protocol for staff dealing with patient complaints relating to sexual abuse would improve the PR program. Formalized training on a regular basis would improve the program and help to ensure improved patient relations.

6. The College has produced a general information brochure for patients. It outlines, in general terms, how to contact the College regarding any complaints about a member's practice. The brochure specifically states that patients have the right to know the cost of treatment before treatment takes place. It does not specifically address prevention of sexual abuse, and it does not explain the complaints process to the patient. The College is currently developing new public information materials, and is encouraged to include these concerns in their development.

7. The COCOO currently does not have an evaluation plan for its PR program, although the PR Committee has made a commitment that time will be spent at a future meeting to look at indicators of effectiveness and evaluation of the Patient Relations Plan.

8. There appears to be an opportunity for improvement of the COCOO PR program in terms of documented planning for activities under and by the PR Committee. There are no specifics as to targets, member participation rates, etc. The College is encouraged to utilize the results chain as a starting point for documenting more detailed program activity plans, expected outputs, outcomes, and related targets.

9. <u>Likelihood of success</u>

- Analysis of the results chain show the activities of the PR program of the COCOO should logically lead to some reduction in abuse, along with other desired outcomes and impacts. It is believed that the likelihood of success will increase by the College adopting the recommendations within this evaluation.

- Improvements to the PR materials for public consumption will increase the likelihood of success. The College is currently revamping these materials, and is encouraged to include suggestions from this evaluation in their development.

- Specific training related to PR and sexual abuse to staff and council would further increase the likelihood of success.

- In the event that best efforts fail to prevent a Chiropodist from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That training sessions specifically related to PR be provided on a regular basis to all staff and council members. Furthermore, that a protocol be developed for staff dealing with patient complaints relating to sexual abuse. That a discussion of the protocol within the training session be undertaken.

2. That the College continue its efforts to work with the Federation to develop a workshop on communications between practitioners and patients that is currently underway. In addition, the PR Committee should plan to repeat, *on an annual basis*, education related to improved communication between practitioners and patients. Initial steps made by the College include a workshop delivered in 1998 designed to help practitioners interact with patients. Considering the success of the workshop and its utility in improving relations between the patient and practitioner, it is recommended that the workshop be repeated on an annual basis.

3. That the College continue efforts to further develop their public education program. The current material does not provide the public with an outline of the rights and responsibilities related to their professions. It also does not specifically address prevention of sexual abuse. The College is encouraged to include such information in the materials currently being developed. Some of the information found in the College's PR materials intended for members could be used as templates for information intended for the public. For example, the section on obligations/responsibilities to the public, found in the Code of Ethics, could be used to develop the public education materials.

4. That the COCOO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

5. That the COCOO establish and implement a monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

College of Chiropractors of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Chiropractors of Ontario (CCO) and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with the Patient Relations Committee on December 5, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

Self-governance of Chiropractors predates formation of the CCO with proclamation of the Regulated Health Professions Act in 1993. Chiropractors began seeking status as a self-governing college in 1915, were placed under the control of the College of Physicians and Surgeons in 1923, were recognized along with osteopaths and drugless healers in 1925, and finally achieved independent self-governing status with creation of the Board of Directors of Chiropractic in October 1952.

The CCO Council is made up of nine elected professional member positions and seven appointed public members.

The College's mission is, "To govern the Chiropractic profession in the public interest." Its vision statement, includes terms such as, equity, fairness, integrity, compassion, quality improvement, and patient-first.

It carries out its mandate through nine committees: Executive, Complaints, Discipline, Fitness to Practice, Patient Relations, Quality Assurance, Registration, Advertising, and Chiropractic Review.

2.2 Size and Resources

The College currently regulates more than 2,570 Chiropractors. Of these members, approximately 75% are male, 25% female, and 96% reside in Ontario.

In the fiscal year ended December 31, 1999, CCO reported income of $2,450,397 of which 84 percent came from membership fees. Costs for the year totaled $1,717,492, leaving an excess of income over expenses of $732,905. Net assets were $2,391,720. (Registration fees were $850 in 1999, $750 in 2000, and are $650 for 2001.)

Patient Relations Program expenditures are not segregated. The PR Committee budget for 2000 was $10,000. However, this does not include any of the communications or supporting staff costs. Total communications costs for the College were estimated to be more than $163,000 in

2000 and are budgeted at $150,000 for 2001.

The CCO has eight full-time employees; the Registrar, an Executive Assistant, a Registration Coordinator, a Receptionist, an Investigations/Resolutions Officer, an Administrative Assistant, a Financial Officer and a Communications Officer. There is also a part-time Director of Professional Practice.

The Patient Relations Committee is composed of one elected member of Council, two public appointed members of Council and two non-Council members of CCO. The Registrar and the Communications Officer provide staff support to the Committee.

2.3 Risk of Patient Abuse

Chiropractors deal one-on-one with patients and have direct physical contact with patients. Some of the treatments involve contact which could easily be misconstrued as being of a sexual nature. The treatment setting varies from large open rooms with a number of people present at all times to small rooms for private treatments. The circumstantial risk for real or perceived patient abuse in the professions is moderate to high. As with all health care professions, actual risk depends on the behaviour of the professional and the patient in a given situation.

Table 1 presents the number of complaints, allegations and allegations of a sexual nature received by the CCO for the years 1993 to 1999. The number of allegations exceeds the number of complaints since some complaints involve several allegations.

The CCO presents a more detailed breakdown of complaints and/or allegations by type in its annual reports. However, the categories change from time to time, and the inclusion of a carry-over from the previous year makes it impossible to break the data out on an annual basis.

Table 1. Number of Complaints and Allegations Received by the CCO, 1993 - 1999

Year	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**
Total Complaints	64	71	62	69	81	62	56
Total Allegations	N/A	80	78	N/A	123	N/A	84
Allegations of a sexual nature	17	10	11	5	1	4	8

3.0 Description of the CCO Patient Relations Program

The Patient Relations Committee Vision Statement, approved by Council in September 1994 and reconfirmed in October 2000 reads:

The Patient Relations Committee seeks to implement a proactive patient relations program and promote confidence in the profession of Chiropractic by making the program visible to the public, to chiropractic, to other health care professionals and to the government.

In particular, the Committee is interested in ensuring that members are fully informed regarding the nature of professional relationships, that policy making and complaints processes of the College of Chiropractors of Ontario are open and accessible to the public, and that members of the public are fully informed regarding their rights to safe, effective and ethical Chiropractic care.

The accompanying Committee Terms of Reference identify nine areas of responsibility:

a. Develop and implement a program to enhance relations between the patient and the practitioner.
b. Develop and implement measures for preventing and dealing with sexual abuse of patients.
c. Reporting to HPRAC.
d. Develop and deliver educational requirements for the members and training for CCO staff.
e. Develop guidelines for the conduct of members with their patients.
f. Provide information to the public about their rights.
g. Administration of the funding program.
h. Develop guidelines for the members to assist them in dealing with all aspects of doctor-patient needs.
i. Make recommendations to Council respecting new regulations or policies related to the Patient Relations mandate.

The following results chain presents a summary of the CCO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of Chiropractic patients in Ontario, with a target of zero abuse of patients by Chiropractors in Ontario.

Note: Inputs for carrying out the PR activities are not segregated, and thus not included in the results chain.

Patient Relations Program Results Chain – College of Chiropractors of Ontario

Logic and Targets: Inputs are described in the text. *(Targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 PR Committee terms of reference.	1.1.1 Sexual Abuse Prevention Plan *(March 1992, Revised Sept 1994, Reaffirmed Oct 2000)*. 1.1.2 Terms of Reference *(May 1996 Oct 2000)*.	1.1, 1.2, 1.3 College staff and Committee members are more aware of issues and standards of practice around PR.	1.1, 1.2, 1.3 -The status of status of Chiropractic as a profession is enhanced. - The public is better served and protected.
1.2 Policies.	1.2.1 Zero Tolerance *(Sept 1994, June 1997)*. 1.2.2 Dual Registrants *(July 1995).*		
1.3 Guidelines.	1.3.1 Prevention of Sexual Abuse of Patients. *(Feb 1995, Oct 2000)*. 1.3.2 Guidelines for Office Staff. *(July 1996, Oct 2000)*. 1.3.3 Establishing a Personal Relationship with a Patient. *(Sept 1996, Oct 2000)*. 1.3.4 Where's My Line? *(1994)*.		
1.4 Internal Procedures.	1.4.1 Complaints. 1.4.2 Funding for Therapy and Counseling.	1.4 College staff and Committee members are more aware of and utilize internal processes and procedures related to PR issues.	1.4 Members, patients and the public are better served by the CCO.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Educate people seeking entrance to practice (students and others applying for admission).	2.1.1 Ethics & jurisprudence course - Students must attend discipline hearing and CCO Council meeting to graduate. 2.1.2 Ethics and jurisprudence exam. 2.1.3 Annual presentation at CMCC.	2.1.1, .2, .3 New entrants have increased awareness of : - RHPA requirements, - CCO patient relations policies, guidelines and expectations, - Continuing education requirements, - Reporting obligations of Chiropractors, - Complaints and disciplinary processes - Support available from CCO. 2.1.1, .2, .3 New entrants will apply the policies and guidelines in their practice.	2.1.1, .2, .3 New members attitude toward CCO is improved. 2.1.1, .2, .3 - New members confidence and competence is improved. - Patient satisfaction with new members is improved.
2.2 Training and support for members.			
2.2.1 Newsletter *(Ongoing, 3 to 4 times per year)*.	2.2.1 Articles in ChiroPractice *(1994 - 3, 1995 - 2, 1997 - 1, 1998 - 2, 2000- 1)*.	2.2.1, 2 & 3 - Members identify and undertake learning in areas of need, - members incorporate learning into their practice, thereby maintaining high levels of competence and performance. *(Global target: Zero abuse of patients by Chiropractors in Ontario.)*	2.2.1, 2 & 3 - Member self-image and image of profession improved. - Patient image of professional and profession improved. - Patient well-being is improved.
2.2.2 Ready reference resources.	2.2.2a ChiroCare Binder *(Given to new members, updates sent to existing members)*. 2.2.2b Video, Sexual Harassment and Abuse plus written materials and questionnaire *(Order form sent to members)*. 2.2.2c Website PR content.		
2.2.3 Educational events.	2.2.3 Presentations to OCAs *(11 or 12 out of 20 to date)*.		

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Understanding the legislation.	3.1.1 Why is Govt Doing What It's Doing? *(Communications Officer, October 1993).* 3.1.2 Administering the RHPA *(General Counsel, Communications Officer, February 1994)*. 3.1.3 Implementing Bill 100 *(General Counsel, April 1994)*. 3.1.4 Quality, Change and Constraint:.. *(Registrar, April 1994)*. 3.1.5 Discipline Process Under RHPA *(General Counsel, March 1994)*.	3.1 - Increased staff understanding of the legislation. - Increased staff ability to ensure CCO is in compliance with the legislation. - Staff provide correct information to members and the public.	3.1 Increased process efficiency, reduced costs.
3.2 Issue sensitivity and skills training.	3.2.1 Workshop by Mary Addison on dealing with sexual abuse claimants *(All six staff, with Chiropractors, November 1994)*. 3.2.2 No Place for Violence *(Communications Officer, February 1994).*	3.2.1 - Increased staff sensitivity and skills in dealing with complaints and victims of abuse. - Increased staff knowledge of issues and expectations around patient relations.	3.2.1 Improved member satisfaction with CCO and staff.
3.3 Internal process training. 3.4 Resources training - Committee terms of reference, policies, guidelines, ChiroCare binder, etc.	3.3 and 3.4 - All new staff and Committee members receive orientation to all committee functions by the Registrar, plus an annual orientation for all staff and Committee members.	3.2, 3 & 4 - Increased staff capacity to respond to member questions and concerns. - Improved consistency in responding to questions and complaints. - Increased Councillor's awareness of issues and better handling of cases.	3.2, 3 & 4 - Improved patient satisfaction with CCO and staff. - Improved equity for abused patients.

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Material available to public in member's offices *(Ongoing)*.	4.1.1 Federation brochure(s) in offices, paid for by CCO.	4.1.1, .2, .3 Increased patient and public awareness and knowledge about CCO PR Guidelines, patient rights, complaints process, role of the CCO, etc.	4.1, 4.2, 4.3, 4.4, 4.5, 4.6 - Increased sense of equity, - Improved public image of the CCO. - Improved public image of Chiropractic profession.
4.2 Material mailed to large stakeholder list beyond members *(Ongoing)*.	4.2.1 Newsletter. 4.2.2 Policies, Guidelines, etc. 4.2.3 Annual Report.		
4.3 Press release in crisis areas.	4.3.1 Press release to newspapers in area surrounding serious sexual abuse case.	4.3.1 Heightened awareness of patient rights, the role of the CCO, and how to contact the CCO within the affected area.	
4.4 Maintain website *(Ongoing).*	4.4.1 Up-to-date information available to the public on the CCO website: - Vision, Committees, Guidelines, Standards, Complaints process, How the College Protects the Public, Public Register, etc.	4.4.1 Similar to 4.1 & 4.2.	
4.5 Respond to telephone calls *(Ongoing)*.	4.5 Hundreds of calls received each year. Collect calls accepted. Nine languages are both spoken and written by CCO staff.	4.5.1 Callers better informed about the subject of their call(s).	
4.6 Council meetings open to the public *(Ongoing)*.	4.6 Meeting dates publicized in Toronto newspapers, Newsletter.	4.6.1 Public in Toronto area and public stakeholders on mailing list may be better informed of opportunity to attend CCO Council meetings.	

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CCO PR activities meet the requirements of the RHPA, 1991?

The HPRA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CCO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CCO PR program address issues beyond sexual abuse?

The CCO along with the College of Massage Therapists and College of Physiotherapists of Ontario produced a six page publication, Where's My Line. It provides comprehensive information for health professionals about defining and respecting personal boundaries in health care relationships. The material is presented in a manner and at a level that would also be appropriate for informing patients and the general public.

4.1.3 To what extent do the CCO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CCO has taken a proactive approach to informing new and current members, patients and the public re prevention of sexual abuse and their obligations/rights under the RHPA. More comprehensive information has also been distributed through the newsletter and the publication, What's My Line? The newsletter, Federation brochure and Annual Reports are mailed to an extensive list of stakeholders. The CCO also sent a press kit to the ethnic press and proposed a shared advertising approach to the Public Education Working Group of the Federation.

   All members were sent a Self-Assessment Survey by which they could assess their level of competence in eleven areas. The College has also established a partnership with the Canadian Memorial Chiropractic College (CMCC) to design individual programs for members identified as needing remedial training through the random portfolio review process. The CCO does not directly deliver training to members.

2. The CCO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. The CCO has provided copies of the Federation brochure, "You Expect Quality Health Care", for members to make available in their offices, and has distributed these to the wider list of stakeholders, including target vulnerable groups. This information is not very informative regarding patient rights and obligations.

4. It is not clear what professional skills/knowledge training and human relations skills/knowledge training is available for CCO members beyond remedial programs with the CMCC and general communications type courses available through educational institutions and at professional conferences.

   While maintaining professional competence is the responsibility of each member, the CCO has been proactive in ensuring that all new entrants receive training related to requirements of the RHPA, 1991 and the Colleges Zero Tolerance policy through the Ethics and Jurisprudence course and exam, plus an annual presentation by the CCO to students at the CMCC.

5. Where's My Line was sent to all members in 1994 and a self exam on professional boundaries was included in the December 1998 CHIROPRACTIC. Guidelines, policies and the Code of Ethics are available on the College website. Information is also available to members, patients and the general public on request from the College. The CCO does not have a toll free number but accepts collect calls.

6. Training material for students and members was/is developed specifically for Chiropractors. Most of the training available is through the CMCC for students and members engaged in individual remedial programs. Continuing Education opportunities are available to members through the Ontario Chiropractic Association, the Canadian Chiropractic Protective Association and the Canadian Chiropractic Association.

7. A number of standards, policies and guidelines of the College deal with informed consent. However, none of the material we were given to review directly addressed the issue of "treatment decision-making" in a manner *desired by the patient.*

8. Guideline G-001, Feb. 1995, Oct. 2000, includes a section on Consent to Touch and advises that "the patient is entitled to know why, where and when he/she is to be touched." We interpret this as recognition that all touch can be problematic. There is also recognition that individual patient circumstances can influence perceptions. An article in CHIROPRACTIC, October 1997, by Dr. Don Langford on "Treating Patients Who Have Been Abused" says, "If you are aware or suspect a patient has a problem with touch, give particular attention to your discussion of procedure."

9. The CCO monitors the results of the member self-assessment survey along the dimensions of "benefit from assistance", "feel comfortable", and "particularly strong". This is an ongoing activity that will identify areas of significant need across the profession. There are also plans to conduct a benchmark survey to determine members current level of awareness of sexual abuse and boundaries issues and to provide needed information/training through newsletter articles, presentations, workshops and seminars.

10. Members are required to involve themselves in both structured and unstructured continuing education related to Chiropractic practice, and maintain a record of their CE activity in their Professional Portfolio. The Quality Assurance Committee requests and reviews the Professional Portfolios of members on an ongoing basis and provides feedback on the adequacy/sufficiency of the information provided. CCO does not dictate the total number of hours of subject matters.

11. In 1993 and 1994 there was a lot of staff training activity. Since then it has been minimal. There has been no systematic training provided for Council and Committee members. Gender sensitivity training is currently being planned for Council and staff. We note that this training was originally approved by Council in 1997.

12. The CCO PR Committee does not have a detailed plan that documents planned activities with target dates, locations, participation rates, etc. There was a PR Communications Plan in 1994 and a similar plan is currently in draft form for presentation to Council in early 2001. Identification of key milestones and appropriate time lines is on the PR Committee agenda for February 20, 2001.

13. The CCO does not have an evaluation plan for its PR activities, although discussions between CCO and the Canadian Memorial Chiropractic College have taken place.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CCO has identified sexual abuse of patients by members. Understanding and application of professional boundaries by members are issues with which the College must deal. An examination of the complaints and allegations data supports this statement.

Analysis of the results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for sexual abuse, an increase in awareness and knowledge of issues and expectations re professional boundaries, and improved member-patient relations.

4.2.2 Efficiency

The CCO seeks efficiency in program development and delivery by working with other Colleges through the Federation to prepare and deliver materials to members and the general public, and by sharing materials with other Colleges.

Internally, the CCO Investigations/Resolutions Officer specializes in patient relations issues and sensitive calls are directed to her. The Registrar has a masters degree in social work and is available to handle PR issues as well. At the program level, Executive Committee coordinates all communications/publications matters relating to PR, which would presumably lead to efficient integration with all other College activities.

Since there were no specific targets set for PR program activities , no comment can be made about efficiency of program delivery.

4.2.3 Effectiveness

No formal evaluation of PR program effectiveness has been conducted. However, the fact that there have been applications for funding for therapy and counseling indicates that they have been successfully made aware of the fund. Seminar and presentation feedback has also been positive. Evidence of application of learning is expected to be gained from the random portfolio audits.

4.2.4 Impact

CCO has no plans to evaluate societal level impact of their PR program.

4.2.5 Equity

The CCO newsletter is sent to all members and programming for students is delivered at their educational institution. The College has conducted "roadshows", delivering programs to members in a number of locations across the Province. Presentations were made in five locations in 2000, and five have been made or scheduled in the first three months of 2001. Even though the College has a staff of only 8 people, it is able to respond to inquiries, both verbally and in writing, in nine languages. The College is also responsive to individual member needs and has made accommodations for members who are visually impaired.

However, there has been no broad assessment of the need for specialized training for members with special needs, or of culture specific education and training needs for members working with patients in minority cultures. It is assumed that the training received in College is adequate. If the CCO received a request from a member, it would try to find a source of training.

5.0 Conclusions

1. The CCO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect.

2. An area of strength in the CCO PR program was being quick off the mark in getting all the foundational policies and guidelines in place and providing training for staff. Partnering with two other Colleges to produce the personal boundaries document, <u>What's My Line</u> was also commendable as it laid the foundation for a comprehensive approach to PR.

3. There appear to be two significant opportunities for improvement of the CCO PR program. The first is to use the results chain for documenting more detailed program activity plans, expected outputs, outcomes, and impacts, and related targets. The second is to establish and implement a monitoring and evaluation plan to facilitate program management.

4. <u>Likelihood of success</u>

   - The CCO does have a problem with patient relations regarding sexual abuse and is concerned about the level of the problem. The actions being taken should logically lead to a reduction in sexual abuse of patients by members.

   - Likewise, the CCO efforts to address personal boundary issues in professional-patient relations should logically lead to improved communications and more appropriate relationships.

   - Communication between Chiropractors and patients is a two-way street. The chances of success for the CCO PR program would be enhanced if all patients of Chiropractors were informed about their rights and obligations as patients as well as the rights and obligations of the Chiropractor.

- The CCO has identified desired outcomes and impacts from its PR activities by contributing to construction of the results chain contained in this report. The connection between the activities and desired results is plausible. However, there is no magic recipe that says what level of activity is necessary to achieve the desired results. Hence, monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- The College's disciplinary process is available to provide appropriate sanctions, including revoking that individual's registration and right to practice in Ontario should a member be found guilty of abusing patients, either sexually or in other ways.

6.0 Recommendations

1. That the CCO continue to actively consult its members as it attempts to reduce and ultimately eliminate sexual abuse of patients by members.

2. That the CCO PR Committee annually confirm a three-year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three-year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That the CCO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

4. That the CCO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CCO programs.

5. We note that the CCO participates in all of the working groups of the Federation of Health Regulatory Colleges, and that the Registrar is on the Executive Committee of the Federation. We recommend that the CCO continue to seek efficiencies through this type of participation.

The College of Dental Hygienists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Dental Hygienists of Ontario (CDHO) were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Fran Richardson and Evelyn Waters in December 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CDHO was established in 1993 to regulate the practice of dental hygiene in the public interest. Council is made up of eleven elected professional member positions and nine appointed public members.

The mission of the College of Dental Hygienists of Ontario is to develop, advocate and regulate safe, effective dental hygiene practice for the promotion of oral health and well being of the public of Ontario.

It carries out its mandate through nine committees: Executive, Complaints, Discipline, Quality Assurance, Registration, Patient Relations, Regulations and Bylaws, Finance and Fitness to Practice Committees.

2.2 Size and Resources

The College currently regulates approximately 6300 members.

In fiscal year ended December 31, 1999, the College had revenue of $1,716,450, of which 87% was from registration and examination fees and 13% in investment income. Expenditures for the year totaled $1,494,119, leaving an excess of revenue over expenses of $653,012.

The Annual Report (1999) shows a budget of $59,615 for the Patient Relations Committee in 1999 and $61,896 in 1998. This does not include the salary of staff (part of the time of the Registrar and Deputy Registrar) working in the PR area.

The College has approximately eight full-time employees working in Registration, Administration and Quality Assurance.

2.3 Risk of Patient Abuse

From January 1994 to November 2000, CDHO received no complaints relating to sexual abuse of patients. The CDHO did receive complaints with respect to a variety of issues related to

treatment provided or not provided, administrative procedures, and other issues in the same time period.

3.0 Description of the CDHO Patient Relations Program

The Patient Relations program is managed by the Patient Relations Committee (PRC) of the College of Dental Hygienists. The PRC was established in 1992 and initially focused solely on sexual abuse issues. It coordinated the development of the required sexual abuse prevention plan and guidelines and standards related to this issue. More recently the mandate has broadened to include communications with the public.

Specifically, the mandate of the PRC (1999 Annual Report) is to implement a program which includes two distinct components:

1. Measures for preventing or dealing with sexual abuse of patients; and

2. Informing the public about the importance of oral health and the Dental Hygienists' responsibilities within health care.

The CDHO has a very low risk of abuse by its members. Following are the specific elements of the Colleges PR program that have been developed:

1. The Sexual Abuse Prevention Plan (1998) has been approved and is in place. It covers all elements of sexual abuse prevention including philosophy, educational requirements, guidelines fro members and requirements of the College.

2. Educational requirements for members include: (i) an instructor's guide for dental hygiene diploma programs, (ii) mandatory participation in the Quality Assurance Program including the development of a professional portfolio, establishment of learning goals, and identification of learning activities linked to needs. The overall goal of the QA program is to ensure that members adhere to standards of practice and the code of ethics.

3. Related to the education of members is a set of educational materials provided to members in a variety of ways. The newsletter contains a regular section on patient relations. Much of the material members need is available on the website. The CDHO has provided print brochures/pamphlets to members on the following items: Prevention of Sexual Abuse Brochure; The Public's Complaints Process; Code of Ethics; Professional Boundaries for Dental Hygienists in Ontario; and Responsibilities of Employers, Managers and Partners under the RHPA.

4. Training for College Staff has also been provided. The main vehicle for this has been the regular participation of College staff at eight conferences and training sessions from 1994 to present.

5. Public Education. The main focus of the PRC has been public education. The brochure "Oral Health Matters From Head To Toe" has been very broadly distributed. Approximately 60,000 brochures were sent out in the Fifty Plus magazine in Ontario. They have also gone to pharmacies and employers. Dental Health Week is a major focus, with activities planned in communities across the province. Materials have a broad focus on public awareness of the importance of Dental Hygiene. The website also has a broad focus on public education. CDHO has actively participated in the Federation

of Health Colleges programs in this area.

The following results chain presents a summary of the CDHO Client Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes.

(Inputs for carrying out the PR activities are not segregated. The CDHO representatives did not feel they could segregate these activities. The registrar takes the lead on education activities outside of sexual abuse while the A staff member serves the committee and pulls in resources from the College as necessary to meet the needs of the Committee).

Patient Relations Program Results Chain – College of Dental Hygienists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Prepare standards of practice, guidelines brochures in the following areas: *the Public's Complaints Process, Code of Ethics, Professional Boundaries for Dental Hygienists in Ontario, Responsibilities of Employers, Managers and Partners Under the RHPA.*	1.1.1 The Public's Complaints Process *(Approved in 1995)*. 1.1.2 Code of Ethics. 1.1.3 Professional Boundaries for Dental Hygienists in Ontario *(Approved 1997)*. 1.1.4 Responsibilities of Employers, Managers and Partners Under the RHPA.	1.1.1, .2, .3, & .4 - All Dental Hygienists have copies of guidelines and brochures *(mailed directly to members and/or available on website*).	1.1, 1.2 - The status of Dental hygiene as a profession is enhanced. - The public is better served.
1.2 Develop Sexual Abuse Prevention Plan.	1.2 Prevention of Sexual Abuse of Clients (*updated 1996*).	1.2 Members have a standard designed to indicate that no abuse of patients is to be tolerated.	
1.3 Set up procedures and Fund For Therapy and Counseling of Victims of Sexual Abuse.	1.3 $10,000 in the therapy and counseling fund.	1.3 No reported sexual abuse and no use of fund.	1.3 Record of low level of abuse and complaints continues.
1.4 Base line survey of Practise among members (*every 5 years).*	1.4 - 1995 survey completed.	1.4 Information on practise among members is known.	1.4 PR program continues to be based on reality of the Dental Hygiene profession.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Distribute abuse prevention education program: a) Instructor's Guide for the Prevention of Sexual Abuse of Clients; b) Articles in Milestones on Abuse Prevention; c) Brochure on Prevention of Sexual Abuse of Clients, d) Guidelines on Professional Boundaries, e) Registration Exam Questions on Sexual Abuse	2.1 a) Copy to all Colleges teaching Dental Hygiene in Ontario. 2.1 b) Newsletter on website and to all members. 2.1 c) d) All members receive brochure. 2.1 e) All persons taking exam answer questions.	2.1 a),e) New entrants have increased awareness of : - RHPA requirements, - CDHO practice guidelines and expectations, - continuing education requirements, - reporting obligations of Dental Hygienists, - complaints and disciplinary processes - resources and support available from CDHO. 2.1 b) c) d) Members aware of best practices	2.1 a) b) c) - Quality of care continues to improve as highly skilled graduates enter the dental hygiene profession. The probability of patient abuse remains low. Confidence in the dental hygiene profession is improved.
2.2 Distribute: "Instructor's Guide for Dental Hygiene Diploma Programs".	2.2 Copy to all Colleges teaching Dental Hygiene in Ontario.	2.2 New entrants have increased awareness of : - RHPA requirements, - CDHO practice guidelines and expectations, - continuing education requirements, - reporting obligations of Dental Hygienists, - complaints and disciplinary processes - resources and support available from CDHO.	2.2 Uniformly high quality of care provided by all graduates.

Activities	Outputs	Outcomes	Impacts
2.3 Distribute: standards of practice, guidelines brochures in the following areas: *The Public's Complaints Process, Code of Ethics, Professional Boundaries for Dental Hygienists in Ontario, Responsibilities of Employers, Managers and Partners Under the RHPA.*	2.3.1 All members have standards of practise, code of ethics, etc. 2.3.2 Managers, employers receive guidelines for use in working with Dental Hygienists.	2.3.1 Members apply standards, guidelines, to their practise. 2.3.2 Managers create better working environment for their Dental Hygienists (DH).	2.3.1, 2.3.2, Patients receive better care and experience improved health.
3. Educate College Staff and Council			
3.1 Send staff to workshops, seminars, conferences.	3.1 Eight workshops training sessions attended between 1994 and 2000.	3.1 a) Increased staff knowledge of issues and expectations around patient relations, increased staff capacity to respond to member questions and concerns. b) Increased staff knowledge about how to deal with complaints and treat victims of abuse, increased staff sensitivity and skills in dealing with complaints and victims of abuse.	3.1 a) b) improved member satisfaction with CDHO and staff.

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Prepare and implement public communications program: a) *"Oral Health matters From Head To Toe*" b) Other brochures such as " *Smoking and Your Oral Health*" c) Joint advertisements in Toronto Star and Globe & Mail with Heart & Stroke Foundation d) Web page with CDHO background, history, structure e) Participation in National Dental Hygiene Week f) audio and video recordings.	4.1 a) 6000 copies to *"Fifty Plus"* magazine, 300 copies to pharmacies, 2509 copies mailed, copies to all members, etc. b) Distributed on request and in Dental health presentations c) All newspaper subscribers d) Web page hits by the public e) Broad media exposure through contemporary magazines and radio as well as local presentations, f) Presentations of audio and video tape.	4.1 a) to f) Potential to have interested public informed about role of the CDHO, public aware of rights and complaints procedures, public aware of role of regulated Colleges.	4.1 a) to f) Increased public awareness of Dental Hygienists and their role, improved quality of care provided to public and public better equipped to access care and ask knowledgeable questions.
4.2 Participation in Federation activities on the RHPA and self regulated professions.	4.2 Brochures and communication materials placed in health centers, doctor's offices and the media.	4.2 Public aware of role of regulated Colleges.	4.2 Public aware of safety and security provided by regulated health care.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CDHO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CDHO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CDHO PR program address issues beyond sexual abuse?

The CDHO PR program includes sexual abuse as well as materials on "boundaries" in general. Specific guidelines on communicating with patients, getting consent and touching are provided.

4.1.3 To what extent do the CDHO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CDHO has taken a proactive approach to informing new and current members of the requirements under the RHPA, 1991 re prevention of sexual abuse and to providing related training materials and opportunities. It has been innovative in the use of its website and has used a broadly based media campaign and communications with employers.

2. The CDHO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. Both professional and human relations skills and knowledge development opportunities exist for Dental Hygienists. Dental Hygienists are expected to take charge of the issue and implement a self-directed learning program under their QA educational program.

4. While maintaining professional competence is the responsibility of each member, the CDHO has been proactive in ensuring that all members are aware of the guidelines for patient care through the published guidelines.

5. Information on appropriate professional behavior with respect to PR is available on a 24 hour basis on the website.

6. Training material for students and members was developed specifically for Dental Hygienists.

7. Material that would refer to encouraging patient participation in treatment decision-making include the guidelines on professional boundaries, the code of ethics, and the materials

for students.

8. The CDHO has used regular surveys to improve and develop its program. Its baseline practice survey is among the best in the Colleges. This is also being used to evaluate the success and need for PR and QA programs

9. The CDHO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner.

10. The CDHO did not provide HCA with an evaluation plan for its PR activities. However, it did respond to the suggestion to use the practice survey (every 5 years) to assess effectiveness.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CDHO has given very significant and serious attention to all aspects of abuse prevention including sexual abuse. The degree to which they are serious is shown in the 1995 survey. CDHO has completed its sexual abuse prevention plan and continues to work with its members, staff and Council to ensure that this is not an issue. No complaints have been reported to date. After initial work in this area, the more recent (1998-2001) focus of PR has been communications to the public at large on Dental Hygiene and the role of the CDHO.

Analysis of the results chain shows the activities undertaken and planned should logically keep abuse levels very low, along with other desired outcomes and impacts of effective communications. In addition the activities around communications should contribute to general improvements in patient care and well being.

4.2.2 Efficiency

CDHO is a small College. It seeks efficiency in program development by working with other Colleges and national organizations. There is close cooperation between the College and the Dental Surgeons. Due to the small size of the College, it is easy to ensure that resources are shared.

CDHO also supports the other Colleges through the Federation of Colleges.

Since there were no specific targets set for PR program activities, no comment can be made about efficiency of program delivery.

Similar to other Colleges, CDHO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

There have been no sexual abuse complaints. Other complaints are dealt with using established procedures. There has been no evaluation of the broader effectiveness of PR except that done

in the PricewaterhouseCoopers report.

4.2.4 Impact

CDHO has no plans to evaluate societal level impact of their PR program. This would involve a cooperative endeavour with other Colleges and demand a significant evaluative effort to isolate the effect of the program from changing attitudes and trends in society as a whole.

4.2.5 Equity

The CDHO newsletter is sent to all members, programming for students is delivered at their educational institution, and the College delivers workshops across the Province. The practice survey has been analyzed with respect to equity concerns.

5.0 Conclusions

1. The CDHO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. An area of strength in the CDHO approach is its recognition of PR issues in the broadest sense of the word, and its focus on communication with the public.

3. There appear to be several areas in which the PR program could be strengthened. One is to set annual targets for programs and to follow up with evaluations linked to these targets. CDHO has a need to develop an integrated approach to evaluation to support its strategic plan. Specialists evaluation resources should be recruited or shared with other Colleges. Providing continued staff training in this area would help.

4. <u>Likelihood of success</u>

   - The CDHO does not appear to have a major problem with patient relations regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

   - Significant PR issues other than sexual abuse have been identified and have been incorporated into the program.

   - The comprehensive and professionally administered practice survey ensures continued awareness of the needs and an assessment of standards.

6.0 Recommendations

1. That the CDHO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. This should be linked to a three to five year plan for the College as a whole.

2. That the CDHO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to

maintain, modify or discontinue program activities.

3. That the CDHO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CDHO programs. Such a program could be supported by cooperation between Colleges.

4. That the CDHO continue to seek efficiencies through participation in the Federation and CDHO cooperation with other regulated health professional colleges and National Associations.

5. That CDHO review its annual survey to optimize design for evaluation purposes for all CDHO activities.

Royal College of Dental Surgeons of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care within their scope of practice. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the Royal College of Dental Surgeons of Ontario (RCDSO) and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Irwin Fefergrad, Registrar and Patricia Abbey, Manager, Public Complaints, on December 21, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The RCDSO was established by the provincial government in 1868 to regulate the practice of dentistry in Ontario. Its mission is to protect the public interest by regulating dental practice and facilitating ongoing competency of member dentists. The Registrar has paraphrased the overall objective of the RCDSO as “ensuring trust.”

The RCDSO Council is made up of twelve elected dentists, ten appointed public members and two appointed academic members. Twenty-one of these are men and three women (12.5%), all public appointees (RCDSO website, December 13, 2000). One woman has since been elected to Council.

The RCDSO carries out its mandate through thirteen committees: Executive, Complaints, Discipline, Fitness to Practice, Patient Relations, Quality Assurance (QA), Registration, Audit, Communications, Elections, Finance and Property, Legal and Legislation, and Professional Liability Program. These committees range in size from three to fourteen members, selected from the 22 Council members, plus 15 non-Council members.

2.2 Size and Resources

As at December 21, 2000, there were 8220 dentists registered with the RCDSO. 6449 (78%) of these were male and 1,771 (22%) female.

For the fiscal year ended December 31, 1999, the RCDSO reported revenue of $11,934,718, of which 64 percent came from membership fees. Expenditures for the year totaled $11,214,672, leaving an excess of revenue over expenditures of $720,046. Net assets were $31,512,230.

The RCDSO delivers its PR program through Committees other than PR, and does not segregate the financial data. Hence it was not possible to identify PR expenditures.

The RCDSO has forty-three full-time employees supporting the Committees and carrying out the operations of the College.

The Patient Relations Committee has five members, two government appointed public members, two non-Council professional appointees and one academic appointee. The Manager, Public Complaints and the Complaints Coordinator are dedicated to PR full-time and another twelve spend 80 percent or more of their time dealing with the public.

2.3 Risk of Patient Abuse

RCDSO members deal with patients one-on-one and have physical contact with their patients. While they are generally not alone with patients, the patients are often in vulnerable positions. The circumstantial risk for sexual and physical abuse is moderate. The risk for verbal abuse is higher. Within this setting, actual risk of Dentist-patient abuse will depend on individual propensities to cross boundaries.

The PricewaterhouseCoopers July 1999 report on the RCDSO shows that 29.5% of members who responded to their survey indicated they had had a complaint lodged against them. Table 1 presents data on disposition of written inquiries to the College, plus the number of complaints involving sexual misconduct, for the years 1994 to 1999. These data show that sexual abuse is an issue, but constitutes only a small fraction of total complaints. While they shed no light on what other issues were involved, nor by whom the complaints were filed, they do suggest that the risk of patient abuse by dentists includes more than sexual abuse, and that PR is a multi-faceted and serious issue for the RCDSO.

Table 1. Summary of RCDSO Disposition of Written Inquiries, Numbers by Year, 1994 - 1999

	1994	**1995**	**1996**	**1997**	**1998**	**1999**
Letters Received	303	321	300	337	355	367
Inquiries Resolved Outside the Formal Complaints Process	97	99	93	137	?	?
Inquiries Pending	0	20	66	?	?	?
Formal Complaints	229	221	216	230	193	217
Complaints Involving Sexual Misconduct *	5	8	6	6	4	4

* Includes sexual harassment complaints by dental office staff, pursuant to RCDSO Guidelines, 1994.

3.0 Description of the RCDSO Patient Relations Program

The PR program of the RCDSO is “quarterbacked” by the PR Committee but operationally delivered through all the Statutory Committees of the College. Based on the minutes of the PR Committee, it focuses almost exclusively on the issue of sexual abuse. However, vehicles such as Mandatory Continuing Education, the Practice Advisory Service, and the Professional Liability Program support a much broader PR program. The College has a particularly strong program of teaching at Dental Colleges to ensure up-front exposure of new entrants to issues, ethics and jurisprudence of dental practice in Ontario.

The following results chain presents a summary of the RCDSO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of RCDSO member’s patients, with a target of zero abuse of patients by RCDSO members.

Patient Relations Program Results Chain – Royal College of Dental Surgeons of Ontario

Note: Inputs for carrying out the PR activities are not segregated, and thus not included in the results chain.

Activities	Outputs	Outcomes	Impacts
1.Develop integrated framework of standards and guidelines			
1.1 Establish Committee terms of reference. 1.2 Develop Sexual Abuse Prevention Plan. 1.3 Review existing policies, guidelines and procedures within the context of the RHPA.. 1.4 Develop policies, guidelines and procedures to support the plan.	1.1 PR Committee Terms of Reference. 1.2 Sexual Abuse Prevention Plan *(July, 1992, revised in 1998).* 1.3 Recommendations for new/revised policies, guidelines and procedures. 1.4.1 Zero tolerance policy *(1991)*. 1.4.2 Guidelines for Professional Behaviour Regarding the Prevention of Sexual Abuse in the Dental Office *(November 1994)*. 1.4.3 Guidelines for Communicating With a Patient Incapable of Providing Consent *(June 1996).* 1.4.4 Sexual Abuse/Impropriety Investigation Protocol *(September 1998.)* 1.4.5 RCDSO Public Register By-Law *(March 2000).*	1.1, 1.2, 1.3 -College staff, committee members and others involved in the review process are more aware of issues, standards, guidelines and procedures relating to professional relationships and sexual abuse/improprieties. 1.2, 1.3, 1.4 - College staff integrate PR activities with other activities.	1.1, 1.2, 1.3, 1.4 - Members, patients and the public are better served and protected. -The profession of Dentistry is viewed as contributing to a compassionate and caring society.
1.5 Establish Practice Advisor Service *(Begun 1998)*.	1.5 Members have access to support on questions relating to all aspects of practice. 1.5.1 Practice Advisor available for consultation *(1998, ongoing)*. 1.5.2 “How can I help You” feature in Dispatch *(Ongoing)*.	1.5 -Staff recognize and deal with emerging issues. - Staff accumulate and utilize an inventory of information.	1.5 Capacity of RCDSO to serve members is increased

Activities	Outputs	Outcomes	Impacts
2. Professional Education			
2.1 Publish PR articles in newsletter, Dispatch.	2.1 1991, 2 articles; 1996 , 21 articles 1992, 3 articles; 1997, 9 articles 1993, 1 article; 1998, 12 articles 1994, 12 articles 1999, 7 articles 1995, 10 articles; 2000, 8 articles Dispatch is printed and distributed to all members . It is also posted on the website.	2.1, 2.2 - Create and increase members' and new member's awareness of their responsibilities under the RHPA. - Increase member's and new member's knowledge of and ability to deal with client relations issues. - Increase member's and new member's knowledge of issues and responsibilities related to prevention of abuse of patients by dentists and others. - Member's and new member's behaviour more likely to conform to standards.	2.1, 2.2, 2.3 - Member's self-image and image of profession improved. - Patient's image of professional and profession improved. - Patients receive better care.
2.2 Publish and distribute guidelines and standards to members, dental students and other applicants for registration in Ontario.	2.2 -Guidelines for Professional Behaviour Regarding the Prevention of Sexual Abuse in the Dental Office, Code of Ethics, Clinical Practice Guidelines and Standards, Mandatory Continuing Dental Education requirements, etc distributed to members and available on the College website. - Ethics & Jurisprudence presentation to students and new registrants.		2.3. -New members have greater confidence. - Patients/public have a positive image of new dentists.
2.3 Produce a video on sexual abuse for member's and potential member's use.	2.3 - Video, "Zero Tolerance", and self-assessment quiz produced and available for borrowing from the College on request by members, students, and others wishing to register as dentists in Ontario. - Publicized in Dispatch, December, 1998. - Two MDCE points available for viewing the video and completing the self-assessment form. - Included in curriculum of Ethics and Jurisprudence course for students and others wishing to register as a dentist in Ontario.	2.3 -Increase member's, student's and new member's awareness and knowledge of issues and responsibilities relating to prevention of sexual abuse of patients by dentists. - Increase likelihood of new members having the knowledge and skills to prevent and deal with sexual abuse early on in their career.	
2.4 Develop/deliver Professional Liability Program *(Ongoing).*	2.4.1 "Taking the Bite out of Dental Malpractice - A Risk Management Guide for Ontario Dentists" *(1994)*. 2.4.2 Risk Management Seminars at local dental society level *(about 10 per year)*.	2.4 -Increase member's awareness and knowledge of types of complaints and claims, factors contributing to these situations, and how to avoid them. - Improved Dentist-patient communications.	2.4 -Improved patient care. - Decreased cost of claims against dentists.

Activities	Outputs	Outcomes	Impacts
3. Education of College Council, Staff and Committee Members			
3.1 Orientation for new Staff, Council and Committee members.	3.1.1 Orientation Session *(Every 2 years)* 3.1.2 Update Session *(Every 6 months)*	3.1 Create awareness of the RHPA provisions on sexual abuse, College philosophy and publications and articles relating to patient abuse in new Staff, Council & Committee members and reinforce with continuing members.	3.1, 3.2, 3.3, 3.4, 3.5, 3.6 & 3.7 - Improved ability of the College to protect the public and to detect and respond to emerging issues.
3.2 College representatives attend workshops.	3.2 - College representatives attended workshop, "Sexual Misconduct by Professionals" given by Dr Gary Schoener in August 1993, sponsored by RCDSO.	3.2, 3.3 - Staff, Councillors and Committee members develop awareness and knowledge of the issues related to prevention of sexual abuse, and of the skills and values required to effectively implement a zero tolerance policy.	
3.3 Conduct a workshop for all staff, Councillors and Committee members involved with PR.	3.3 -"Understanding the Issues" workshop on sexual abuse and legal issues delivered to staff, Councillors and Committee members in November 1997.		
3.4 Dedicate a specially trained person to handle telephone calls, written inquires and formal complaints of a sexual nature.	3.4 - One full-time Sexual Abuse Officer. - Sexual Abuse Officer attends educational and training sessions as they become available.	3.4 - All complaints of a sexual nature are thoroughly investigated in a consistent, fair, objective and sensitive manner. - Sexual Abuse Officer is knowledgeable about and applies current methods and techniques for investigating and handling complaints of abuse by a professional.	3.4 All parties to complaints feel they receive fair and equitable treatment.
3.5 College staff present seminars and workshops.	3.5.1 INFONEX Workshops *(Teach and attend several per year)*. 3.5.2 CLEAR - licencure organization. *(Teach and*	3.5, 3.6 Staff become intimately aware of PR issues beyond sexual abuse and are able to present material to members.	

Activities	Outputs	Outcomes	Impacts
4. Public Education			
4.1 Publish and distribute brochure(s). 4.2 Make information on regulations and standards available to the public.	4.1, 4.2 - Role of the College, QA Standards and Guidelines, Ethics, Complaints and Discipline, and Patient Relations information available on College website. - Brochure, "Information about the Practice of Dentistry in Ontario", available to the public through members in both English and French. - Newsletter articles available on the website. - 1-800 number advertised in Yellow Pages across Ontario.	4.1, 4.2, 4.3 - Increased access of PR materials by the general public and patients. -Increased public awareness of the role of the College and how to access its services. - Increased use of College services by the public. - Complainants have a better understanding of the system and more informed expectations of time lines and results.	4.1,4.2, 4.3 - Improved public image of the College. -Increased sense of equity.
4.3 Provide information on complaints process and Alternate Dispute Resolution (ADR) to complainants.	4.3 - Complaints process information provided to all complainants and available on the College website. - video on ADR sent to complainants when the situation meets the criteria for ADR.		
4.4 Provide access to public portion of the Register.	4.4 Public information on each RCDSO member is available to the public on request.	4.4 Concerned public more knowledgeable about qualifications and practice status of dentist(s) in their area.	4.4 Public better protected from illegal and incompetent dental practitioners.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do RCDSO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The RCDSO PR program includes completed and on-going activities in all areas. However, efforts to inform the public following its initial foray into the TV Guide have been minimal.

4.1.2 Does the RCDSO PR program address issues beyond sexual abuse?

The RCDSO PR program officially focuses on sexual abuse. Complaints data plus reaction by some members to the RHPA definition of sexual abuse suggest that this is a serious issue that will require a concerted and ongoing effort to resolve. However, it is also clear that other PR issues exist, and the RCDSO has been addressing them as issues are identified through their Statutory Committees and other sources.

4.1.3 To what extent do the RCDSO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The RCDSO has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available. Members were less than enthusiastic about advertising the role of the College in the "Starweek TV Guide", feeling it was soliciting complaints.

2. The RCDSO has staff available to respond to all public, patient and member inquiries, including potential boundary violations, and has provided extensive training to prepare them for this role.

3. Patient rights and responsibilities are addressed in the brochures designed to inform the public, and in the "Patient Rights" information on the College website. The latter, however, fails to recognize the patient's right to be protected by the College, and is more of an ethical behaviour guide for dentists.

4. Both professional and human relations skills and knowledge development opportunities exist for RCDSO members. A mandatory continuing education program is in place, and the RCDSO grants CE credits for participation in qualifying courses.

5. Information on appropriate professional behaviour is readily available to members in the Guidelines and in the Code of Ethics. However, it tends to be very technically oriented, with little information on interpersonal relations and professional boundaries. Case by case information is available in the Malpractice Claims Prevention Bulletin, but it is intended as "practical advice to potential defendants." There does not appear to be any information presented from the patient's perspective.

6. The RCDSO has a very proactive and ongoing program for providing PR related education to Staff, Council and Committee members. The consultants did not see evidence of similar opportunities extended to members in general.

7. Training material for students and members was developed specifically for RCDSO members.

8. None of the training and other material we reviewed contained any reference to encouraging participation in "treatment decision-making" in a manner *desired by the patient.*

9. None of the RCDSO material on PR conveys the notion that all touch has the potential to be problematic.

10. Member's self-assess their learning needs through the mandatory CE program, and seek out opportunities to meet identified needs. The RCDSO identifies issues emerging from its Statutory Committees and plans appropriate educational responses on an ongoing basis.

11. Members reward for participation in continuing education is eligibility for continued membership in the College. Verification is through random office visits. Since the RCDSO QA regulation has not been approved by the government, they are conducting visits of offices where members volunteer to be visited. At this point, they have done about 300 voluntary site visits.

12. The RCDSO has taken an exemplary approach to orienting and training College staff, Councillors and Committee members. In addition, the College has identified initial orientation and training of publicly appointed members to the Councils of all Regulated Health Professional Colleges as an issue, and has offered to conduct a training program to meet this need.

13. The RCDSO does not have a Patient Relations Program plan with clearly documented target dates and other performance criteria.

14. The RCDSO does not have an evaluation plan for its PR activities.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The RCDSO approaches PR on an issue by issue basis. It has recognized sexual abuse as an issue and has activities in place to address the issue. It is currently dealing with informed consent. Data indicate that the PR issues being dealt with by RCDSO are real issues and that there is a plausible connection between the activities undertaken and the desired results relative to the issues. The volume of letters received and resulting formal Complaints suggest there are likely other issues to be addressed.

4.2.2 Efficiency

The RCDSO seeks efficiency in PR by integrating PR activities with those of other Committees, having Committee members sit on several committees to develop a broad understanding of the College and issues, dedicating staff to the PR area, and working closely with the Federation and other Colleges.

Similar to other Colleges, RCDSO strongly supports an integrated approach to providing public information on the role of the Colleges across all Regulated Health Professional Colleges. If the government is prepared to take this on, the RCDSO would be prepared to pay its share of the costs.

As there was no PR plan with documented targets, no comment can be made on efficiency in meeting targets.

4.2.3 Effectiveness

No formal evaluation of the PR program effectiveness has been conducted. However, member feedback from a questionnaire on the zero tolerance video indicated that members found the training helpful. Anecdotal evidence from complainants indicates they feel they have been treated fairly.

4.2.4 Impact

The RCDSO has no plans to measure the societal level impact of their PR program, and suggests this may be more of a government function.

4.2.5 Equity

The RCDSO newsletter is sent to all members and programming for students is delivered at their educational institution. The College has a 1-800 number and has a website. A total of $60,000 has been allocated in the 2001 budget for upgrading the website. About ten PLP program presentations are taken to local Dental Societies each year.

There has been no formal assessment of the need for specialized training for members with special needs. The PR Committee has started talking about diversity and wondering what they

should be doing.

Likewise, there has been no formal needs assessment to identify culturally specific education and training needs for members working with patients in minority cultures. Any training on cultural and gender sensitivity is done through Dental College programs.

5.0 Conclusions

1. The RCDSO is meeting the full requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect.

2. Two key areas of strength in the RCDSO approach to PR are its robust training program for Council, Committee and staff members, and its active role in the education program for students at the two Dental Colleges in Ontario. The former ensures that Council, Committee and staff members are aware of and sensitive to both current and emerging issues. The latter ensures that all new entrants to the profession are aware of the requirements under the RHPA, the expectations of the College, and methods to avoid causing harm to patients.

3. There are three areas the RCDSO might look at to improve their PR program.

4. The first is high level strategic planning to bring together all the PR related activities in the College. At present there is no documented high level PR plan that serves to guide the PR Committee or coordinate PR activities across the College.

5. Second, is taking a patient oriented approach to providing education for members. Other Colleges have taken a much more aggressive and generic approach using the Professional Boundaries material as the organizing concept. The present RCDSO material tends to suffer from an apparent underlying philosophy of protecting the members from complaints.

6. The final area is getting information to the public. Whether independently, or through joint efforts with the Federation, other Colleges, or the Ministry of Health and Long Term Care, the RCDSO must ensure that both halves of the Dentist-patient relations are fully informed.

7. <u>Likelihood of success</u>

- The RCDSO has addressed the sexual abuse issue with activities aimed at members and, to a lesser degree, the public. The student curriculum includes material addressing communications and PR from a broader perspective. Short-term impact would likely be increased by making more of the broader issue information available to members, and ensuring that this information addresses the key communications issues.

- The RCDSO has recognized the importance of educating patients and the public as well as members. As indicated above, some improvements can be made in all of these areas.

- The RCDSO had not previously documented the desired outcomes and impacts from its current PR activities. That was done as part of this evaluation, and the connection between the actions and desired results is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target populations of RCDSO members, patients and the public. The appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- In the event that best efforts fail to prevent a RCDSO member from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to provide appropriate sanctions, including revoking that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the RCDSO PR Committee establish a comprehensive PR program plan that incorporates all the PR activities in the College. The plan should be consistent with the longer term strategies of the College and address the major issues found from analysis of current data. This plan would be relatively strategic and provide guidance to PR activities across the College.

2. That the RCDSO PR Committee annually confirm a three year work plan, subject to Council funding, with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That the RCDSO seriously consider extending some of the sensitivity and professional boundaries type training they offered to Council and Committee members to the membership at large.

4. That the RCDSO develop a coordinated monitoring and evaluation for all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all RCDSO programs.

5. That the RCDSO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges, and particularly with respect to informing the public.

College of Dental Technologists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Dental Technologists of Ontario (CDTO) were gathered from written information provided by College staff for this evaluation and a face-to-face meeting with Emily Cheung, Registrar, as well as Dr. Minna Stein, Investigations, Complaints, Disciplines and Patient Relations Advisor on December 20th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CDTO is dedicated to the practice of dental technology in the public interest. The Governing Board of Dental Technicians of Ontario existed prior to 1995, when it was replaced by the CDTO.

The mandate of the College is to serve and protect the public by monitoring and regulating the practice of the Dental Technologists profession within the Regulated Health Professions Act and the Dental Technology Act. The purpose of the College is to regulate the profession, in the public interest, and to govern its members.

The College carries out its mandate through the following seven statutory committees: the Executive, Registration, Complaints, Discipline, Quality Assurance, Fitness to Practice and Patient Relations Committees. The College also has three standing committees: the Examination Committee (Task Force), Finance Committee and Publications Committee.

2.2 Size and Resources

The College currently regulates approximately 473 practicing members. Of these, 408 (86%) are male and 65 (14%) are female.

In fiscal year ending August 31st, 1999, the College had revenue of $521,176 of which 78% came from registration fees. Expenditures for the year totaled $391,109 leaving an excess of revenue over expenses of $130,067.

The College has three full-time employees, including the Registrar, Administrative Coordinator and an Administrative Assistant. Consultants are retained as necessary in the areas of Quality Assurance and Investigations, Complaints, Discipline and Patient Relations. While there are no staff directly related to PR, the Registrar reports spending approximately eight to ten percent of her time on PR related activities.

2.3 Risk of Patient Abuse

Dental Technologists, as a profession, rarely come into contact with patients. When they do, they are usually referred by Dentists and other Health Practitioners on such occasions as "shade taking", "shade adjusting" and "visual assessment". Risk of sexual abuse is considered low for this college.

In April 1995, Council - in recognition of the limited contacts between the profession and patients - formally approved that the CDTO's PR Committee broaden the scope of its program and guidelines to include "measures that enhance the relation of the profession with not only patients, but also clients, and co-workers".

Further in April, 1998, HPRAC advised the Colleges that "Professional Misconduct of a Sexual Nature" encompasses complaints of both patients and non-patients. HPRAC's interpretation therefore reinforces the scope of the CDTO PR program to include measures that enhance the relations of the Dental Technologists with patients, clients and co-workers.

To date, the College has had no complaints or mandatory reports regarding inappropriate relations of a sexual nature. Since inception, the College has had 15 complaints of a general nature, with no discipline hearings to date.

3.0 Description of the CDTO Patient Relations Program

The RHPA required that all colleges have in place a PR program by December 31, 1994. Since the College's Council election only took place in late November 1994, the College requested an extension of the deadline to March, 1995. The CDTO program was approved by Council in May, 1995 and forwarded to HPRAC at the same time.

The PR Committee meets four to five times per year. The College reports that between eight to nine percent of the entire budget is devoted to PR in one form or another. The committee reports that this will increase to approximately twelve percent in 2001 in order to do more work in the area of public awareness.

As background material for the PR program, the College has developed (i) a Patient Relations Policy on Sexual Abuse and Harassment, (ii) Professional Conduct Guidelines, and (iii) a Complaints and Investigation Procedure.

In 1998, the College screened and purchased training videos for the education of staff, Council and members. The videos are "One is One Too Many" (College of Nurses), "Proactive Management and Sexual Harassment" and "Sexual Harassment - Another Point of View". It was planned that within three years, all members will have viewed at least one of these videos. As of October 27, 2000, some 450 (out of 473) Dental Technologists had viewed at least one of the videos at the College's mandatory full-day jurisprudence information sessions. The purposes of the jurisprudence course are (i) to provide members with an overview of the legislation and policies that govern the practice of Dental Technologists and (ii) to educate members on ethics and professional conduct as well as practice standards. Seven courses have been conducted across the province since 1998. A survey of members is done after the jurisprudence course. It is planned that these courses will continue in the future.

Joint meetings of the PR committee, as well as the QA and Complaints Committees were organized to review and develop information leaflets on the PR policy and the complaints process. The revised information leaflets were circulated to members in December 1998. Using the newsletter, the College sends out any revisions to the policy or process on an annual basis. The College uses the newsletter to keep members updated on changes to policies and procedures.

In November of 2000, Council approved further revisions to the complaints process. Information leaflets on the complaints process and the PR program will be printed in March 2001. Similar information is currently posted on the College's website for members and the public.

In 1999, the PR Committee suggested to Council that individuals be trained to promote the profession to the public. This initiative involves talking to high school students about the scope of dental technology practice, ethics and professional responsibilities. Since it was initiated, the Council and the Publications Committee have begun recruiting volunteers and reviewing the content of the promotion leaflets to be distributed to the public. The plan is to distribute the leaflets in September 2001, and to complete a pilot of the program by December, 2001. The talks and distribution of the leaflets will continue on an annual basis.

In May 2000, the College sought assistance of a external consultant to guide the PR Committee, as well as the Complaints and Discipline Committees. Also in May, the College's legal counsel offered a training session on investigations, complaints and discipline to Council, Committee and staff members at the College.

The PR committee is currently working on a checklist for handling calls or letters of complaints relating to sexual abuse of patients and on drafting a regulation to explain the eligibility criteria on funding for therapy and counseling for patients sexual abused by members.

The College was selected by HPRAC, in a partially random process, for an on-site evaluation during the period November 3rd to 14th, 1997. In September of that year the Committee conducted a survey of approximately 10% of the membership by telephone to evaluate the PR program. The members selected were advised in writing prior to the survey. The results showed that over 90% of respondents were aware of the role and obligations of the PR committee, while over 70% found the PR program policy and guidelines useful, comprehensive and appropriate. Some members suggested (i) making the program more specific, (ii) more team work with members in program development, (iii) a workshop be conducted with dentists and related professionals to show them the CDTO programs. In general, members were complimentary of the College and its Committees.

The following results chain presents a summary of CDTO's Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is to prevent sexual abuse of patients by Dental Technologists in Ontario.

Patient Relations Program Results Chain - College of Dental Technologists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Development of a Patient Relations Policy on Sexual Abuse.	1.1 PR Policy on Sexual Abuse developed and disseminated to all members (*May 1995)*.	1.1 to 1.4 - Increased staff and council sensitivity to sexual abuse and harassment issues. - Increased staff and council awareness of appropriate professional conduct. - Increased staff and council knowledge regarding complaints and investigations process.	1.1 to 1.4 - Patients and potential patients are better served and protected. - The status of the profession is enhanced.
1.2 Development of a Professional Conduct Guidelines.	1.2 Professional Conduct Guidelines approved *(April 1995)* and disseminated to all members *(May 1995).*		
1.3 Development of a Complaints, Investigation and Penalties process.	1.3 Complaints, Investigations and Penalties process developed and disseminated to all members *(Dec 1996)*.		
1.4 Screen and purchase of appropriate training videos.	1.4 Appropriate videos screened and purchased.		

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Provide opportunities for member viewing of training videos.	2.1 Members view at least one video during mandatory jurisprudence information sessions (*As of October 2000, some 450 members viewed at least one video).*	2.1, 2 - Increased knowledge among members regarding patient relations and sexual abuse and harassment. - Members incorporate learning into their practice and human resources policies, thereby maintaining high levels of ethics and professional conduct in the day to day practice.	2.1, 2 - The public is better protected and served. - Increased member confidence in College. - Increased member confidence in professional behaviour. - Increased public confidence in the profession of dental technology.
2.2 Distribute PR related materials to members.	2.2.1 Distribute to all members "Patient Relations Policy on Sexual Abuse" *(May 1995)*, Professional Conduct Guidelines ***(****May 1995)* and leaflets related to Complaints Process and the PR Program to members *(Dec 1996 and first revision Dec 1998).* 2.3.2 Second revision of the complaints leaflets to include both PR related issues and the complaints process completed *(November 2000; distribution to the members planned for March 2001).* 2.3.2 Website page on PR program includes similar information as the revised leaflets *(all information is on the site).*		

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Lectures and discussions to Council members on issues of sexual harassment and abuse.	3.1 Education on PR provided to all council members and observers, including association representatives and the public during regular council meetings *(done annually).*	3.1 - Increased sensitivity among council members regarding sexual abuse and harassment.	3.1, 2 , 3 & 4 - Better outcomes for patient concerns. - Member's image of college is improved.
3.2 Hiring of an external consultant to guide the PR and Complaints and Discipline Committees.	3.2 Consultant hired (*Sept. 2000*) to guide the PR and Complaints and Discipline Committees *(this person is on contract on an on-going basis).*	3.2 - Increased focus and attention on PR policies, complaints and discipline process. - Improved PR program and complaints and discipline processes, as directed by consultant.	
3.3 Development of a checklist for handling calls or letters relating to complaints of a sexual nature.	3.3 Checklist developed for handling calls or letters relating to complaints of a sexual nature (*Sept, Oct 2000)*. 3.3.2 Checklist distributed to staff, council (*Nov 2000).*	3.3, 2 - Increased staff capacity to respond to member and public questions and concerns. - Improved consistency in responding to questions and complaints.	
3.4 Staff training on complaints protocol.	3.4 Staff trained on complaints protocol *(planned for in May 2001)*.	3.4 - Increased awareness of protocol for complaints. - Staff become aware of complaints process and PR issues.	

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Individuals trained to provide promotion to high school students and the public through community contacts.	4.1.1 Training of individuals to promote the dental technology profession to high school students during career days, as well as the public through community contacts. 4.1.2 Trained individuals promote the profession to high school students and the public *(pilot phase completed Dec 2001, then ongoing on an annual basis)*.	4.1.1, 2 - Increased public understanding of profession of dental technology and professional conduct of RDTs. - Increased number of students entering the field of dental technology.	4.1.1, 2 - Public perception of College as sensitive to public needs increases. - Improved public image of the College and profession. - Increased awareness of the public regarding their own rights and expectations of Dental Technologists.
4.2 Publishing and distribution of PR program and its policies on sexual abuse and harassment.	4.2.1 Articles regarding PR published in newsletter. Members are advised to share information with technical staff as well as public who access the laboratory *(PR related articles placed in newsletter as necessary).* 4.2.2 Newsletters are sent to libraries, community centres and school boards for public viewing.	4.2.1, 2 Increased public awareness regarding the profession and the College PR program.	4.2.1, 2 - Increased awareness of the public regarding their own rights and expectations of Dental Technologists.
4.3 Information leaflets to promote the profession published and distributed to the public by members.	4.3.1 Information leaflets to promote the profession published (in 1995) and distributed to all members for distribution to the public *(leaflets are periodically replenished by the College).*	4.3.1 Increased public awareness regarding the profession.	4.3.1 Improved public image of the College and profession.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Does CDTO's PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

CDTO's PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does CDTO's PR program address issues beyond sexual abuse?

The CDTO's PR program addresses issues beyond sexual abuse between patients and the professional. The program includes "measures that enhance the relations of the profession with not only patients, but also clients and co-workers."

4.1.3 To what extent does CDTO's patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CDTO meets the requirements of the RHPA as all elements of the act are being undertaken or are planned to be undertaken.

2. CDTO has staff available to respond to all public, patient and member inquiries. A protocol on staff action when there is a compliant is set out in the Patient Relations Program Policy and Guidelines. In November 2000, a checklist was developed for handling calls or letters of complaints related to sexual abuse of patients. It is presumed that staff will be trained on the use of this checklist. Staff are expected to view all of the training videos related to PR. In May, 2000 legal counsel provided education to staff, as well as members and council, on investigations, complaints and discipline.

3. In 1997, the PR committee reviewed current public information leaflets and explored means to inform the public of their rights under the RHPA. In 1999, the College spent quite some time exploring how to inform the public. As a result, the College developed a list of school boards, libraries and community centres.

   In late 2000, Council approved revisions to the complaints process. Information leaflets on the complaints process and the PR program will be printed and distributed to members in 2001. Similar information is posted on the College's website for members, as well as the public.

In 1999, a suggestion was made to Council that individuals be trained to promote the profession to high school students during career days, and to the public through community contacts. The pilot phase for this project will be completed by December, 2001. Plans are in place to conduct career days and community events on an annual basis.

4. Members are encouraged to take professional and human relations skills development courses as part of the Quality Assurance program's continuing education. The College collaborated with other health colleges to develop a workshop on effective communication with patients, clients, peers, colleagues and organizations. This is currently under development and is headed up by the Federation.

5. Information on appropriate professional behaviour is available in the Patient Relations Program Policy and Guidelines document. The related section is entitled "Professional Conduct Guidelines". This document is distributed to all members.

6. Training material for members was developed specifically for Dental Technologists. This includes the "Patient Relations Program Policy and Guidelines", as well as the pamphlet, "The Complaints Process." Both have been continually updated and revised with input from the members, council and staff.

7. The training material of the College does not encourage participation in treatment decision-making in a manner desired by the patient. The scope of practice of Dental Technologists does not allow this to occur since dentists and other health practitioners provide the treatment decision to the patient. The Professional Conduct Guidelines do state that, when contact with patients take place, the member will "explain procedures in detail to the patient and obtain the person's consent before providing service".

8. The PR material of the College includes a statement regarding zero tolerance. The College recognizes that all touch is potentially problematic and discourages members from all avoidable touch. Suggested preventative measures when contacting patients include avoiding "unnecessary touching, pinching, etc."

9. Ongoing development and training is available for members. Statutory requirements for the college require members to undertake educational development. The PR committee regularly reviews their PR materials, and make changes accordingly.

10. The College does offer rewards to members who participate in continuing education through credits in the Quality Assurance program. Members are required to participate and are encouraged to do so since, if they do not fulfill certain standards, they will be referred to the QA committee for assessment.

11. The College has a systematic approach in place for training Council members and staff. Council members are provided with training at regular council meetings. Staff also participate in this training. The College has a professional development budget of approximately $10,000 per year for Council, Committee and staff training.

12. The PR Committee develops a plan for their program at the beginning of the budget year. Normally, the committee submits a plan to Council in order to obtain funds to undertake PR activities.

    Unlike many Colleges, the PR Committee has a Terms of Reference. This includes a discussion of responsibilities of the PR committee.

13. The Patient Relations Program Policy and Guidelines document makes no mention of an evaluation plan.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The main concerns of the CDTO involve four challenges in developing their PR program. Staff reflect that these challenges impact on the level of sophistication and design of the program.

1. As a profession, Dental Technologists offer their services to patients through the dentists and other health professionals. Contact with patients is limited to occasions when patients are referred to Dental Technologist's laboratories for "shade taking", "shade adjusting" and "visual assessment".

2. The College has limited resources at its disposal. The College believes that the PR program needs to reflect the unique practice situation of Dental Technologists and has to be cost-effective.

3. The College's PR committee comprises three council members, two of whom must be public appointees. Since its inception, the Committee experienced difficulty because of short-notice resignation and delays in appointment or re-appointment of public members, as well as the inability of members to meet due to distance or time commitments.

4. Finally, the College has experienced some difficulty in extending their PR program to the public due to the nature of the profession. A variety of ideas have been suggested, including the training of individuals to bring the PR program to high school students and the public at large (as described above).

4.2.2 Efficiency

The CDTO attempts to make their work efficient by hosting joint committee meetings. For example, the Complaints Committee, the PR Committee and the QA Committee met together to develop the Complaints Process leaflet.

There has been no collaboration between CDTO and other Colleges in the development of materials, although the College has used materials developed by other colleges. For example, the College of Nurses' "One is Too Many" video is used by CDTO members. Council would

support more collaboration in the future. The CDTO also supports future collaboration among all the colleges through the Federation, and believes that the Ministry of Health and Long Term Care should be responsible for spearheading more collaborative endeavours.

The College makes yearly plans for their sexual abuse prevention program.

4.2.3 Effectiveness

In terms of members, the College has evidence that their PR program is effective. As mentioned above, a survey was conducted in 1997 with ten percent of the members to determine the effectiveness of the PR program. Ninety percent of the membership were aware of the role and obligations of the PR committee, and over 70% found the PR program policy and guidelines useful, comprehensive and appropriate. In general, members were complimentary of the College and its Committees.

There is reported evidence of behaviour change following PR training among members. Behaviour change is evidenced by the development of human relations policies within some laboratories. These policies cover sexual harassment and sexual abuse issues. Furthermore, laboratories have begun to stipulate prevention measures as detailed in the PR program of the College. In essence, after being trained, members have proceeded to change their workplace environment accordingly.

The College is currently not certain how effectively their PR program is reaching patients or the public because of the nature of the practice.

4.2.4 Impact

The College currently has no plans to determine whether or not the PR Program has had an impact at the societal level. The College believes that this may be better accomplished through the Federation or the MOHLTC.

4.2.5 Equity

All College members in all parts of Ontario have equal access to the PR program at CDTO. The program to members currently consists of written material that is distributed to all members regardless of location. Each member also has an opportunity to view a sexual abuse prevention video during regular jurisprudence courses offered across Ontario. Members may also order a video for viewing through the College. A $200 deposit is required.

5.0 Conclusions

1. CDTO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. The risk of abuse by a Dental Technologist against a patient is low considering the nature of the profession in terms of the low level of contact between professional and patient.

3. CDTO's PR program takes a broad approach in its program and guidelines to include "measures that enhance the relation of the profession with not only patients, but also clients, and co-workers". For example, the CDTO's PR Program Policy and Guidelines includes a section on "Steps to Take In Sexual Abuse or Harassment Situations". This is taken from the perspective of the member who may be suffering abuse by a co-worker.

4. The CDTO should be commended on the development of a Terms of Reference for the PR Committee. This provides appropriate direction for the committee in terms of responsibilities to Council.

5. The CDTO has obviously worked hard at developing their PR materials. Much thought and revision has gone into documents such as the PR Program Policy and Guidelines and the Complaints Process leaflet. Feedback from members, staff and council was appropriately and thoroughly sought.

6. While yearly planning is done by the PR Committee, a written and distributed plan, including target dates, numbers of participants, and locations, would be encouraged to improve the PR program and its effectiveness.

7. Innovative plans are in development to reach the public, including the training of individuals to provide PR related information to high school students and the public. The College is encouraged to continue this work.

8. Training materials from the College currently do not take the approach of patient participation in treatment decision-making in a manner desired by the patient. The low level of contact between professional and patient is one reason for this omission. The second reason is that the treatment decision does not, in fact, lie with the Dental Technologist, but with other dental professionals working with the patient. In this case, the Dental Technologists cannot make decisions regarding treatment with the patient.

6.0 Recommendations

1. That CDTO's PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

2. That the program to inform the public through high schools, community centres and libraries continue to be developed, and formalized plans and targets be made regarding this activity.

3. That CDTO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

College of Denturists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Denturists of Ontario were gathered from written information provided by College staff for this evaluation, the College's web page, and a face-to-face meeting with Jaro Wojcicky, Registrar, Marilyn Bartlett, Sexual Abuse Officer, Michelle Kennedy, Executive Assistant/Co-ordinator of Complaints, Hearings and Investigations, and Richard Steinecke, Legal Counsel on December 15th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The mission statement of the CDO is to regulate, govern and develop the Denturist profession while serving the public interest. The Denturist profession has been formally recognized and regulated since 1974. The College came into existence on December 31, 1993 with the implementation of the RHPA.

The College carries out its mandate through seven statutory committees, which are the Registration, Quality Management, Patient Relations, Executive, Fitness to Practice, Discipline and Complaints Committees. The College also has two non-statutory committees: Finance and Qualifying Examination and Curriculum Committee.

2.2 Size and Resources

The profession is small, consisting of only 484 Denturists, and with only one training program in Ontario, offered through George Brown College, Casa Loma Campus. There are 433 males (90%) and 51 females (10%) registered with the College.

In fiscal year ended March 31st, 1999, the College had revenues of $413,167 of which 87% came from license fees of both inactive and active members. Expenditures for the year totaled $475,087, leaving a deficit of $61,920.

There was at one time an additional staff person who served as a Complaints Officer, but budget constraints caused the College to combine this position with that of the Executive Assistant. The College uses two consultants: an Accountant and Auditor and Legal Counsel. The College has also established a formal relationship with an individual experienced in the investigation and resolution of complaints relating to sexual abuse. This person acts as the College's "Sexual Abuse Officer" and is responsible for working with College staff and Committees in the investigation of any complaints or mandatory reports relating to sexual impropriety or sexual abuse. In addition, this individual assists with staff and council training,

development of policies and procedures and other related tasks.

2.3 Risk of Patient Abuse

The College has recently acquired a new database to allow staff to analyze complaint data. The College has developed the database to allow staff to analyze complaint and registration data. From 1994 to 2000, there have been a total of 368 complaints. There have been no complaints of a sexual nature in the College to date.

Sexual abuse is less likely within this profession since it involves no disrobing and touching is confined to the head area.

Due to the nature of the profession, the professional-patient relationship does not become as fully developed compared with other health professions. Usually, patients see a Denturist for a series of appointments every few years. Issues of disclosure, therefore, do not become an important factor.

Boundary crossings most often occur when a relationship is developed between the practitioner and the patient. For this reason, as well as the reasons already stated, the risk is low for this College.

3.0 Description of the CDO Patient Relations Program

The College has designed its PR program to adhere to the requirements outlined in the RHPA, which focuses on programs to eradicate the sexual abuse of patients by members. Broader issues relating to communication between members with patients, adherence to the standards of practice of the profession and the development of ethical standards have been addressed by other College Committees.

The PR Committee of the CDO developed a Sexual Abuse Prevention Plan in June 1996. It was circulated to members in 1998. This document outlined the College's policy of zero tolerance for sexual abuse of patients by members, established preliminary protocols for dealing with sexual abuse complaints, contained Guidelines for Professional Behaviour for members, addressed how the College would contribute to the professional education of future Denturist, and documented their commitment to the education of staff relating to sexual abuse matters.

In 2000, the College hired a consultant on retainer who acts as the College's "Sexual Abuse Officer". This person is responsible for investigating any complaints or mandatory reports relating to sexual abuse and providing related training to staff and Council members.

The PR Committee developed "Guidelines for the Prevention of Sexual Abuse for Denturists" to educate members. The guidelines were circulated in June 1998. The Committee has assumed responsibility for the College's newsletter. Topics of discussion in recent newsletters include the issue of dating current clients, the complaints process and practice advice relating to confidentiality and release of information.

The College has ensured that information relating to PR, including mandatory reporting, regulations, legislation and standards of practice are incorporated into George Brown College's

ethics course for student Denturists. This is a full course lasting one semester and is taught by a Dental Hygienist who is a member of the College of Dental Hygienists' Council.

There are many formal and informal linkages between the College, the professional association and the training facility. The Association assists the College in member education through publication of their newsletter, offering seminars and courses, and through informal networking. At least one seminar and/or course is offered per year by the Association. The CDO recognizes these courses and assists the Association by advertizing them in the CDO newsletter. The College QA program suggests that members should complete a minimum of ten hours of continuing education in a registration year. Examples of two seminars offered by the Association in June, 2000 are Ethics and Jurisprudence, and Record-keeping.

The College has a representative on the program advisory committee at George Brown College. In addition, George Brown's Senior Administrative staff attend most College Council meetings. Four professional members of the College's Council are on faculty at George Brown.

There were three courses related to PR and sexual abuse in the mid 1990's which were attended by either the Registrar or the Director of Complaints at the time (this position no longer exists). The Executive Assistant received training relating to sexual abuse while on council at another college. Further training for staff and council members was conducted by the legal counsel and the Sexual Abuse Officer in December 2000. The training session contained a review of the legislation, examples of types of abuse seen in other Colleges, the impact of this abuse on complainants, and a discussion of the risk factors associated with the Denturists profession. It is planned that staff and council training will be provided on a yearly basis.

In terms of information to the public, the PR Committee has developed a brochure designed to educate the pubic about the Denturist profession and the College. It has been printed and distributed to all members. Members were provided with approximately 20 copies and asked to place them in their offices. The College has received several phone calls from members indicating support for distribution of the brochure. It is anticipated that the CDO will place a notice to members in their newsletter at regular intervals advising that they can reorder brochures through the College. It is expected that this will be done on a cost recovery basis. In addition, a list of community agencies that are willing to receive the brochure and facilitate its distribution to their staff and the public has been generated. Brochures were sent out to an initial group of agencies in December 2000. These agencies are also on the mailing list to receive the newsletter. The distribution list continues to be updated and, as agencies are added, brochures are sent out. A reorder process has yet to be finalized.

In summary, the PR Committee has focused its PR program on the prevention of sexual abuse of patients by members. Issues that relate to the broader definition of PR have been assumed by other committees.

The following results chain presents a summary of the CDO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of CDO member's patients, with a target of zero tolerance of abuse of patients by CDO members.

Patient Relations Program Results Chain – College of Denturists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Professional Code of Ethics.	1.1 Professional Code of Ethics approved and distributed *(100% of members receive material)*.	1.1, 1.2, 1.3 College staff and council are more aware of the College's Professional Code of Ethics, its position on zero tolerance, protocols with dealing with complaints and guidelines for professional behaviour.	1.1, 1.2, 1.3 - Health care of patients is enhanced. - Patients and potential patients are better served and protected against sexual abuse.
1.2 Develop Sexual Abuse Prevention Plan.	1.2 Sexual Abuse Prevention Plan developed *(June 1996)* and distributed to members *(1998) (100% of members.)*. The Plan; - outlined zero tolerance policy; - established preliminary protocols for dealing with sexual abuse complaints; - contained Guidelines for Professional Behaviour for members; - addressed how the College will contribute to the professional education of future Denturists; - and documented their commitment to the education of staff relating to sexual abuse matters.		
1.3 Sexual Abuse Officer retained by College.	1.3 A Sexual Abuse Officer was hired to investigate complaints, assist with staff and council member training, and develop policies and procedures relating to sexual abuse.		

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Liaise with staff at George Brown College to ensure information are incorporated into the College's Ethics Course for student Denturists.	2.1.1 Registrar liaises with staff at George Brown College. 2.1.2 George Brown College's Ethics Course incorporates issues related to professional regulation, legislation and standards of practice, mandatory reporting, etc. *(full course lasting one semester with 15 hours class time and 20 hours of independent learning per year per student).*	2.1.1 Increased communication between the regulatory college and teaching college. 2.1.2 - Ontario students Denturists have increased awareness of issues related to regulations, legislation, standards of practice, mandatory reporting sensitive practice and ethical decision-making. - New entrants apply the learnings in their practice.	2.1.1 Improved communication results in improved course content and, thereby resulting in better learning by students and decreased risk to future patients. 2.1.1, 2 - Potential members of the College have increased confidence and competence. - Patient well-being is improved. - Patient image of professional and profession improved.
2.2 Develop materials for members.	2.2.1 Sexual Abuse Prevention Plan and Guidelines for the Prevention of Sexual Abuse *(distributed to all present and new members).* 2.2.2 Educational case scenarios published in each quarterly newsletter *(These were originally developed for the George Brown Program and are now being used as a continued competency tool for members).*	2.2.1, 2 - Increased knowledge among members regarding guidelines for the prevention of sexual abuse. - Members incorporate learning into their practice, thereby maintaining high levels of competence and performance.	2.2 - Reduce or eliminate boundary violations. - Patient well-being is improved. - Patient image of professional and profession improved. - Member self-image and image of profession improved.

Activities	Outputs	Outcomes	Impacts
2.3 Liaise between professional association and CDO.	2.3.1 Association attends CDO Council meetings *(at least 1 member of the association represented at all CDO Council meetings)*. 2.3.2 Association assists CDO in member education through publication of articles on relevant practice issues *(at least 1 article per newsletter).* 2.3.3 Association assists CDO in member education by offering seminars and/or courses which are recognized by the CDO as part of the QA continuing education program *(At least 1 seminar and/or course offered per year).*	2.3.1 - Increased communication between the regulatory college and professional association. 2.3.2, 3 - Increased opportunities for College members to learn about patient relations issues through the association. - Members incorporate their knowledge into their practice.	2.3 - Improved communication results in improved programs and ultimately, improvements in health care. - Patient well-being is improved.
2.4 Liaise between educational college and CDO.	2.4.1 CDO holds Council meetings at George Brown College Campus *(at least one meeting per year).* 2.4.2 CDO representation on program advisory committee at George Brown College. 2.4.3. Attendance by Senior Administrative staff from the George Brown at CDO Council meetings. 2.4.4 Membership on CDO Council *(4 faculty).*	2.4.1, 2, 3 & 4 - Improved PR programs of College due to increased cooperation between college and George Brown College. - Increased awareness among students regarding the College PR program and policies.	2.4 - Improved communication results in improved programs and ultimately, improvements in health care. - Patient well-being is improved.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Training sessions and materials for council members regarding patient relations.	3.1 Training session relating to sexual abuse of patients by Health Care Practitioners conducted for Council by legal counsel and Sexual Abuse Officer *(Dec 2000 and planned for annually)*.	3.1 - Increased council member knowledge of issues and expectations around patient relations. - Improved PR programs due to increased council member knowledge.	3.1, 3.2 - Better outcomes for patient concerns. -Improved patient satisfaction with health care providers, staff and council of CDO. - Member's image of CDO is improved.
3.2 Training sessions and materials for staff regarding patient relations.	3.2 Training session relating to sexual abuse of patients by Health Care Practitioners conducted for staff by legal counsel and Sexual Abuse Officer *(Dec 2000 and planned for annually)*.	3.2 - Increased staff knowledge and sensitivity about how to deal with complaints and treat victims of abuse.	

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Develop and distribute brochure *"Information About the Practice of Denturism"*	4.1.1 Brochure "Information About the Practice of Denturism in Ontario" designed to educate the public on profession and College. *(Members sent approximately 20 copies and asked to place in office. Reorders upon request on cost recovery basis.)* 4.1.2 List of community agencies willing to receive brochure and facilitate its distribution to their staff and public, has been generated and will be further developed. *(Initial group of agencies sent brochure in December, 2000. New agencies are being added to the list. A reorder process has yet to be finalized.*	4.1 Increased awareness among patients and general public regarding the profession of Denturism and the College.	4.1 Improved patient well-being through increased knowledge regarding the profession and the College.
4.2 Develop and distribute complaints brochure.	4.2.1 Complaints brochure distributed by College to the public who make complaints or have queries to the College *(as needed).* 4.2.2 Complaints brochure sent to community agencies for distribution to the public *(Initial group of agencies sent brochure in Dec 2000. New agencies are being added to the list. A reorder process has yet to be finalized.*	4.2 Increased public awareness of complaints process of the College.	4.3 Improved patient well-being through increased knowledge regarding the complaints process.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CDO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CDO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CDO PR program address issues beyond sexual abuse?

The College reports that the PR program follows the requirements of the RHPA. Broader issues relating to communication by members with patients, adherence to the standards of practice of the profession and the development of ethical standards have been addressed by other College Committees.

4.1.3 To what extent do the CDO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

3. The CDO PR program has all elements of the RHPA in its Sexual Abuse Prevention Plan. Efforts have been made to educate the staff, members, public and council members regarding the requirements of the RHPA, and to provide related educational materials.

4. The CDO has retained a Sexual Abuse Officer to deal with all complaints related to sexual abuse. The Sexual Abuse Prevention Plan developed by the College includes a protocol for initial contact with the complainant. It stipulates that all complaint calls relating to sexual abuse should be directed to the Sexual Abuse Officer and, if not available, to the Registrar. This document is made available to staff. Whenever possible, the staff person should extend an invitation to the complainant to meet with the Sexual Abuse Officer.

   Staff and council training was conducted in December 2000 and will continue on a yearly basis. Topics discussed included the range of ways a victim may initiate a complaint and how to facilitate and handle complaints in an appropriate, empathetic and supportive manner.

5. The CDO provides some information to the public on patient rights and responsibilities. This is in the form of a brochure entitled "Information about the Practice of Denturism in Ontario". This offers basic information about the complaints process.

6. Professional and human relations skills and knowledge development opportunities exist for Denturists, although these are provided through the efforts of both the CDO and the professional association of Denturists. Every member completes a self-evaluation annually, including a description of the member's training, educational and other quality improvement activities.

7. Information on appropriate professional behaviour is readily available to members through the document "Guidelines for the Prevention of Sexual Abuse for Denturists." The Sexual Abuse Prevention Plan, which is also distributed to members, provides information on the Sexual Abuse/Impropriety Protocol.

8. Training materials for students and members were developed specifically for Denturists.

9. The College has training materials that *refer* to participation in treatment decision-making in a manner desired by the patient. Specifically, references to this appear in the Code of Ethics and the Sexual Abuse Prevention Plan. Sections in the Code of Ethics relate to "acting in the patient's best interest"; respecting patient choice to either "accept or reject the Denturist and/or the care options provided by the Denturist"; and in the references to informed consent.

10. The College has a zero tolerance approach to sexual abuse. Training materials specifically state that overt sexual physical contact with patients has no place in the practice of Denturism. The material also covers areas that may include more subtle touching, behaviour, gestures or expressions. For example, members may not place dental instruments upon a patient's chest. Inappropriate hugging and kissing are also not allowed.

11. The CDO has plans to review its PR materials regularly and to continue its involvement in the new entrants program. The College has not conducted any specific workshops, although it does recognize the courses offered by George Brown College and the Association as acceptable for the QA Committees' suggested annual target of a minimum of ten hours of continuing education.

12. Methods exist to induce members to participate in continuing education at the College. Members must provide a learning log to the College each year. If this is not submitted, the chances that the member may be subject to a peer assessment of their practice increases. This provides ample incentive for members to participate in continuing education programs.

13. The CDO has provided training to staff and council members. Training sessions related specifically to PR were conducted for all PR related staff and all council members in December, 2000. There is a plan to conduct similar training again in 2001.

14. The CDO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner.

15. The CDO does not have an evaluation plan for its PR program. However, general target levels of awareness and knowledge on the part of members, staff, Committee members

and the public have been identified.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The Sexual Abuse Prevention Plan was formalized in 1996 and distributed to members in 1998.

Currently, a concern of the College in terms of their PR program is communication. The focus is to educate the public to understand that Denturists provide a *service* rather than a *product*. A significant number of complaints come from patients who do not want to pay for the services of a Denturists because they are unhappy with the product. The College wants to (i) encourage members to communicate with their patients that they are providing a service, not just a product, and (ii) educate the public regarding the same issue. There are misunderstandings regarding the profession, as well as the role of the College.

4.2.2 Efficiency

The College hired a Sexual Abuse Prevention Officer who investigates sexual abuse complaints and meets with the PR Committee each year. This was considered more efficient than developing an in-house sexual abuse expert.

The College has used materials from other Colleges in the development of their PR program. Efficiencies were also gained by retaining the services of legal counsel, who also works for many other regulated colleges. The College is very involved with the Federation of Health Regulatory Colleges as evidenced by the fact that the Registrar is its President.

Denturists send representatives to council meetings of the Colleges of Dental Surgeons, Denturists, Dental Hygienists and Dental Technologists, allowing for increased opportunities for collaboration.

4.2.3 Effectiveness

The College participated in the PricewaterhouseCoopers evaluation. No other evaluations have been completed by the College. No formal mechanisms exist to show evidence that members, staff or council have learned from the program. Similarly, there are also no mechanisms to show behaviour change due to the PR program.

4.2.4 Impact

The College does not have plans to determine if the PR Program has had an impact at a societal level.

4.2.5 Equity

Written educational materials relating to PR are sent to all members. CDO works with George Brown College and the professional association to deliver workshops and training to members and student Denturists. Since the College is located in Toronto, equal access to this part of the program is not ensured. The CDO has worked with George Brown to develop internet-based

education programs.

George Brown has developed a long distance education program known as the International Denturism Centre, which involves education being delivered by teleconference. The legal counsel of the CDO spoke on sexual abuse using this approach.

5.0 Conclusions

1. The CDO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. An area of strength for the College is the development of formal and informal linkages between the College, the professional association and training facility. The following is a list of linkages made between these groups; (i) the College has a representative on the program advisory committee at George Brown College, (ii) George Brown's Senior Administrative staff attend most College Council meetings, and (iii) four professional members of the College's Council are on faculty at George Brown. The College is taking advantage of the small size of the profession by making these important linkages.

3. Continued work in the area of public education is encouraged. A plan, including target dates, would benefit the campaign.

4. In further regard to planning, the College has a strategic planning session planned for April 27th and 28th, 2001. The goal is to develop a strategic plan for the entire College. The PR Committee will use this opportunity to begin to develop their short and long term initiatives.

5. The CDO public education campaign does not include specifics in regards to the rights and responsibilities relating to their members and patients. While the brochure entitled "Information about the Practice of Denturism in Ontario" offers basic information about the complaints process, the College is encouraged to provide more specific information to the public on rights and responsibilities. The brochure could be improved if parts of the Code of Ethics were used. Specific sections in the Code that may be used for the public-oriented brochure include Services to the Public (responsibilities) and Patients' Rights.

6. There appears to be an opportunity for improvement of the CDO PR program in terms of documented planning for activities under and by the PR Committee. The plans and reports provided by the College are not as specific as may be desired. The College is encouraged to utilize the results chain for documenting more detailed program activity plans, expected outputs, outcomes, and related targets.

7. <u>Likelihood of success</u>

   - Analysis of the results chain shows that the activities of the PR program of the CDO should logically lead to a reduction in abuse, along with other desired outcomes and impacts.

- In the event that best efforts fail to prevent a Denturist from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the CDO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities. The College is encouraged to use the College-wide strategic planning initiative to develop this plan.

2. The College is encouraged to continue efforts to educate the public, with the addition of a formal plan with target dates. It is also encouraged to provide more specific information to the public on patient rights and member responsibilities. The brochure entitled "Information about the Practice of Denturism in Ontario" could be improved by adding the sections in the Code of Ethics on A1:02 Services to the Public (responsibilities) and A1:03 Patients' Rights to the brochure for public consumption.

3. That training sessions specifically related to patient relations be provided on a regular basis to all staff and council members.

4. That the CDO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

5. That the CDO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

College of Dietitians of Ontario

1.0 Introduction

Patient Relations involves Dietitians communicating with their patients on all aspects of health care that is within their scope of practice. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the CDO and PR program description, and the PR program results chain were gathered from the PricewaterhouseCoopers 1999 evaluation report, the HCA 2000 Quality Assurance Program Evaluation report, and from information provided by College staff, Council and Committee members via courier, email and a face-to-face meeting with Shirley Lee RD, Registrar, and David Dawson, public member, Chair of Patient Relations, on December 4th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The College of Dietitians of Ontario (CDO) came into existence following proclamation of the Regulated Health Professions Act, 1991 on December 31, 1993. The CDO mission is: "Excellent Dietetic Practice in the Interest of Ontarians," and it carries out its mandate through seven committees: Executive, Registration, Complaints, Discipline, Quality Assurance, Fitness to Practice and Patient Relations Committees. Each committee has at least four members and includes both public and professional members.

2.2 Size and Resources

The College currently regulates approximately 2,200 Dietitians in Ontario. Of these members, approximately 1% is male, and 96% reside in Ontario.

In fiscal year ended March 31, 2000, CDO had revenue of $917,597, of which 84% came from membership fees. Expenditures for the year totaled $726,408, leaving an excess of revenue over expenses of $191,189.

While information from the seven committees is used to construct a pro-forma budget each year, the expenditure accounting system does not follow a committee structure. The budget/expense categories are salaries and benefits, contracted services, Council and committee expenses, communication initiatives, administration, professional services, and amortization. The budget for the PR Committee expenses for fiscal year (FY) ending March 31, 2001 is presented in Table 1. The PR Committee budget ($19,450) represents 11% of total budget for Council and Committees and 2.4% of the total operating budget.

Table 1. CDO Patient Relations Committee Budget Fiscal Year ending March 31, 2001

Budget Mar 31, 2001	Face to Face Meetings(1)	Tele-conference Meetings (8)	Survey Guidelines	Member/Pub Education
$ 19,450	$ 4,150	$ 7,800	$ 6,800	$ 700

The CDO has seven employees, with two being part-time, giving a full time equivalent (FTE) of 6.2 staff to support and carry out College activities and programs. The Registrar develops program components (interacting with legal counsel, graphic artists, government representatives, research firms and complainants; managing the finances and administering the funding after PR Committee approval) and coordinates program implementation. The Quality Assurance Manager performs some of the above functions in the absence of the Registrar. The Administrative Assistant arranges meetings, prepares minutes, types and formats draft documents and mails educational materials. The Registration Coordinator manages and updates the website under the direction of the Registrar. The Receptionists answer all calls, directing them to the appropriate staff. The receptionist is the first contact for all callers and visitors.

2.3 Risk of Patient Abuse

An estimated 65 to 70% of the 2200 CDO members have direct interaction with patients. However, few have physical contact with patients and most are employed in institutional settings.

From January 1994 to November 2000 CDO has received a total of six complaints and reports relating to professional misconduct. None of these related to sexual abuse.

Complaints: 1994 - 1, 1995 - 2, 1997 - 1, 2000 - 1

1 - by employer re use of patient information
2 - by patients re standard of care provided
1 - by another professional re use of business name
1 - by another professional re professional conduct

Mandatory Reports: Two termination reports, 1997 - 1, 2000 - 1

1 related to incapacity
1 related to conduct toward peers

Based on the nature of Dietitian work, the type of contact with patients, and the complaints and mandatory reports history to date, CDO believes the risk of sexual abuse of patients by Dietitians in Ontario is very low.

3.0 Description of the CDO Patient Relations Program

A Client Relations Committee was first established in November 1993, and renamed the Patient Relations Committee in March 1998.

The first task of the original Committee was to develop the College's philosophy on sexual abuse and the College's Sexual Abuse Prevention Plan. The plan was finalized in the Spring of 1995 and aims at preventing and dealing with all forms of abuse including verbal, physical, emotional and sexual abuse. The "Abuse Prevention Plan" included the following components.

- Objectives
- Statement of Philosophy
- Definition of Abuse

- Education of Council
- Education of the Profession
- Education of the Public
- Philosophy of Zero Tolerance
- Principles of Communication

While not mentioned in the plan, a reserve fund to pay for therapy and counseling for patients who were sexually abused by a CDO member was established in 1995 and increased in 1997 to $30,000. This is sufficient to cover the cost of treatment for three eligible patients.

The Abuse Prevention Plan listed three objectives.

1. To develop and implement policies and procedures to ensure the timely and effective investigation and processing of all complaints, particularly those related to verbal, physical, emotional and sexual abuse.

2. To collaborate with the universities offering programs to educate Dietitians, the internship programs and the ODA to ensure that all Dietitians demonstrate understanding, skill and knowledge related to prevention of abuse.

3. To establish mechanisms to assist the public to understand the role of the Dietitian and the acceptable standards of the Dietitian's conduct.

The CDO has actively pursued, and continues to pursue each of these objectives. Policies and procedures are in place to investigate and process complaints, active collaboration is occurring with universities and the internship program, educational information has been prepared for and distributed to members via the newsletter, the website, and educational sessions, and information has been prepared and distributed to the public.

The following results chain presents a summary of these activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. It is mostly current and future targets, rather than historical.

Note: Inputs for carrying out the PR activities are identified only in a general manner, as described in section 2.2 above. In addition there were production and mailing costs for the newsletter and other documents, and committee time, again not specifically quantifiable in relation to the activities. Hence they have not been included in the results chain.

Patient Relations Program Results Chain – College of Dietitians of Ontario

Logic and Targets: Inputs are described in the text above. *(Targets are italicized in brackets.)*

Activities	Outputs	Outcomes	Impacts
1.Develop regulatory framework, standards and guidelines for professional patient-Dietitian relationships 1.1 Professional Misconduct Regulation. 1.2 Statement of Philosophy. 1.3 Mandatory Reporting for all Dietitians. 1.4 Proposed Regulation on Funding for Therapy and Counseling (See section 5.2). 1.5 Guidelines for the Conduct of Professional Members on the Prevention of Sexual Abuse. 1.6 Code of Ethics Interpretive Guide.	1.1 to 1.6 - Approved and published regulations, standards and guidelines.	1.1 to 1.6 - College staff, committee members and others involved in the development process are more aware of issues, standards and guidelines relating to professional -Dietitian relationships.	1.1 to 1.6 - The integrity of Dietitians as a profession is enhanced. - Dietitians patients and potential patients are better served and protected

Activities	Outputs	Outcomes	Impacts
2. Education of Profession		.	
2.1 Distribute published regulations, standards and guidelines to all members.	2.1 - Regulations, standards and guidelines distributed to all members in hard copy and available on the College website. - Orientation manual for new members *(new materials distributed to members immediately on publication, current manual sent to new members on registration).*	2.1, 2.2 - Create and increase members' awareness of their responsibilities under the RHPA, the College's Abuse Prevention Program and philosophy. - Increase members' knowledge about the definition of sexual abuse, reporting sexual abuse of patients and that patient abuse is professional misconduct.	2.1, 2.2, 2.4, 2.5 - Member's self-image and image of profession improved. - Patient's image of professional and profession improved. - Patient well-being is improved by being increasingly secure from abuse.
2.2 Publish articles in College newsletter, Resumé.	2.2 - Articles published in Resumé *(at least 1 article on Patient Relations per year).*		
2.3 Provide information to interns.	2.3 - Meeting with Internship directors and university reps. - College publications available to Internship directors. - Registrar annual session with Interns in Toronto, Kingston and Ottawa *(one session in each location each year).*	2.3 -Increase Internship directors' awareness of issues and responsibilities relating to Patient Relations. - Increase interns' awareness and knowledge as in 2.1, 2.2 above. - New generation of Dietitians develop skills to prevent and deal with abuse early on in their career.	2.3 -Interns have greater confidence in their understanding of professional boundary issues and their obligations and responsibilities in this area. - The public has greater confidence in the integrity of new members.
2.4 Develop and maintain website with PR and other relevant information.	2.4 - Website with current PR other support material for members *(review website content annually, website design every 3 years).*	2.4 - Members access website and increase or maintain awareness and knowledge of issues and processes.	
2.5 Mandatory self-directed learning QA initiative.	2.5 - Self-directed Learning Tool.	2.5 - Members assess competency. - Members develop learning plans. - Members act to rectify gaps in knowledge and skills. *(One year after mailing of guidelines, 70% of members surveyed correctly answer a question about the Guidelines. By November, 2002* 10% *more members aware of the issues related to sexual abuse and mandatory reporting than in 1998 PWC survey.)*	

Activities	Outputs	Outcomes	Impacts
3. Education of College Staff and Council			
3.1 Orientation of new Staff, Council and Committee members. 3.2 Staff orientation and education program. 3.3 Annual refresher education by PR Committee and/or guest speakers. 3.4 Ongoing review of College and other PR publications and materials. 3.5 Develop & update list of support agencies available as a resource *(reviewed annually).* 3.6 Update internal management policies and procedures *(reviewed annually).*	3.1 - Orientation session for new Councillors and non-Council Committee members *(annually).* 3.2 - Annual education program, e.g. Session with guest speaker *(Ad hoc to date. Formalize program by Dec 2001).* 3.3, 3.4 Education sessions *(3.3. done annually, subject to budget approval by Council).* 3.5 Up-to-date list of support agencies. 3.6 Management policies and procedures that respond to changing needs.	3.1 Create awareness of the RHPA provisions on sexual abuse in new Staff, Council & Committee members. 3.2 Staff develop knowledge, skills and values to interact appropriately with complainants of sexual abuse. 3.3, 3.4 - Create awareness and improve the knowledge among Council and non-Council members about CDO's philosophy & Abuse Prevention and funding programs. 3.5, 3.6 - Increased ability of staff to respond efficiently and effectively to inquiries and complaints of a PR nature. -Increased consistency of staff handling of inquiries and complaints of a PR nature. - Increased member satisfaction with CDO. *(100% of staff can list main components of the PR program and can describe their role in dealing with complaints of sexual abuse.)* *(By Jan. 2002, 100% of Council members can describe the College's zero tolerance philosophy and the RHPA definition of sexual abuse.)*	3.1 to 3.6 - Improved ability of CDO to protect the public and to identify and respond to emerging issues related to PR.

Activities	Outputs	Outcomes	Impacts
4. Education of Public			
4.1 Participate in preparation of Federation brochure on the role of health regulatory colleges.	4.1 - Federation brochure, 1993/94.	4.1 -Increased public awareness of the role of colleges. - Increased efforts to cooperate among Colleges.	4.1 -Improved public perception of the health care system.
4.2 Develop a website with PR content.	4.2 Website with all PR publications accessible to the public *(by March 2002 have a section with all info for public consolidated).*	4.2 - Increased access of PR materials by the general public and patients. - Increased use of CDO services by the public *(At least 100 visits to the website by non-Dietitians in one year).*	4.2,4.3, 4.4 - Improved public perception of the CDO. -Increased sense of equity.
4.3 Develop and distribute the brochure *Dietitians and the College of Dietitians - Promoting Health Through Nutrition*.	4.3, 4.4 Brochures distributed to the public through Dietitians at public displays, through the website, and special mailings to target groups *(ongoing with emphasis every March).*	4.3., 4.4 - Increased public awareness of the role of CDO in relation to Dietitians - Increased public knowledge on how to contact the College - Increased public contact with CDO *(10% increase in public awareness of the role of the College, over three years).*	
4.4 Develop and distribute brochure, *Sexual Abuse Has No Place in Your Health Care*.		4.4 - Increased public knowledge about the issue of sexual abuse by members and how to deal with it if they have concerns about the action of any Dietitian in Ontario.	
4.5 Survey 10% of organizations that receive above pamphlet (4.4).	4.5 Survey conducted and data analyzed *(Dec 2001).*	4.5 Survey findings incorporated into program *(30% of organizations surveyed confirm use of the pamphlet).*	4.5 Improved PR program.

4.0 Analysis of Results Chain

4.1 Technical Analysis.

4.1.1 Do CDO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CDO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CDO PR program address issues beyond sexual abuse?

The CDO PR plan is entitled "Abuse Prevention Plan," and states that they "support zero tolerance philosophy for all forms of abuse: verbal, physical, emotional and sexual abuse." The Plan also contains a significant section on principles of communication. Application of these principles is seen in the "Guidelines for the Conduct of Professional Members on the Prevention of Sexual Abuse," and in the CDO Code of Ethics Interpretive Guide. The CDO is approaching PR as a communications issue with sexual abuse being only one, albeit a significant component.

4.1.3 To what extent do the CDO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CDO has taken a proactive and highly consultative approach to developing educational materials for members, patients and the public.

2. The CDO has staff available to respond to all public, patient and member inquiries, including potential boundary violations. It also has a website which contains much of the College's PR material. The CDO has established a target of Summer 2001 to have all current and new PR material for the public consolidated into one section.

3. Information on patient rights is included in the brochure, "Sexual Abuse Has No Place in Your Health Care", and is posted on the CDO website. It is in both English and French. The brochure is available through Dietitians and the College, and was distributed to about 600 agencies, support groups, long term care facilities, etc. A brochure outlining the complaints process is also available and sent to all people who inquire about the process or who lodge a formal complaint.

4. The CDO has developed a “Self-Directed Learning Tool” for Dietitians, that contains a form for self-assessment of knowledge and skills related to the six professional standards established for Dietitians in Canada. Members are required to submit annually a plan for two professional improvement activities that address needs they have identified, as well as an evaluation of each plan they submitted the previous year.

   Adequate performance related to the standards requires competence in both professional and human relations knowledge and skills.

   While maintaining professional competence is the responsibility of each member, the CDO has been proactive in ensuring that all new registrants receive training related to acceptable patient-Dietitian relationships. The Registrar conducts annual presentations to interns in Toronto, Kingston and Ottawa, and College publications are made available to internship directors for inclusion in their program. The CDO also conducts sessions for members, going to two of the six districts each year.

5. Information on appropriate professional behaviour is readily available to new members in the orientation binder given to them when they first register, published in the newsletter and mailed to members. It is also available on the CDO website.

6. Training material for interns and members was developed specifically for Dietitians. The public/patient brochures “Sexual Abuse Has No Place in Your Health Care”, and “Dietitians and the College of Dietitians of Ontario” were developed for the public and are specific to the College. CDO also uses generic materials on the role of the College from the Federation of Health Regulatory Colleges of Ontario (the Federation), and materials from other Colleges, such as the video, “One is Too Many” from the College of Nurses of Ontario.

7. The first principle in the CDO Code of Ethics Interpretive Guide relates to patient-centred provision of practice, placing the patient’s best interests as the primary professional obligation and respecting the wishes of the patient and his/her appropriate others. This principle is reflected in the CDO Abuse Prevention Plan, the CDO statement of patient rights, and the Self-Directed Learning Tool.

8. The Abuse Prevention Plan section on Communications Principles states, “obtain the patient’s consent before touching”, and the following footnote. *“It is important to note that the client controls consent and that consent may be withdrawn at any time during the procedures. Agreement, acquired verbally or nonverbally*, *is required before touching. The client must know why, where and when they are to be touched. Client concerns cannot ever be ignored and should be dealt with first.”*

9. The CDO reviews its PR materials and website regularly. It intends to actively continue its involvement in the intern program, its rotational meetings with members in the six regions, publishing information in the newsletter, and promoting self-directed learning.

10. The CDO has a mandatory Self-Directed learning program. See item 4 above. Any reward members get comes from participation in the learning process, and the knowledge that professional competence is being maintained.

11. The CDO has taken a systematic approach to orienting and training College staff, Council and Committee members. Orientation sessions are held annually in June and refresher sessions in December. The PR Committee provides periodic program updates to Council and members during the year.

12. The CDO has a PR program planning process that includes identifying activities and establishing target dates. The college has also been supportive of the results chain concept learned in the QA program evaluation and has begun the process of specifying key outcome targets with specific time parameters.

13. The CDO reviews its policies and procedures on a regular basis, and has given some thought to evaluation of its PR activities. Key outcome targets and time parameters currently being identified are part of that process.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

While the likelihood of sexual abuse of patients by Dietitians is small, CDO has identified prevention of Dietitian abuse of patients in general as an issue and has implemented activities to help prevent such abuse. Analysis of the results chain show these activities should logically lead to a reduction in abuse, along with other desired outcomes and impacts.

4.2.2 Efficiency

The CDO is a small College. It seeks efficiency in program development and delivery by working with other Colleges through the Federation to prepare and deliver materials and workshops to members and the general public, and by sharing materials with other Colleges. Internally, all staff are trained to handle incoming calls and are aware of the PR issues and protocols. This results in greater overall efficiency in administering the College.

While there was a PR Program plan developed, and all the activities were carried out as planned, there was no formal monitoring of accomplishments relative to the plan.

The CDO believes greater efficiency can be achieved by attempting to educate the public on the role of regulated health professional colleges through the Federation, or possibly the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

No formal evaluation of PR program effectiveness has been conducted. However, following publication of PR articles in the newsletter, there has been an observed increase in member inquiries about PR issues and more discussion of PR issues among members when they meet. This indicates an increase in awareness and knowledge. There has been no examination of

behaviour change.

4.2.4 Impact

The CDO Patient Relations Committee can not comment on the societal level impact of their PR program but suggests opportunities such as the PricewaterhouseCoopers Review may be the appropriate approach for evaluation of the impact of the Patient Relations Program across health care professions.

4.2.5 Equity

The CDO newsletter is sent to all members, the website is equally available to members in all regions, programming for interns is delivered in the three major regional centres of Toronto, Ottawa and Kingston, visits are made to each region on a rotational basis, and special events have been run at up to eleven regional sights.

Canadian Dietetics education programs are based on the National standards for competence. Foreign trained individuals applying for registration are assessed against these standards, and also required to do at least six weeks of supervised practice in Canada prior to being eligible for registration.

There has been no assessment of the need for culture specific education and training needs for members working with patients in minority cultures. However, the Guidelines do address the issue of Boundaries in the context of multi-cultural settings and it is the responsibility of members to assess and address their learning needs.

5.0 Conclusions

1. The CDO is fully meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect.

2. An area of particular strength in the CDO approach is its consultation with other Colleges, members and the public in developing guidelines and pre-testing communications materials. While this may add to the cost and time required, it significantly increases the likelihood of acceptance and program success.

3. The greatest opportunity for improvement of the CDO PR program is to use the results chain for documenting program plans, expected outputs, outcomes, and related targets. The CDO Registrar has demonstrated competence at working with the results chain and identifying key performance targets. The next step is to apply the results chain as a tool for program planning, monitoring and evaluation.

4. <u>Likelihood of success</u>

   - The CDO does not appear to have a major problem with PR, and is doing all the right things to ensure that Ontario Dietitians do not harm their patients and that they treat them with sensitivity and respect. The CDO PR program activities are consistent with current

best practices and addresses all the areas of potential harm.

- The CDO has identified desired outcomes and impacts from its PR activities and the connection between them is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target population of 2,200 Dietitians, and the appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- In the event that best efforts fail to prevent a Dietitian from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to provide appropriate sanctions, including revoking that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the CDO PR Committee annually confirm a three-year plan, subject to Council approval, with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

2. That the CDO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

3. That the CDO coordinate the monitoring and evaluation of all its programs. The quality of Dietitian-patient relations across the College is directly affected by actions and decisions of all statutory committees of the College. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CDO programs.

4. That the CDO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

College of Massage Therapists of Ontario

1.0 Introduction

Data to construct the PR program description for the College of Massage Therapists of Ontario (CMTO) were gathered from written information provided by College staff for this evaluation and a face-to-face meeting with Corinne Flitton, Deputy Registrar on December 21th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CMTO exists to protect and serve the public by ensuring the competency and quality of care provided by Massage Therapists through the maintenance of Standards and Regulations. The College is committed to its mandate and remains very active in its role of public protection. The Council discussed, debated and made decisions on issues key to public protection and the guidance of the profession.

The College carries out its mandate through the following committees; Client Relations, Discipline, Quality Assurance, Registration, Appeals, Communications, Examination and Evaluation, Research and Tripartite Committees.

2.2 Size and Resources

The College currently regulates approximately 5,336 members. Of these, 1,290 (24%) are male and 4,046 (76%) are female.

In fiscal year ending December 31, 1999, the College had revenue of $1,979,044 of which 78% came from registration fees. Expenditures for the year totaled $1,841,145 leaving an excess of revenue over expenses of $137,899.

The College has 5 full-time employees including the Registrar, Deputy Registrar, QA Manager, Executive Assistant and Receptionist. While there are no staff directly related to PR, the Deputy Registrar reports spending approximately 8-10% of her time on PR related activities.

2.3 Risk of Patient Abuse

The College recognizes that maintaining professional boundaries are important, especially with this profession, where the member works in an almost intimate setting with the client. This high level of contact and intimacy with clients places the College at high risk for abuse compared with other Colleges (some of which have little to no contact with patients on a day-to-day basis).

To date, the College has had 19 written complaints and 26 mandatory reports regarding sexual abuse since 1994.

Table 1. Complaints and Reports of Sexual Abuse by Massage Therapists, 1994 to 2000

Year	1994	1995	1996	1997	1998	1999	2000
Complaints	0	1	1	2	10	2	3
Mandatory Reports	1	3	8	3	4	7	N/A

3.0 Description of the CPO Patient Relations Program

As stated in the Client Relations Program and Action Plan of the CMTO, the College recognizes the seriousness and extent of injury that sexual abuse causes the victim/survivor and others related to the victim/survivor and therefore supports zero tolerance of any form of sexual abuse of clients by Massage Therapists.

The College has a Client Relations Program and Action Plan which was first developed in 1995, and revised in 1997 and in 1999. It has been distributed to all members and includes the following information.

- Philosophy of the College regarding sexual abuse
- Mission of the Client Relations Committee
- Vision of the Client Relations Committee
- Legal requirements of the Client Relations Program
- Goals of CMTO's Client Relations Program
- Target audience
- Strategic implementation
- Budget
- Evaluation of program results

In November 1995, the College developed and distributed a document entitled "Information and Guidelines for Professional Behaviour Regarding Prevention of Sexual Abuse of Clients of Massage Therapy; Number One." The guidelines were intended to sensitize members to the seriousness of sexual abuse of clients, to inform them of the College's zero tolerance policy in this regard, and to offer support and guidance to the members' understanding and responsibilities in this matter.

A second document was developed and distributed in September 1996 entitled "Information and Guidelines for Professional Behaviour and Prevention of Sexual Abuse of Clients of Massage Therap; Number Two". The guidelines for post-termination relationships with former clients were created to assist the Massage Therapist in both understanding and implementing the ethical requirements inherent in the Zero Tolerance Policy and Code of Ethics.

The College also developed a paper on "Mandatory Reporting of Client Sexual Abuse by Massage Therapy Educational Facilities and Instructors". This document states that Massage Therapists engaged in massage therapy instruction at an educational institution recognized by the Ministry of Training, Colleges and Universities is considered to be practicing the profession. This, therefore, requires members to report suspected incidents involving the sexual abuse of a client to the appropriate regulatory college.

An “Education Campaign Research Project; Public and Current Client Opinion” was conducted by the Communications Committee of the CMTO to independently study opinions of the Ontario general public and current clients of Massage Therapists in Ontario. A consulting company was hired to develop two surveys; one for the general public and one for current clients. This study was completed in March 2000. General findings relating to PR include (i) one quarter or more of both the general public learn about health care information from health care providers (generally Physicians) or from the newspaper; (ii)one third of the general population and two thirds of current clients were aware that Massage Therapists receive two or three years of training, that they pass a certification exam, and they are governed by a regulatory body that establishes and ensures standards and protects the public. Approximately one half of current clients were aware that they may ask the College to address their concerns about their treatment. Current clients often reported that they learned this fact from their Massage Therapist. Some of those that were not aware of procedures to address concerns stated that if they had a concern they would have stopped treatment, have spoken to the Massage Therapist or have told their Physician.

The College hired a consultant to develop and conduct workshops on “Making Ethical Decisions and Maintaining Boundaries”. Since 1997, these workshops have been conducted across the province six times per year with approximately forty participants attending each session. The workshops are free of charge to CMTO members. Participation is usually voluntary, although some members have been asked to attend. The two-day workshops are held in each of the six electoral districts in Ontario. They encourage participants to explore ethical issues facing Massage Therapists.

The workshop evolved based on feedback provided on the evaluation forms completed by attendees. The Client Relations Committee invites workshop participants to submit case studies concerning boundary or ethical dilemmas that were a challenge to solve. The Committee has received a number of cases which were incorporated into the workshop. The cases are also used as education in the College Standard newsletter. An evaluation of these workshops was conducted by the consultant with the entire membership in 1998. Surveys are also conducted with participants at the end of each session.

Staff are involved with annual training sessions on dealing with sexual abuse. The College has also developed a “Protocol for Staff Training for Dealing with Sexual Abuse” which includes procedures for taking calls within the office from clients who disclose that they have been sexually abused.

A brochure was first developed and distributed to members in 1996 to act as a tool to assist clients in their decision-making in the event of sexual abuse by a health care professional. Specifically, the “Zero Tolerance... The First Step” brochure is meant to encourage a client to file a report of “alleged sexual abuse” with the appropriate health regulatory college. The brochure is provided to clients by members when a client reveals that s/he has been sexually abused by another Massage Therapist or by another regulated health professional while directly under his/her care. Each member received one copy of the brochure with the College bulletin, with the College providing a replacement upon request.

The brochure outlines the role of the College and provides basic information to the client to think about before taking the next step of submitting a complaint. The brochure does not describe the complaint process nor the discipline process. More detailed brochures covering these topics are also available from the College.

The College has a Complaints brochure which outlines the role of the College in developing a formal complaints process; the steps of filing a complaint; what is done once the complaint is received; the steps in investigating a complaint; and an explanation of the various responses or decisions that could be taken by the College.

The College has another brochure for public consumption, entitled “Massage Therapy in Ontario”. This brochure is meant to provide the public with information on massage therapy, how Massage Therapists are trained, what a client can expect, the CMTO, how to find a Massage Therapist, costs and verifying credentials.

A further brochure intended for the public is entitled “We Care About Your Health Care”. This describes the role of the College and the Quality Assurance Program. It also provides a discussion of regulated Massage Therapists, public participation in the College, verifying credentials. It also suggests that concerns be directed to the College through a toll free number, fax, mailing address or by email.

In 1998, the Client Relations Committee discussed the development of an information package for members to deal with sexual abuse questions. This would be intended as a resource package for members to use in order to provide appropriate information to clients. It is planned that this idea will be put forward again to the new Committee in 2001.

Staff are trained to handle any call that may come into the College with respect to seeking assistance in matters of sexual abuse/impropriety. This is done on a yearly basis.

The Results Chain on the next page presents a summary of CMTO’s Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is to prevent sexual abuse of patients by Massage Therapists in Ontario.

Patient Relations Program Results Chain - College of Massage Therapists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Development of a Client Relations Program and Action Plan.	1.1 Client Relations Program and Action Plan developed *(Nov 1995, revised Nov 1997 and Aug 1999).*	1.1 - Increased awareness of professional conduct. - Incorporation of learning into practice.	1.1 to 1.4 - Patients and potential patients are better served and protected. - The status of the profession is enhanced.
1.2 Development of a Client Relations Handbook.	1.2 Client Relations Committee Handbook distributed to Committee members. Includes regulations relating to sexual abuse, Client Relations Program and Action Plan, staff protocol for dealing with sexual abuse, and the policy on reporting abuse by instructors *(developed and distributed early 2000).*	1.2 - Increased awareness among staff and committee members regarding sexual abuse prevention, protocol for staff when dealing with complaints of a sexual nature, and the requirements of massage therapy instructors and members to report abuse. - Improved sexual abuse and client relations programming.	
1.3 Develop Information and Guidelines for Professional Behaviour and Prevention of Sexual Abuse.	1.3 Information and Guidelines for Professional Behaviour and Prevention of Sexual Abuse of Clients of Massage Therapists developed *(Nov 1995 and revised Sept 1996).*	1.3 - Increased awareness regarding appropriate professional behaviour and prevention of sexual abuse among members. - Incorporation of learning into professional practice.	
1.4 Post-termination relationships guidelines.	1.4 A guideline for post-termination relationships developed *(June 1996 and revised April 2000).*	1.4 - Increased awareness among members regarding appropriate behaviour for post-termination relationships. - Incorporation of learning into professional practice.	
1.5 Mandatory			

Activities	Outputs	Outcomes	Impacts
Reporting of Client Sexual Abuse by Massage Therapy Educational Facilities and Instructors. 1.6 Educational campaign research project. 1.7 Website development.	1.5 A policy is developed regarding mandatory reporting of client sexual abuse by Massage Therapy educational facilities and instructors *(Nov 1995, revised Nov 1999).* 1.6 Education Campaign Research Project: Public and Current Client Opinion conducted to study opinions of the Ontario general pubic and current clients of Massage Therapists *(March 2000).* 1.7 Website developed for members and the public that includes publications of the College (including 1.1, 2, 3, & 4), information on the profession, professional guidelines and the complaints process.	1.5 Instructors are made aware that, when they are engaged in massage therapy instruction, they are seen to be practicing the profession, and therefore must report suspected incidents of sexual abuse. 1.6 Increased knowledge among staff, council and committee members regarding general public and current client opinions toward the College and the profession. - Improved Client Relations program due to increased knowledge. 1.7 Increased awareness among members and public regarding the College, the profession, appropriate professional behaviour and the complaints process.	1.5 - Clients of massage therapy instructors are better protected. - The status of the profession is enhanced. 1.6 - Improved Client Relations program leads to better protection of the public. - The status of the profession is enhanced. 1.7 - Clients and potential clients are better served and protected. - The status of the profession is enhanced.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Workshops on making ethical decisions and maintaining professional boundaries in professional relationships.	2.1.1 Making Ethical Decisions and Maintaining Professional Boundaries in Professional Relationships workshops are delivered *(Developed and first conducted in 1997. Offered 6 times per year across the province with approximately 40 participants in each workshop, to a total of 240 per year).* 2.1.2 Making Ethical Decisions and Maintaining Professional Boundaries in Professional Relationships workbook produced (*distributed to all participants during workshop)*.	2.1.1 & 2 - Increased knowledge among members regarding appropriate professional behaviour. - Increased knowledge among members regarding patient relations and sexual abuse. - Members incorporate learning into their practice, thereby maintaining high levels of ethics and professional conduct in the day to day practice.	2.1, 2, 3 & 4 - The public is better protected and served. - Increased member confidence in College. - Increased member confidence in professional behaviour. - Increased public confidence in the profession of massage therapy.
2.2 Leaflets on the workshop.	2.2.1 Leaflets are developed and distributed to members in order to advertize the workshops described above.	2.2.1 Increased member knowledge of workshop offerings. - Increased member participation in workshops. - Members incorporate learning into professional practice.	
2.3 Case study			

Activities	Outputs	Outcomes	Impacts
development and distribution.	2.3.1 Participants in the workshops are asked to submit case studies involving ethical decision-making and boundaries in professional relationships (during all workshops). 2.3.2 Case studies are developed from these materials and used in subsequent workshops *(case study development is done at each workshop - 6 times per year).* 2.3.3 Case studies are distributed to all members through the College newsletter *(1-2 times per year).*	2.3.1, 2, 3 - Members have increased awareness of College policies regarding appropriate professional behaviour. - Members learn about real ethical dilemmas faced by Massage Therapists that were a challenge to solve. - Members incorporate their learning into their professional practice.	
2.4 Articles on PR and sexual abuse prevention.	2.4 Articles are placed in the College newsletter regarding PR and sexual abuse. *(Articles are placed in the newsletter on an ad hoc basis.)*	2.4 - Increased knowledge among members regarding patient relations and sexual abuse. - Members incorporate learning into their practice, thereby maintaining high levels of ethics and professional conduct.	

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Staff training on PR and sexual abuse prevention.	3.1 Education on PR and sexual abuse prevention provided to all staff. *(Done annually).*	3.1 - Increased sensitivity among staff members regarding sexual abuse and patient relations.	3.1, 2 & 3 - Better outcomes for patient concerns. - Member's image of college is improved.
3.2 Development of a protocol for staff training dealing with complaints of a sexual nature.	3.2 Protocol developed for handling calls or letters relating to complaints of a sexual nature *(developed and available to staff through the Operation Manual beginning in 1998).*	3.2 - Increased awareness of protocol for complaints. - Increased staff capacity to respond to member and public questions and concerns. - Improved consistency in responding to questions and complaints.	
3.3 Council Member Handbook.	3.3 A Handbook was developed for Committee members regarding the CRC program.	3.3 - Increased sensitivity among council members regarding sexual abuse and patient relations.	

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Publishing and distribution of PR program and its policies on sexual abuse.	4.1.1 A brochure "Zero Tolerance...The First Step" was developed to encourage a client to file a report of alleged sexual abuse by a health care professional *(distributed to members to give to clients disclosing past sexual abuse, with a replacement upon request).* 4.1.2 A brochure entitled "We Care About Your Health Care" developed to provide information on the College and Quality Assurance, as well as regulated Massage Therapists, public participation in the College and verifying credentials. Contact information for the College is provided. *(Distributed to members to distribute to the public).*	4.1.1, 2 - Increased public awareness regarding the profession and the College PR program.	4.1.1, 2 - Public perception of College as sensitive to public needs increases. - Improved public image of College and of professions. - Increased public awareness of the rights and expectations of clients of Massage Therapists. - The public is better protected against sexual abuse and their health care is improved.
4.2 Information on the complaints process.	4.2 A brochure describing the complaints process is developed. *(Distributed to all members to distribute to the public).*	4.2 Increased public awareness regarding the complaints process of the College.	4.2 - Public provided with opportunity to complain when abuse occurs. - The public is better protected against abuse.
4.3 Information leaflets to promote the profession published and distributed to the public by members.	4.3 Brochure entitled "Massage Therapy in Ontario" provides information on the profession and the College, client expectations, costs and verifying credentials of a Massage Therapist. *(Distributed to all members to distribute to the public).*	4.3 Increased public awareness regarding the profession and the College.	4.3 Improved public image of the College and profession.

4.0 Analysis of Results Chain

4.1 Technical Analysis.

4.1.1 Do CMTO's PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

CMTO's PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does CMTO's PR program address issues beyond sexual abuse?

The CMTO's PR program addresses issues beyond sexual abuse between patients and the professional. The program includes workshops on ethical decisions and maintaining boundaries in professional workshops, which includes information on communication between the client and professional.

4.1.3 To what extent do CMTO's patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

14. The CMTO meets the requirements of the RHPA as all elements of the act are being undertaken.

15. CMTO has staff available to respond to all public, patient and member inquiries. Staff are trained on a yearly basis, and there is a written protocol for dealing with complaints of a sexual nature. Staff have also received, in previous years, training from the Metro Toronto Police Sexual Assault Squad Investigator's Seminar.

16. Information on client rights and responsibilities is available through brochures developed by the College for public consumption.

17. Members are encouraged to take professional and human relations skills development courses as part of the Quality Assurance program's continuing education. The workshops on ethical decision-making and maintaining professional boundaries are offered to all members.

18. Information on appropriate professional behaviour is available through the Code of Ethics and the Guidelines for Professional Behaviour and Prevention of Sexual Abuse

documents. Appropriate professional behaviour is also taught during the workshops mentioned above.

19. Training material for members was developed specifically for Massage Therapists.

20. Material produced by the College for public as well as member consumption encourages client participation in treatment decision-making. Material for the public suggests members share their treatment plan with the client and to answer questions and honor the clients right to deny treatment. The "Where's My Line" booklet directed at health care professionals promotes an atmosphere of choice to minimize boundary violations. Massage Therapists are encouraged to involve clients in some aspects of procedures and to explain the procedures thoroughly, moment by moment and to establish client co-operation along the way.

21. The PR material at the College includes a brochure regarding zero tolerance of sexual abuse.

22. Ongoing development and training is available for members. Statutory requirement for the college require members to undertake educational development. The PR Committee regularly reviews their PR materials, and makes changes accordingly.

23. The College offers rewards to members who participate in continuing education through credits in the Quality Assurance program. Members are required to participate and are encouraged to do so since, if they do not fulfil certain standards, they will be referred to the QA committee for assessment.

24. The College has a systematic approach in place for training staff. Staff members are trained regarding sexual abuse and patient relations on a yearly basis. Council and committee members receive a Client Relations Committee Handbook in order to familiarize themselves with the regulations as well as the Client Relations Program.

25. The Client Relations Program and Action Plan serves as a plan for the Client Relations Program of the College, although it does not have specific targets for dates and participation. The College adopted a College-wide Strategic Plan on February 26, 2001 In terms of Clients Relations, the Strategic Plan has a focus on general communication with outside stakeholders. This plan does not include target dates, locations or activities for the entire Client Relations Program.

26. The Client Relations Program and Action Plan includes a section on evaluation of program results. The decline in the incidence of sexual abuse complaints is taken as a positive indicator of the success of the Client Relations program. The Client Relations Committee also works with the Complaints Committee to determine the qualitative and quantitative data requirements to demonstrate to HPRAC the Committee is monitoring all activity to take pro active steps in reducing incidents of sexual abuse. The Complaints Committee regularly informs the Client Relations Committee and the College Council of

trends in complaints. The Client Relations Committee adjusts the content of case studies used in the workshops accordingly.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

A large focus at the CMTO is the prevention of sexual abuse by Massage Therapists in Ontario. The College is concerned that their members must remain professional at all times.

4.2.2 Efficiency

The College has efficiently developed materials collaboratively with other Colleges. This includes the "Where's My Line" intended for health-care professionals, done in association with the College of Chiropractors and the College of Physiotherapists.

The College conducted a study in March 2000 with clients and the general public regarding the College and the profession. This study was used to inform the programming of the public relations campaign of the Client Relations program.

4.2.3 Effectiveness

The College staff report that members are more aware of the regulations regarding sexual abuse and the general Client Relations program. The level and complexity of questions asked by members during phone inquiries indicates this increased awareness among membership.

Staff also indicated that the boundaries workshops are making members more aware that they need to be cautious when providing a massage. Participant surveys conducted after the workshops indicate that members are learning from the workshops. These surveys are conducted after each workshop and are fully analyzed and reported.

Surveys were conducted in 1996 and 1998 to determine whether the workshops and brochures were resulting in increased awareness of boundary issues. As indicated in the PricewaterhouseCoopers evaluation, as a result of the baseline survey, a professional standard of 23.9% was established. In the 1998 follow-up survey, the score was 1.8% points lower than the baseline score. It was anticipated that one outcome of conducting membership questionnaires was that members could compare their personal score to that of the professional standard. If significantly higher than the standard, the member may be interacting with clients in ways that colleagues could find problematic. If significantly lower than the standard, the member may be less self-aware than colleagues, who recognize problematic patters in their own behaviour.

Evidence of effectiveness of staff training is found in the "exit interview" with complainants. They speak highly of the sensitivity and support they received from staff.

4.2.4 Impact

It has been suggested at the College to conduct focus groups with clients in order to determine the impact of the Client Relations program (among other issues) at a societal level, but staffing and cost have prevented these from occurring thus far. The Strategic Plan now adopted by the College as of February, 2001 has approved increased focus on stakeholder consultation and on building partnerships.

4.2.5 Equity

All College members in all parts of Ontario have equal access to the Client Relations program. The program to members currently consists of written material that is distributed to all members regardless of location. All members are welcome to participate in the six boundary workshops held across the province, including the north. Sight impaired members are sent braille and audio taped training materials.

A Diverse Communities Questionnaire was conducted in 1996 with members to determine the level of access diverse communities have to massage therapy services. Of the 162 respondents, approximately 56% stated that all diverse groups have access to massage therapy, with 43% stating that they did not. Further questions involved barriers to access and problems with serving clients from diverse communities such as visible, religious or ethnic minorities, people with disabilities, lesbians and gay men.

5.0 Conclusions

3. CMTO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

4. Furthermore, all aspects of the Client Relations program are strong, including the staff training provided on a yearly basis, the extensive and complete public relations campaign and, especially, the workshops and brochures developed for members.

5. The College recognizes that maintaining professional boundaries are important, especially with this profession, where the member works in an almost intimate setting with the client.

6. Case study development using member participation should be commended. The use of real cases adds validity and reality to the workshops.

7. While yearly planning may be done informally by the Client Relations Committee, a written and distributed plan, including target dates, numbers of participants, etc., would be encouraged to improve the program and its effectiveness.

8. The website of the College has been developed and recently completely updated.

6.0 Recommendations

1. That the College maintain the activities of the Client Relations program, and, specifically, that it continue efforts to train members through boundaries and ethics workshops on a yearly basis.

2. That CMTO's Client Relations Committee continue its efforts toward planning by providing the College Council with updates on progress on an annual basis as part of the College-wide Strategic Planning initiative. Targeted activities with dates, locations, duration, etc. would be encouraged within the Committee's annual planning.

3. That CMTO establish and implement a formal monitoring and evaluation plan for its entire Client Relations Program. Currently, the College does an excellent job of monitoring membership through surveys following the boundaries workshops. Evaluation work would also be encouraged for other aspects of the Client Relations Program (i.e. public education, staff and council education). The College could use this information for making decisions to maintain, modify or discontinue program activities.

College of Medical Laboratory Technologists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Medical Laboratory Technologists of Ontario (CMLTO) were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and from a face-to-face meeting with Kathy Wilkie, Registrar and Bernadette Seward, Communications Coordinator on December 11, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CMLTO was established in 1993 to regulate the practice of medical laboratory technology in the public interest. The Council is made up of ten elected professional member positions and eight appointed public members.

The CMLTO positioning statement is: "The College of Medical Laboratory Technologists of Ontario promotes excellence, accountability and pride in Ontario's laboratories and is responsive to its Members and the citizens of this province. It protects the health and safety of Ontario's citizens through continuous improvement in the quality of services provided by it's members working in labs across Ontario. It protects and represents the lab interests of Ontario's citizens."

It carries out its mandate through eight committees: Executive, Complaints, Discipline, Quality Assurance, Registration, Standing Committee Nomination, Patient Relations, and Fitness to Practice Committees.

2.2 Size and Resources

The College currently regulates just over 7,800 members. Of these members, approximately 18% are male and 82% female.

In fiscal year ended December 31, 1999, the College had revenue of $1,211,180 of which 93% came from membership fees. Expenditures for the year totaled $1,257,706, leaving an excess of revenue over expenses of $46,526

The Annual Report does not provide details on the budgets of committees and staff were unable to estimate the budget allocation.

The College has approximately 15 employees, contract staff and regular consultants/service providers (inside cover, 1999 Annual Report) including the Registrar, a Deputy Registrar, a Comminations Coordinator, a Director of Quality Practise, and a Membership Administrator. Consultants are retained as necessary in communications, computer services and other areas.

2.3 Risk of Patient Abuse

From December 31 1993 to December 31, 2000 CMLTO had received a total of one complaint and mandatory report in 1997 relating to sexual abuse of patients, distributed as shown in Table 1.

Table 1. Complaints and Reports of Sexual Abuse by Medical Laboratory Technologists, 1993 - 2000

Year	1993	1994	1995	1996	1997	1998	1999	2000
Complaints	0	0	0	0	1	0	0	0
Mandatory Reports	0	0	0	0	0	0	0	0

Based on the nature of Medical Laboratory Technologists work, the type of contact with patients, and the complaints and mandatory reports history to date, CMLTO believes the risk of sexual abuse of patients by CMLTO members in Ontario is low relative to many other health professions.

In the 1999 Annual Report, the Complaints Committee reported receiving five complaints in 1999. It is reported that none of these dealt with issues of a sexual nature. In the four discipline cases being worked on in 1999, none involved matters related to sexual misconduct. The majority dealt with issues around the technical quality of the advice or the work done by the member, with matters relating to communications and behavior being the dominant issue.

3.0 Description of the CMLTO Patient Relations Program

The PR program was established in 1994. Shortly thereafter, in 1994, the College published an article on “Prevention of Sexual Abuse of Patients”. The PR Committee and CMLTO staff received training that year on how to handle complaints of a sexual nature.

Subsequently, through the Committee, the CMLTO:

- developed and distributed the guideline on the “Prevention of Sexual Abuse of Patients” in 1995,
- did conference presentations on the standards for patient care,
- published regular newsletter articles on communications and patient relations,
- established the mandatory funding for therapy and counseling for victims of sexual abuse,
- established and published guidelines on professional ethics,
- established partnerships with Heart & Stroke and Cancer Society,
- commissioned a major study on communications for the College and developed and approved a new communications strategy in 1999,
- developed material for the website and brochures on PR,

- developed a “professional accountability and patient/client relations” checklist for the Quality Assurance program in 1999,
- implemented a communications program for the College.
- initiated an expert articles/best practises data base for MLTs

The “Practice Guidelines: The Prevention of Sexual Abuse” include guidelines on the definition of sexual abuse and “zero tolerance” and a list of “do’s” and “don’ts” in this area. The focus of the program in recent years has been on communicating effectively with the public. The PR Committee meets at least 4 times per year.

The following results chain presents a summary of the CMLTO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes.

The Goal of the PR program is:

> “The Patient Relations Committee plans and implements the CMLTO Patient Relations program, in consultation with Council. The program is designed to enhance and maintain excellence in MLT/ patient relations and service throughout Ontario.”

(Inputs for carrying out the PR activities are not segregated. The CMLTO representatives did not feel they could segregate these activities. The registrar, the PR Committee, the communications coordinator, a communications consultant and a web consultant are involved in the PR program.)

Patient Relations Program Results Chain – College of Medical Laboratory Technologists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Prepare practice guidelines on the prevention of sexual abuse. 1.2 Prepare guidelines for professional behavior for Med. Lab. Technologists (MLT).	1.1 Approved guidelines *(Published in 1995)*. 1.2 Guidelines developed and issues to all MLTs and employers as well as the Ontario media *(Distributed in 1999).*	1.1, 1.2 College staff and Committee members are more aware of issues and standards of practice around patient relations. Guidelines available on the web and in print.	1.1, 1.2 -The status of Med Lab Technologists as a profession is enhanced. - The public is better served and protected.
1.3 Identify trends and needs and do annual members survey *(annual review)*. 1.4 Review/modify PR Program and position statement, new position papers *(periodically)*.	1.3, 1.4 - Recommendations to Council based on needs and trends analysis, consultant's report. - Approved program action plan *(annual).* - Draft position papers on public access to testing and provision of generic testing information to public.	1.3 Staff, Council and Committee members aware of program issues and changing needs. 1.4 Committee members/staff develop and/or deliver new PR program material (code of conduct, articles, posters, training sessions, etc.).	1.3, 1.4 - Increased likelihood of the PR program being successful in the longer term.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession 2.1. Develop material and mechanism to educate people seeking entrance to practice (students and others applying for admission).	2.1.1 a) Practice Guidelines shared with MLT education programs across the Province and incorporated into the curriculum 2.1.1 b) New Members Internet Resource Center 2.1.1 c) Consultant in residence program for members to access world class experts.	2.1.1a, b New entrants have increased awareness of: - RHPA requirements, - CMLTO practice guidelines and expectations, - continuing education requirements, - reporting obligations of MLTs, - complaints and disciplinary processes, - resources and support available from CMLTO. 2.1.1b New entrants will apply the guidelines in their practice. 2.1.1c) Members aware of best practices.	2.1.1a New members attitude toward CMLTO is improved. 2.1.1b - New members confidence and competence is improved. - Patient satisfaction with new members is improved.
2.2. Develop material for members, employers.	2.2.1 Guidelines integrated into Quality Assurance Program. Expert article data base. Information on consent. QA program elements on rights of individuals 2.2.2 -Educational workshops, seminars, conferences, etc. 2.2.3 Communications to members:- articles in newsletter focusing on communicating with patients, checklist of key competencies, all College guidelines available on the web 24 hours a day.	2.2.1, 2, & 3 - Members identify and undertake learning in areas of need, - members incorporate learning into their practice, thereby maintaining high levels of competence and performance *(QA Audit).* 2.1, 2.2 *(100% of members will be aware of the College's zero tolerance policy, mandatory reporting obligations and practice guidelines.)*	2.2.1, 2 & 3 - Member self-image and image of profession improved. - Patient image of professional and profession improved. - Patient well-being is improved.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Integrated Communication Review Team to ensure all committee members familiar with communications.	3.1.1 Training sessions and supporting materials.	3.1.1 - Increased staff knowledge of issues and expectations around patient relations. - Increased staff capacity to respond to member questions and concerns.	3.1.1 Improved member satisfaction with CMLTO and staff.
3.2 Annual Council Communications survey.	3.2.1 Council members aware of College activities and College aware of Council's concerns.	3.2.1 Improved consistency in responding to questions and complaints.	3.2.1 and 2 - Improved patient satisfaction with CMLTO and staff. - Member's image of CMLTO is improved.
	3.2.2 Training sessions and supporting materials.	3.2.2 - Increased staff knowledge about how to deal with complaints and treat victims of abuse. - Increased staff sensitivity and skills in dealing with complaints and victims of abuse. - Increased Councillor's awareness of issues and better handling of cases.	
3.3 Detailed procedures for handling PR complaints developed and all office staff trained. Sharing with other Council Committees.	3.3 Complaints handled quickly and efficiently.	3.1, 3.2 *(- 100% of College staff will know how to handle victims of sexual abuse.* *- 100% of Committee members are more sensitive to and aware of sexual abuse issues.)* 3.3 Most complaints are handled by staff without need for additional time or resources.	
4. Inform the Public			

Activities	Outputs	Outcomes	Impacts
4.1. Review approaches to informing public. Develop and plan focus groups, advertising campaign, and continue to work with Council.	4.1.1 Electronic access provided: through website. 4.1.2 Posters prepared, advertising campaign on TTC, communications to stakeholders, TV coverage. 4.1.3 Public focus Groups held.. Focus group reports produced *(one focus group per quarter).* 4.1.4 Collaboration with other Colleges through the Federation of Regulatory Colleges.	4.1.1, 4.1.2 - Potential to have interested public informed about P.R. Guidelines, patient rights, complaints process, role of the CMLTO, etc. (*117,000 advertising impressions).* 4.1.3 Fact base of client perceptions of MLTs. 4.1.4 Public aware of role of regulated Colleges.	4.1.1, 4.1.2 Increased public awareness of MLTs and their role. 4.1.3 Improved quality of care provided to public and public better equipped to access care and ask knowledgeable questions. 4.1.4 Uniform approach across Colleges would simplify communications process, increase public understanding, encourage further CMLTO operation among Colleges, and make more resources available for other priority issues.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CMLTO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CMLTO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CMLTO PR program address issues beyond sexual abuse?

While the CMLTO PR program includes both sexual abuse and a focus on broader communications issues. The program addresses PR in its broadest sense.

4.1.3 To what extent do the CMLTO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CMLTO has taken a proactive approach to informing new and current members and College Councillors and staff of the requirements under the RHPA, 1991 regarding prevention of sexual abuse and to providing related training materials and opportunities. It has been innovative in the use of its website and has used a broadly based media campaign and communications with employers.

2. The CMLTO has provided MLTs with access to articles by experts and advice by consultants on key PR questions.

3. The CMLTO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

4. The CMLTO has not provided direct point of care information to patients regarding their rights and responsibilities. Web sites are available which patients can access should they choose to.

5. Both professional and human relations skills and knowledge development opportunities exist for MLTs.

   While maintaining professional competence is the responsibility of each member, the CMLTO has been proactive in ensuring that all new entrants receive training related to requirements of the RHPA and the Colleges Zero Tolerance policy through the entry to practice requirements, the QA program and direct information provided to members.

6. Information on appropriate professional behavior with respect to PR is available on a 24 hour basis on the website.

7. Training material for students and members was developed specifically for MLTs.

8. Material that would be of particular use includes the "professional accountability and patient/client relations" checklist and the code of ethics developed by and for MLTs.

9. The CMLTO has plans to review its PR materials regularly, to continue its involvement in the new entrants program, to actively promote continuing education, and to monitor educational needs of members. The annual survey is a foundation for these activities.

10. Members reward for participation in continuing education is eligibility for continued membership in the College.

11. The CMLTO has taken a systematic approach to orienting and training College staff, Councillors and Committee members. Training is carried out annually.

12. The CMLTO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner.

13. The CMLTO did not provide the consultants with an evaluation plan for its PR activities. However, general target levels of awareness and knowledge on the part of members, staff, Committee members and the public have been identified. Surveys have been done but no evaluation plan designed to identify the evaluation issues, the evaluation methods and the links to the PR program have been done. The surveys which have been done have not been part of any clearly enunciated evaluation strategy (see section 4.2 below for standard evaluation issue analysis).

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

While the CMLTO considers the likelihood of sexual abuse of patients by MLTs to be small, CMLTO has completed its sexual abuse prevention plan and continues to work with its members, staff and Council to ensure that this is not an issue. After initial work in this area, the more recent (1998-2001) focus of PR has been on communications between members, the public and the College.

Analysis of the results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for sexual abuse, along with other desired outcomes and impacts. In addition the activities around communications should contribute to general improvements in patient care and well being.

4.2.2 Efficiency

CMLTO is a medium sized College. It seeks efficiency in program development and delivery by working with other Colleges through the Federation and with other provinces to prepare and deliver materials and workshops to members and the general public, and by sharing materials with other Colleges. Internally, all staff are made aware of PR issues and protocols, and are able to handle incoming calls. This results in greater overall efficiency in administering the College.

Although specific targets for PR activities are set, we were not able to review performance compared to targets. We do know that the PR committee monitors progress against targets and makes appropriate modifications.

Similar to other Colleges, CMLTO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

The consultants are not aware of any formal evaluation of PR program effectiveness except for that prepared by PricewaterhouseCoopers of prevention of sexual abuse. However, the Registrar reports that staff have an increased awareness of PR issues and skill in handling issues. The PricewaterhouseCoopers Volume 5 report showed CMLTO members had a high level of awareness of their responsibilities under the RHPA and that they had acquired this knowledge from the CMLTO. Only one case of sexual misconduct has arisen. There has been no examination of behavior change. Some questions are included on PR in the annual survey.

4.2.4 Impact

CMLTO has decided to attempt to measure societal awareness by adding several questions to a province wide health survey. Initial survey results show that twenty-two percent of citizens are aware of the role of the College of Medical Laboratory Technologists. The challenge now will be to link level of awareness of the CMLTO with the College's programs. Outside factors could produce any changes observed via the survey. CMLTO should work closely with other Colleges and the Federation in attempting to evaluate societal impact and in preparing an evaluation plan.

4.2.5 Equity

The CMLTO newsletter is sent to all members, programming for students is delivered at their educational institution, and the College has conducted "roadshows", delivering programs to members across the Province.

There has been no assessment of the need for specialized training for members with special needs, or of culturally specific education and training needs for members working with patients in minority cultures. However, the College has written a newspaper article on cross cultural issues and has plans to develop guidelines over the next several years. The College is aware of this as an issue.

5.0 Conclusions

1. The CMLTO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas except providing information to the public.

2. An area of strength in the CMLTO approach is its recognition of PR issues in the broadest sense of the word, going beyond sexual abuse.

3. There appear to be areas in which the PR program could be strengthened. One is to use the annual survey carefully (ensure representative sampling using professional survey skills) to assess PR knowledge and activities. The second is to develop a formal evaluation plan for all programs in the College including PR. All the College programs should be evaluated in sequence over time, keeping in mind College resources.

4. One area that has received considerable attention is the knowledge and rights of patients in communicating with MLTs. However, more could be done in this area. Some work on position papers with respect to access to lab results is being done. Much of the communications work which has been done has focused on the general public via avenues such as the TTC, not on the public and other clients at the point of care.

5. <u>Likelihood of success</u>

   - The CMLTO does not appear to have a major problem with PR regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

   - Significant PR issues other than sexual abuse have been identified by the consultants to the PR Committee and communications has been adopted as the major theme.

   - The CMLTO has broadly identified desired outcomes and impacts from its PR activities. The activities are logical and should produce the desired impact. However, the strength of the connection between links in the results chain is likely very variable across the target population. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts. Evaluation plans should be prepared identifying planned evaluation, evaluation questions, indicators and methods to be used.

   - In the event that best efforts fail to prevent a MLT from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the CMLTO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities

2. That the CMLTO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities (See 3 below).

3. That the CMLTO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CMLTO programs.

4. That the CMLTO continue to seek efficiencies through participation in the Federation and CMLTO cooperation with other regulated health professional colleges and other provinces MLTs.

5. That CMLTO review its annual survey to optimize design for evaluation purposes and to ensure representativeness in response rates.

The College of Medical Radiation Technologists of Ontario

1.0 Introduction

Data to construct the PR program description for the College of Medical Radiation Technologists of Ontario were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, college publications and a face-to-face meeting with Linda Gough, Sharon Saberton and Dr. Ruth Pike on December 21st, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CMRTO was established in 1994 to regulate the practise of medical radiation technology in the public interest. Council is made up of 7 elected professional member positions and 6 appointed public members.

The CMRTO mission statement is to serve and protect the people of Ontario through self regulation of the profession.

It carries out its mandate through Council and 7 statutory committees: Executive, Registration, Patient Relations, Discipline, Quality Assurance, Fitness to Practise and Complaints Committees.

2.2 Size and Resources

The College currently regulates approximately 5,343 members. Of these members, approximately 18% are male and 82% female.

In fiscal year ended December 31, 1999, the College had revenue of $1,522,451, 89.2% of which comes from membership fees. Expenditures for the year totaled $1,618,538, leaving a deficit of $96,087. The deficit is an anomaly and the College has generally been in surplus.

The Annual Report states that $4,524 was expended for meetings of the Patient Relations Committee. However, in addition to these expenditures, it is estimated that .55 person years of senior staff time and .85 person years of Executive Assistant staff time were made available for PR. The College estimates that the annual expenditure for PR and related issues is between 2.7% and 14% of the total expenditures. The College also budgets $20,000 each year for therapy or counseling of victims of sexual abuse.

The College has approximately 7 full-time employees.

2.3 Risk of Patient Abuse

From January 1994 to November 2000, CMRTO received a total of 7 complaints and mandatory reports relating to sexual abuse of patients, distributed as shown in Table 1.

Table 1. Complaints and Reports of Sexual Abuse by Medical Radiation Technologists, 1994 - November 2000

Year	1994	1995	1996	1997	1998	1999	2000
Complaints	0	0	0	0	0	0	0
Reports	2	0	1	0	2	1	1

In addition to the sexual abuse cases, the CMRTO received 27 complaints and reports on other PR issues. See Table 2 below.

Table 2. Other Reports & Complaints Received, 1994 to November 2000

Year	1994	1995	1996	1997	1998	1999	2000
Reports & Complaints	2	7	7	1	5	2	3

3.0 Description of the CMRTO Patient Relations Program

The Patient Relations program is managed by the Patient Relations Committee (PRC) of the College of Medical Radiation Technologists. The PR was established in 1994 and has focused primarily on sexual abuse and related boundary issues. Other issues that relate to PR have been dealt with by the following committees: the Complaints, Discipline, Quality Assurance and Executive Committees. Standards of Practise and Practise Guidelines have been dealt with by the Quality Assurance Committee.

Major initiatives of the PRC in this area are described below.

The main elements of the program include:

- Educational requirements for members;
- Ensuring members have guidelines on appropriate conduct with patients;
- Training for the College's staff, and;
- The provision of information to the public.

The following specific elements have been developed.

The Sexual Abuse Prevention Plan was approved in 1995 after initial policy statements with respect to zero tolerance were developed and distributed in 1994 by the PRC. The brochure "*What you must know about sexual abuse"* was developed and distributed to all members in 1995. During the same year, the PRC worked on materials for Diploma programs in the province and developed *Institutions Guide for the Prevention of Sexual Abuse of Patients* which is used by all educational programs.

Articles in the College newsletter *Insights* have been developed and distributed on a continuous basis.

In 1996, the QA Committee worked on standards of communication for MRTs and on special issues around diverse cultures and communication. The College website was developed in 1997. In the same year, the PRC evaluated the effectiveness of the Sexual Abuse Prevention Program. Work on boundaries and dealing with difficult patients was also a focus of PRC in 1997.

In 1999 the Practise Guidelines were distributed to all members and presented to them in regional workshops across the Province.

The PRC has also developed the policy and procedures for funding for therapy for patients who are sexually abused.

With respect to education of staff and council at CMRTO, the Registrar and Deputy Registrar have attended various conferences and workshops over the last 7 years on sexual abuse and other patient relations issues. They have also presented at workshops and written articles on the topic. Since 1994, there have been regular presentations to Council on sexual abuse prevention and patient relations.

With respect to provision of information to the public, the following initiatives have been identified; a) the College produced a brochure for the public "*About Medical Radiation Technologists*" and cooperated with the Federation of Health Regulatory Colleges and their development and printing of a brochure for the public on the regulated colleges; b) on request, the College will provide information to the public on particular issues such as what you must know about complaints and abuse, the Standards of Practise and the Annual Report.

The following results chain presents a summary of the CMRTO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes.

(Inputs for carrying out the PR activities are not segregated. The CMRTO representatives did not feel they could segregate these activities. A staff member serves the committee and pulls in resources from the College as necessary to meet the needs of the Committee).

Patient Relations Program Results Chain – College of Medical Radiation Technologists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Carry out background research and prepare: a) standards of practice in the following areas: Radiography, Radiation Therapy, Nuclear Medicine. b) Comprehensive Guidelines, c) Publish Standards in French.	1.1a) Standards of Practise *(Approved 1994),* b) Comprehensive Guidelines *(Approved 1999),* c) Published in French *(Approved 1995)*.	1.1 All Medical Radiation Technologists have copies of guidelines and understand them.	1.1, 1.2 - The status of Medical radiation technology as a profession is enhanced. - The public is better served and protected and aware of the standards/guidelines.
1.2 Develop Sexual Abuse Prevention Program and Statement of Zero Tolerance.	1.2 Statement of zero tolerance, Sexual Abuse Prevention Plan (*Approved 1994*); Brochure *"What you must know about sexual abuse"* (*Approved 1995*); Articles in Newsletter, *(on-going).*	1.2 Members have a standard designed to indicate that no abuse of patients is to be tolerated.	
1.3 Develop educational curriculum on sexual abuse prevention.	1.3 Educational Guide "*Institutions Guide for the Prevention of Sexual Abuse of Patients"* (*Approved 1995*).	1.3 All new CMRTO members have education on sexual abuse prevention, communications and appropriate touching.	
1.4 Develop touching and communication principles.	1.4 Guidelines on touching and communications (*Approved 1996*).	1.4 All CMRTO members understand and implement guidelines on communications and appropriate touching.	

Activities	Outputs	Outcomes	Impacts
1.5 Implement evaluation of the PR program.	1.5 Evaluation Report "*Patient Relations: Evaluation of Medical Radiation Technologists of Ontario Patient Relations Program" (1996)*.	1.5 Validity of approach to sexual abuse prevention confirmed.	1.5 Program maintained as originally implemented in Plan.
2. Educate Profession 2.1 Prepare abuse prevention education program and implement through educational institutions. Carry out regional workshops on sexual abuse prevention and general patient communications issues. Implement QA program using *Standards*, *Guidelines*, and *Sexual Abuse Prevention Plan.* Newsletter articles, website (2000).	2.1 a) Material distributed to profession and educational workshops delivered. QA program emphasizes standards including PR in general and sexual abuse prevention in particular. Educational workshops, seminars, conferences, etc. members read newsletter and use website. b) Distribute sexual abuse prevention material to Canadian Association of Medical Radiation Technologists.	2.1 a) New entrants have increased awareness of: i) RHPA requirements, ii) CMRTO practice guidelines and expectations, iii) continuing education requirements, iv) reporting obligations of Medical Radiation Technologists, v) complaints and disciplinary processes, vi) resources and support available from CMRTO, vii) cultural factors in patient care. - Members more aware of patients as people (i.e. menopause patients). - *84% of members became aware of complaints and discipline policies from College newsletter*. b) Improved knowledge across Canada among medical radiation technologists on sexual abuse prevention.	2.1 a), b), c) - Quality of care continues to improve as highly skilled graduates enter the medical radiation technology profession. The probability of patient abuse is reduced. Confidence in the medical radiation technology profession is improved.
2.2 Inform public of role of Medical Radiation Technologists via CMRTO brochure and Federation brochure.	2.2 Public reads brochures.	2.2 Public understands role of Medical Radiation Technologists and regulated colleges.	2.2 - Member self-image and image of profession improved. - Patient image of professional and profession improved. - Patient well-being is improved.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council 3.1 Develop education program for staff and Council.	3.1.1 Training sessions for Council. 3.1.2 Seminars attended by staff. 3.1.3 Detailed procedures for handling PR complaints developed and all office staff trained. 3.1.4 Complaints handled quickly and efficiently.	3.1.1 - Increased staff knowledge of issues and expectations around patient relations. - Increased staff capacity to respond to member questions and concerns. 3.1.2 Council members have better understanding of abuse and PR issues. Council members better prepared/more knowledgeable with respect to CMRTO governance and public issues. 3.1.3 - Increased staff knowledge about how to deal with complaints and treat victims of abuse. - Increased staff sensitivity and skills in dealing with complaints and victims of abuse.	3.1.1 Improved member satisfaction with CMRTO and staff. 3.1.2 Council makes better decisions with respect to the public interest and the role of Medical Radiation Technologists in health care in Ontario. 3.1.1 to 3.1.4 Increased public confidence in Medical Radiation Technologists.
4. Inform the Public 4.1 Prepare and implement public communications program: Distribute CMRTO brochure "*About Medical Radiation Technologists*" and Federation brochure.	4.1.1 Public reads brochures. 4.1.2 Public asks for information from College. 4.1.3 Collaboration with other Colleges through the Federation of Regulatory Colleges.	4.1.1, 4.1.2 - Potential to have interested public informed about P.R. guidelines, patient rights, complaints process, role of the CMRTO, etc. 4.1.1, 4.1.2, 4.1.3 Public aware of rights and complaints procedures. 4.1.3 Public aware of role of regulated Colleges.	4.1.1, 4.1.2 Increased public awareness of Medical Radiation Technologists and their role. 4.1.3 Improved quality of care provided to public and public better equipped to access care and ask knowledgeable questions.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CMRTO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and;
d. provision of information to the public.

The CMRTO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CMRTO PR program address issues beyond sexual abuse?

While the CMRTO PR program focuses on sexual abuse, there are explicit programs and initiatives around boundaries more generally and communications with patients of diverse backgrounds. The program addresses PR in its broadest sense.

4.1.3 To what extent do the CMRTO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CMRTO has taken a proactive approach to informing new and current members and College Councillors and staff of the requirements under the RHPA, 1991 re prevention of sexual abuse and to providing related training materials and opportunities. It has been innovative in its efforts to cooperate with other provinces and national organizations. The senior staff of the College are active in research, writing and presenting on PR issues.

   The CMRTO has initiated special programs with a focus on equitable care in situations where patients have special needs.

2. The CMRTO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. The CMRTO has provided information to patients regarding the College's members and their roles through their brochure.

4. Both professional and human relations skills and knowledge development opportunities exist for Medical Radiation Technologists. Medical Radiation Technologists are expected to take charge of the issue and implement a self-directed learning program under their QA educational program.

5. While maintaining professional competence is the responsibility of each member, the CMRTO has been proactive in ensuring that all members are aware of the guidelines for patient care through the published guidelines and workshops. In 1999 the Practise Guidelines were distributed to all members and presented to them in regional workshops across the Province.

Information on appropriate professional behavior with respect to PR is available on a 24 hour basis on the website.

6. Training material for students and members was developed specifically for Medical Radiation Technologists.

7. Material that would be of particular use includes the curriculum for educational institutions and the QA program.

   The CMRTO is one of the rare Colleges to have done regular evaluations and retained the services on an external consultant/evaluator.

8. The CMRTO has taken a systematic approach to orienting and training College staff, Councillors and Committee members.

9. The CMRTO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in an general manner.

10. The CMRTO did not provide HCA with an evaluation plan for its PR activities. However, activities are planned annually and evaluation is always on the agenda.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CMRTO has given very significant and serious attention to all aspects of abuse prevention including sexual abuse. CMRTO has completed its sexual abuse prevention plan and continues to work with its members, staff and Council to ensure that this is not an issue. After initial work in this area, the more recent (1998-2001) focus of PR has been expanded to include communications between the members, the public and the College.

Analysis of the results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for abuse, along with other desired outcomes and impacts. In addition the activities around communications should contribute to general improvements in patient care and well being.

4.2.2 Efficiency

CMRTO is a small to medium sized College. It seeks efficiency by having staff work in all areas and through cooperation with other Colleges. In general targets for the completion of activities have been met.

Similar to other Colleges, CMRTO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

The PR sexual abuse program was evaluated in 1996 and found to be effective. The member survey done in 1999 showed a high level of knowledge and Standards as a result of the program of the CMRTO.

4.2.4 Impact

CMRTO has no plans to evaluate societal level impact of their PR program. This would involve a cooperative endeavour with other Colleges and demand a significant evaluative effort to isolate the effect of the program from changing attitudes and trends in society as a whole.

4.2.5 Equity

The CMRTO newsletter is sent to all members; programming for students is delivered at their educational institution; and the College delivers workshops regionally. The needs of particular groups are addressed.

5.0 Conclusions

1. The CMRTO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. An area of strength in the CMRTO approach is its recognition of PR issues in the broadest sense of the word, going beyond sexual abuse to include communications with patients in general.

3. There appear to be several areas in which the PR program could be strengthened. One is to set annual targets for programs and to follow up with evaluations linked to these targets.

4. <u>Likelihood of success</u>

   - The CMRTO does not appear to have a major problem with PR regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

   - Significant PR issues other than sexual abuse have been identified and have been incorporated into the program.

   - The CMRTO has identified expected outcomes from its abuse prevention programs and has evaluated achievements.

   - In the event that best efforts fail to prevent a Medical Radiation Technologist from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the CMRTO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. This should be linked to a three to five year plan for the College as a whole. Basic planning now takes place but specific outcomes and impacts are not indicated.

2. That the CMRTO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

3. That the CMRTO continue to seek efficiencies through participation in the Federation and CMRTO cooperation with other regulated health professional colleges and other province's Medical Radiation Technologists.

4. That CMRTO consider a base line practise survey as a tool for evaluation and needs assessment for continuing education of members.

College of Midwives of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Midwives of Ontario were gathered from written information provided by College staff for this evaluation and a face-to-face meeting with Robin Kilpatrick, Registrar, on January 8th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The mandate of the College of Midwives of Ontario (CMO) is to protect the public through self-regulation, in accordance with the RHPA. The public interest is served by Ontario's registered Midwives being accountable for the care they provide to childbearing women and their newborn infants. The College is founded on a commitment to ensure that midwifery care is competent, ethical and responsive to individual and community needs. Midwifery care in Ontario is defined and guided by a history of, and on-going support for, community-based Midwives working cooperatively in partnership with childbearing women. The College has been in existence since 1994.

The College carries out its mandate through the Executive Committee, Client Relations Committee, Complaints Committee, Discipline Committee, Quality Assurance Committee and Registration Committee.

2.2 Size and Resources

The College currently regulates 200 female Midwives.

In fiscal year ended March 31st, 1999, the College had revenue of $582,7519 of which 26% came from membership fees. Expenditures for the year totaled $517,861, leaving an excess of revenue over expenses of $64,890.

There are six employees at the College, including the Registrar, Executive Director, Assistant to the Registrar, Receptionist, Administrative Assistant and PLEA (Prior Learning and Experience Assessment) Administrator. The Registrar does the majority of work involved with PR. She reported that she currently spends very little of her time on PR work. She spent more time on PR when the program was first being developed.

2.3 Risk of Patient Abuse

From April 1, 1994 to March 31, 2000, the College of Midwives had received a total of 35 complaints and no mandatory reports. There have been no complaints or mandatory reports relating to sexual abuse of patients in the history of the College.

3.0 Description of the CMO Patient Relations Program

The RHPA stipulates that the College must have a patient relations program that includes measures for preventing or dealing with sexual abuse. The CMO has a Sexual Abuse Prevention Plan, developed in December 1994 and amended in February 1995.

The CMO maintains that sexual abuse within a client-Midwife relationship is unacceptable and will not be tolerated. The CMO is committed to prevention of such behaviour through education of its members and establishing deterrents through administration of a Disciplines process that reflects the seriousness of the violation. The CMO acknowledges the potential vulnerability of clients and strives to provide a reporting process that is accessible and sensitive to their needs. The College supports zero tolerance of all forms of abuse. The College has a policy that all sexual abuse complaints will be formally investigated and will not go through alternative dispute resolution.

The College has developed a brochure for clients and the public with information about the College's procedures for handling complaints, including allegation of sexual abuse, discipline procedures, alternative dispute resolution and the College's philosophical statement on sexual abuse.

The College has developed an information package for members to include: "Statement of Philosophy on Sexual Abuse", definitions of sexual abuse (Bill 100), information on reporting sexual abuse, College complaints procedures relating to allegations of sexual abuse, penalties as prescribed in the RHPA, CMO regulations and standards relating to sexual abuse.

The College developed and implemented training on sexual abuse for staff and council members in 1994/5. The training focused on those people who have contact with individuals complaining of sexual abuse and on those who investigate and adjudicate cases of this nature. No further training is planned.

The College developed a prevention program for members which included a presentation/ workshop at the Annual General Meeting of the Midwives' professional association in 1994/5. The development of guidelines for professional behaviour was a part of this workshop.

The Sexual Abuse Prevention Plan outlines on-going aspects of the prevention plan, including articles in the College newsletter which address issues of sexual abuse, College standards and professional behaviour, and provision of information on workshops, presentations and articles relevant to issues of sexual abuse. This bulletin is published between four to six times per year. There is no target for the number of articles per year relating to client relations, and there have not been any key articles on this topic in the last number of publications.

The Plan also outlines that the Client Relations Committee will liaise with the education program to ensure that a formal course on the issue of sexual abuse is included in the curriculum. The Registrar reported that presentations occur once per year with McMaster, Laurentian and Ryerson midwifery students. The students (approximately 40 in the year 2000) are gathered together and provided with information on patient relations. A formal course has not been developed, as stipulated in the Plan. The Plan states that Council members on faculty with midwifery educational program took this issue to the curriculum review and a course was planned to be delivered in the third year curriculum.

Patient Relations Program Results Chain – College of Midwives of Ontario
Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Sexual Abuse Prevention Plan.	1.1 Sexual Abuse Prevention Plan established and distributed *(100% of members),* including: a) Guidelines for Mandatory Reporting of Sexual Abuse. b) Complaints Investigation Process. c) Regulated Health Professions Act Penalties. d) Code of Ethics. e) Brief to the Standing Committee on Social Development, Bill 100.	1.1 Staff and council are more aware of issues related to reporting abuse, complaints, penalties, code of ethics and position of CMO related to sexual abuse.	1.1 to 1.4 - Health care of clients of Midwives is enhanced. - Clients and potential clients of Midwives are better served and protected against sexual abuse.
1.2 Statement on Informed Choice Standard. 1.3 Statement on Philosophy of Midwifery Care in Ontario. 1.4 A Midwife's Guide to Appropriate Professional Behaviour with Clients.	1.2 Statement on Informed Choice Standard developed and distributed (*all members).* 1.3 Statement on Philosophy of Midwifery Care in Ontario developed and distributed *(all members).* 1.4 Midwife's Guide to Appropriate Professional Behaviour with Clients developed and distributed *(all members).*	1.2 - Staff and council have increased knowledge regarding information provided to clients on potential benefits, risks and alternatives to procedures, tests and medications. 1.3, 1.4 - Staff and council are better informed of the philosophy of midwifery care.	

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Conduct presentations to educate students seeking entrance to the practice (students studying midwifery).	2.1 Presentations provided to midwifery students on client relations, including sexual abuse *(one presentation for all students per year).*	2.1 - Ontario students of midwifery have increased awareness of issues related to client relations and sexual abuse. - New entrants apply the learning in their practice.	2.1 - Potential members of the College have increased confidence and competence. - Client well-being is improved. - Client image of professional and profession improved.
2.2 Educational materials regarding client relations.	2.2 Members provided with Sexual Abuse Prevention Plan, Statement on Informed Choice Standard, Statement on Philosophy of Midwifery Care in Ontario and A Midwife's Guide to Appropriate Professional Behaviour with Clients.	2.2 - Increased knowledge among members regarding client relations and sexual abuse. - Members incorporate learning in their practice, thereby maintaining high levels of competence and performance.	2.2 to 2.4 - Reduce or eliminate sexual abuse. - Client well-being is improved. - Client image of professional and profession improved. - Member self-image and image of profession improved.
2.3 Presentation and development of guidelines for professional behaviour.	2.3 Presentation and development of guidelines for professional behaviour done at AGM of professional association *(completed in 1994/5; no plans for renewed presentation)*.	2.3, 2.4 - Members are more aware of client relations and guidelines for professional behaviour. - Members incorporate learning into their practice, thereby maintaining high levels of competence and performance.	
2.4 Newsletter articles regarding client relations.	2.4 Newsletter articles discussing client relations and sexual abuse *(newsletter published 4-6 times per year, but no set target on how many issues will contain client relation articles).*		

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council 3.1 Training sessions for staff and council members regarding client relations and sexual abuse.	3.1 Initial Client Relations training for staff and council members provided in 1994/95 *(all PR related staff and all council members involved).*	3.1a Increased PR staff knowledge of issues and expectations around client relations. - increased PR staff capacity to respond to member questions and concerns. - Improved consistency in responding to questions and complaints. - Improved PR programs due to increased staff knowledge. 3.1b Increased councillor's awareness of issues and better handling of cases.	3.1 Better outcomes for client concerns. -Improved client satisfaction with health care providers, staff and council of CPO. - Member's image of CPO is improved.
4. Inform the Public 4.1 Develop and distribute brochure.	4.1 Brochure entitled "Complaints Procedure for Clients", including information on client rights and responsibilities, CMO responsibilities, policy on sexual abuse, and the complaints procedure, is distributed to members for distribution to the public.	4.1 Increased awareness among clients regarding their rights and responsibilities, CMO responsibilities, sexual abuse policy and how to make a complaint.	4.1 Public receives improved health care as a result of increased knowledge.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CMO PR activities meet the requirements of the RHPA, 1991?

The HPRAC requires that the College's PR programs address the issue of sexual abuse of clients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their clients,
c. training for College staff, and
d. provision of information to the public.

The CMO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CMO PR program address issues beyond sexual abuse?

The CMO's Sexual Abuse Prevention Plan addresses issues beyond sexual abuse. The Code of Ethics, which is included in the Plan, speaks to informed choice of the client and issues of discrimination. The CMO also has a position statement on Informed Choice Standards that outlines the rights of clients to not only participate in the decision-making, but to be the primary decision-makers throughout the midwifery care. The CMO also educates members in terms of client-professional relations through their statement of Philosophy of Midwifery Care in Ontario.

4.1.3 To what extent do the CMO client relations activities conform to current "best practices" for optimizing professional/client relations and minimizing client abuse?

1. The CMO has fulfilled the requirements to inform new and current members, council members and staff of the requirements under the RHPA, regarding prevention of sexual abuse and to providing related training materials and opportunities.

2. The CMO has staff available to respond to all public, client and member inquiries, including complaints of a sexual nature. Specific training was provided to staff and council in 1994/5.

3. The CMO provides excellent information to clients regarding their rights and responsibilities. This is in the form of a pamphlet distributed to members for distribution to their clients entitled "Complaints Procedure for Clients", and includes the responsibilities and rights of clients, as well as the responsibilities of the professional.

4. Both professional and human relations skills and knowledge development opportunities exist for Midwives. The CMO is active in educating new entrants to the practice with presentations to all students in midwifery programs across the province. Educational training material is provided to members regarding informed choice and client-centred decision-making. A presentation on client relations, including sexual abuse, as well as client care, was given at the Annual General Meeting of the professional association in 1994/5. No further presentations are planned at this time.

5. The "Guide to Appropriate Professional Behaviour with Clients" provides both professional and human relations education to members. It includes very clear direction in terms of appropriate eye contact, personal space, providing opportunities for clients to ask questions, and the use of an interpreter when appropriate.

   Information on appropriate professional behaviour is available to members through the document "Appropriate Professional Behaviour with Clients".

6. Training material for students and members was developed specifically for Midwives.

7. The College places a strong emphasis on educational materials that encourage participation in treatment decision-making in a manner desired by the client. Specifically, the College's "Informed Choice Standard" document clearly states that the childbearing woman is the primary decision-maker. This was further emphasized during the presentation in 1994/5 at the professional association AGM, as well as the educational program for student Midwives.

8. The College client relations material emphasizes that all touch may be potentially problematic. Material to the public includes a statement on zero tolerance concerning all forms of abuse. The brochure goes on to state that "midwifery care includes non-sexual touching that is nurturing, supportive and acceptable to the client." The "Guide to Appropriate Professional Behaviour with Clients" states that "physical touch can be open to misinterpretation. Midwives should avoid causing unnecessary distress or embarrassment to clients by inappropriate touching". Communication relating to touching should include obtaining client consent, providing reassurance and explanations throughout the procedure and checking the level of understanding and consent by the client.

9. Ongoing development and training for members relating to client relations and sexual abuse is a weak area for the College. For example, articles relating to client relations and sexual abuse should be appearing at regular intervals in the newsletters. The education session presented to members at the professional association AGM in 1994/5 should be repeated at some determined interval (i.e. once every year).

10. Methods exist to induce members to participate in continuing education at the College. Members must provide a learning log to the College each year. If this is not submitted, the chances that the member may be subject to a peer assessment of their practice increases. This provides ample incentive for members to participate in continuing education programs.

11. The CMO provided training to College staff and council members regarding client relations and sexual abuse prevention in 1994/5. A more systematic approach to this training on an on-going basis would be recommended.

12. The Sexual Abuse Prevention Plan does not include targets for dates, locations or participation rates of members, council, staff or the public. The inclusion of this information would improve the program.

13. The CMO does not have an evaluation plan for its PR program.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The College representative was asked to state the main area of concern regarding the Client Relations program and the sexual abuse prevention program of the College. The main area of concern is that there is not a lot of concern around sexual abuse prevention at this point. The representative reported that, since very thorough program foundations were set in the mid-nineties, there has been little for the Client Relations Committee to do. There is a desire to expand the mandate of the program further, but there is no funding to support this initiative.

The Client Relations Committee has not been very active in the last number of years. College staff and executive have taken over responsibility of communications, etc.

4.2.2 Efficiency

To date, the CMO has not collaborated with other Colleges in their Client Relations program. Some investigation has been made regarding joint presentations on hearings and remediation with the Federation.

In terms of efficiency, the work of the Client Relations Committee has been taken over for the most part by active committees, such as the Executive and Registrar Committees.

4.2.3 Effectiveness

Evidence that the program has been successful is the reporting of the Registrar that phone inquiries to the College have indicated that Midwives are willing to tell clients where they can complain, make suggestions, or get their questions answered.

Among staff and council, there has been an increase in awareness and conversation regarding sexual abuse prevention within the profession.

4.2.4 Impact

The College reports not having the funds to study the impact of the Client Relations program.

4.2.5 Equity

All members of the College across Ontario have equal access to the program. Student Midwives are brought together for one week, during which time they receive training on client relations and sexual abuse prevention. All members are sent education and training materials. The College membership is small enough that presentations at professional association meetings could cover the entire membership if these were done on an on-going basis.

The Client Relations training material makes mention of providing specialized care for members of minorities. For example, translation of services, where needed, are encouraged. Special mention is made in the Code of Ethics regarding discrimination on the basis of language,

culture, age, economic status, health status, sexual orientation, marital status, gender, geographical location, institutionalization, ability, race or religion.

5.0 Conclusions

5. The CMO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas except providing information to the public.

6. An area of strength in the CMO approach is its client centred approach, which supports that the childbearing woman is the primary decision-maker during the entire pregnancy and procedure.

7. Excellent work and care has been taken in the development of the program framework, standards and guidelines. There is a thorough package for members on the philosophy, standards, code of ethics, reporting requirements and complaints procedures of the College Client Relations program.

8. The Sexual Abuse Prevention Plan does not accurately reflect the current focuses and situation of the Client Relations program. Some of the activities described in the plan were investigated for implementation, but have not been initiated. A revised plan will help to retain focus of the program.

9. Further to point four, there appears to be an opportunity for improvement in terms of documented planning for activities under and by the PR Committee. There exist no specifics as to targets, member participation rates, etc. The College is encouraged to utilize the results chain for documenting more detailed program activity plans, expected outputs, outcomes, and related targets.

10. The Client Relations Committee is currently inactive. Committee work is currently being done by other committees.

11. A further opportunity for improvement is in the area of staff and council training. Staff and council have received one session of training in 1994/5. Formalized plans on a regular basis would improve the program and help to ensure improved client relations.

12. Training in the way of a presentation to members at the professional association AGM in 1994/5 should be repeated and formalized.

13. Targets for client relations and, specifically, sexual abuse prevention articles should be written for inclusion in the newsletter on a regular basis.

14. <u>Likelihood of success</u>

    - Analysis of the results chain shows that the activities of the PR program of the CMO should logically lead to a reduction in abuse, along with other desired outcomes and impacts.

- The emphasis on client-centred care and decision-making as part of the mandate of the PR program appears to increase the probability that clients and potential clients will be well served and protected.

- In the event that best efforts fail to prevent a Midwife from abusing clients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the Sexual Abuse Prevention Plan be revised to reflect the current Client Relations program and plans.

2. That the CMO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That training sessions specifically related to client relations be provided on a regular basis to all staff and council members.

4. That training provided to members through meetings at professional association meetings be regular and formalized. Targets for the number of presentations and member participation rates should be made.

5. The newsletter should be used more extensively for client relations and sexual abuse prevention education to members. A self-learning questionnaire on boundaries in each publication is an example of how the publication could be used for education regarding client relations. Targets (i.e. number of articles per year expected) are necessary to retain focus on the issue.

6. That the CMO establish and implement a monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

7. That the Client Relations Committee discuss and implement these recommendations so as to refocus energy in the area of client relations and sexual abuse prevention, and to reinvigorate the inactive Committee.

The College of Nurses of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Nurses of Ontario (CNO) were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Monica Testa and Gail Siskind on December 20th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CNO was established in 1963 to regulate the practice of nursing in the public interest. Council is made up of 21 elected professional member positions and 18 appointed public members.

The CNO positioning statement is: "Our mission is to protect the public's right to quality nursing services by providing leadership to the nursing profession in effective self-regulation".

It carries out its mandate through the following committees: Executive, Complaints, Discipline, Quality Assurance, Registration, Patient Relations and Fitness to Practice Committees.

2.2 Size and Resources

The College currently regulates approximately 140,000 members, 33,000 RPNs and 106,000 RNs. Of these members, approximately 4.3% are male and 95.7% are female.

In the fiscal year ended December 31, 1999, the College had revenues of $12,793,300, of which 97% came from membership fees. Expenditures for the year totaled $12,762,964 leaving an excess of revenue over expenses of $30,336.

Staff were unable to estimate the budget allocation for Patient Relations activities for the College.

The College has approximately 120 full-time employees working in the following divisions: Executive Office, Practice and Policy, Investigations and Hearings, Corporate Services and Knowledge Management.

2.3 Risk of Patient Abuse

From January 1994 to November, 2000 CNO had received a total of 67 complaints and mandatory reports relating to sexual abuse of patients, distributed as shown in Table 2. Twenty-six of these cases were received as mandatory reports.

Table 1. Complaints and Reports of Sexual Abuse by Nurses, 1994 - November 2000

Year	1994	1995	1996	1997	1998	1999	2000
Reports and Complaints	6	13	9	11	9	12	7

In addition to the sexual abuse cases, the CNO received 225 complaints and reports with respect to physical, emotional and verbal abuse in the same time period. These types of abuse are not mandatory to report to the College.

Table 2. Complaints and Report Received , 1994 to November 2000

Year	1994	1995	1996	1997	1998	1999	2000
Reports and Complaints	14	66	26	33	24	45	17

3.0 Description of the CNO Patient Relations Program

The patient relations program is managed by the Client Relations Committee (CRC) of the College of Nurses. It is described as a Client Relations program. The CRC was established in 1992 and initially focused solely on sexual abuse issues. Shortly thereafter the mandate was broadened to include all types of abuse.

Major initiatives of the CRC in this area are described below.

The abuse prevention program, *One is One Too Many* was launched in 1995. The program deals with verbal, emotional, physical and sexual abuse. It comes with a brochure, a video, a facilitator's guide and a self-directed learning guide. The program was evaluated in 1997 and re-launched in 1999. This program is also delivered through an established regional network of Nurses known as the Regional Education Network established by the Nurses.

The CRC also administers the funding for victims of sexual abuse.

A major initiative of the CRC was the development of related Standards of Practice. These include: *Guide to Nurses for Providing Culturally Sensitive Care, Guide on the Use of Restraints, The Ethical Framework for Nurses in Ontario, Abuse of Nurses- a Guide for Prevention and Management*, and *The Standard for the Therapeutic Nurse-Client Relationship*

Training for College Staff has also been provided. The in-house education program was launched in 1993 and includes the RHPA as it relates to sexual abuse, the nature of sexual abuse, CNO activities in the area of abuse prevention, and information regarding the feelings and experiences of those who have been abused.

A public education program has been initiated. In 1999 a newsletter for the public was launched entitled "Nursing and You". A total of 75,000 copies of each issue were distributed. The first four

issues have been evaluated and a decision was made to produce a generic version with broader distribution. It is planned to distribute 250,000 copies.

Other initiatives include the planned development of a public section of the website, an employer's newsletter, the annual report, several fact sheets including one on how to make a complaint, a fast fax service available 24 hours a day and a Customer Service Department.

The following results chain presents a summary of the CNO Client Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes.

The mandate of the CRC is:

- To advise Council on the Client Relations program and other matters related to enhancing the relationship between the public and registrants;
- To administer the College's program for funding therapy and counseling for eligible persons who were sexually abused by a member;
- To prepare a written report for Council to submit to HPRAC on the Client Relations program, and any further reports describing changes in the program that may occur from time to time.

(Inputs for carrying out the PR activities are not segregated. The CNO representatives did not feel they could segregate these activities. A staff member serves the committee and pulls in resources from the College as necessary to meet the needs of the Committee).

Patient Relations Program (Referred to as Client Relations in CNO) Results Chain – College of Nurses of Ontario
Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Prepare standards of practice in the following areas: culturally sensitive care, use of restraints, ethical framework for Nurses, abuse of Nurses, and therapeutic Nurse-client relationship.	1.1 a) Ethical Framework *(Approved in 1994, 1998),* b) Culturally Sensitive Care *(Approved 1998),* c) Guide on the Use of Restraints *(Approved 1999)*, d) Abuse of Nurses *(Approved 1999)*, e) Explanation of Professional Misconduct *(Approved 1994,1999*), f) Standards for Therapeutic Nurse-client Relationships *(Approved 1998)*.	1.1 All Nurses have copies of guidelines and understand them. *(518 sessions reached 6180 Nurses to educate them on Therapeutic-Nurse Client issues. Level of knowledge of issue increase from 10% to 48%)*	1.1, 1.2 - The status of Nursing as a profession is enhanced. - The public is better served and protected and aware of the standards/guidelines
1.2 Develop Sexual Abuse Prevention Program.	1.2 Prevention of Abuse of Clients: Expectations for Professional Behaviour (*Approved 1994*);	1.2 Members have a standard designed to indicate that no abuse of patients is to be tolerated.	
1.3 Develop response and submissions to the RHPA 5 year review.	1.3 RHPA submissions on Client Relations.	1.3 Government and public are aware of the position and standards of Nurses with respect to PR.	
1.4 Implement evaluation of Abuse prevention program *(1999).*	1.4 Survey reports in 1993 and 1997 indicating level of abuse and change over time.	1.4 In 1993, 46% of Nurses reported witnessing some abuse increasing to 55% in 1997.	

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Prepare abuse prevention education program- *One is One Too Many.* Prepare practice guidelines in easy to use format and incorporate in manual for Nurses. Incorporate excerpts from standards into newsletter Communique. Evaluate and redesign *One is One to Many* Program in 1999.	2.1.1 a) Practice Guidelines shared with Nurse education programs across the Province and incorporated into the curriculum b) Video on program c) Facilitator's guide on program d) Self-directed learning guide on program 2.1.2 Evaluation Report	2.1.1a,b New entrants have increased awareness of: - RHPA requirements, - CNO practice guidelines and expectations, - continuing education requirements, - reporting obligations of Nurses, - complaints and disciplinary processes - resources and support available from CNO. 2.1.1. c) Members aware of best practices 2.1.2. RNs know more about abuse prevention than RPNs. RNs learned more from exposure to guidelines and education materials than RPNs. Environmental risk factors identified by One is One Too Many Program participants. Personal abuse prevention programs adopted by 72% of program participants. Of those who had used the program 85%+ rated it good or very good.	2.1.1a,b,c Quality of care continues to improve as highly skilled graduates enter the nursing profession. The probability of patient abuse is reduced. Confidence in the nursing profession is improved.
2.2 Prepare and implement public communications program: "Our Standards Touch Everyone" and "Nursing and You" and a new public education component to the website.	2.2.1, 2.3.1 Educational workshops, seminars, conferences, etc. 2.2.2. Communications to members; articles in newsletter, checklist of key competencies, all College guidelines available on the web 24 hours a day.	2.2.1, 2, & 3 - Members identify and undertake learning in areas of need, - members incorporate learning into their practice, thereby maintaining high levels of competence and performance *(QA Audit).*	2.2.1, 2 & 3 - Member self-image and image of profession improved. - Patient image of professional and profession improved. - Patient well-being is improved.
2.3 Abuse prevention program incorporated into QA activities and Regional Education. Network. Special attention to culture.	2.2.3 , 2.3.1 Nurses, in their regional districts, participate in education activities and self-directed learning re patient/client relations. Needs of cultural group indicated.	2.1.1, 2.2.1, 2.2.2, 2.2.3 *(100% of members will be aware of the College's zero tolerance policy, mandatory reporting obligations and practice guidelines).*	

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Develop education program for staff and Council.	3.1.1 Training sessions and supporting materials developed under the Sexual Abuse In-House Education Team (SAHET).	3.1.1 - Increased staff knowledge of issues and expectations around patient relations, - Increased staff capacity to respond to member questions and concerns.	3.1.1 Improved member satisfaction with CNO and staff.
	3.1.2 Council members aware of College activities and College aware of Council's concerns.	3.1.2 Council members have better understanding of Abuse and PR issues. Council members better prepared/ more knowledgeable with respect to CNO governance and public issues.	3.1.2 Council makes better decisions with respect to the public interest and the role of Nurses in health care in Ontario.
	3.1.3 Detailed procedures for handling PR complaints developed and all office staff trained. Sharing with other Council Committees. 3.1.4 Complaints handled quickly and efficiently.	3.1.3 - Increased staff knowledge about how to deal with complaints and treat victims of abuse. - Increased staff sensitivity and skills in dealing with complaints and victims of abuse.	3.1.1, 3.1.2 and 3.1.3 Increased public confidence in Nurses.

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Prepare and implement public communications program: "Our Standards Touch Everyone" and "Nursing and You" and a new public education component to the website.	4.1.1 Public accesses website to acquire information on Nurses *(planned).* 4.1.2 Public reads newsletter (Nursing and You). 4.1.3 Collaboration with other Colleges through the Federation of Regulatory Colleges.	4.1.1, 4.1.2 - Potential to have interested public informed about P.R. Guidelines, patient rights, complaints process, role of the CNO, etc. 4.1.1, 4.1.2, 4.1.3 Public aware of rights and complaints procedures. 4.1.3 Public aware of role of regulated Colleges.	4.1.1, 4.1.2 Increased public awareness of Nurses and their role. 4.1.3 Improved quality of care provided to public and public better equipped to access care and ask knowledgeable questions. 4.1.3 Uniform approach across Colleges would simplify communications process, increase public understanding of RHPA.
4.2 First Nations and Chinese community Outreach Program launched 1997.	4.2.1 Brochures and communication materials placed in health centers, doctor's offices and the media.	4.2.1 Increased awareness of cultural factors in nursing care and rights of patients.	4.2.1 Better health care to First Nation's and other cultural communities.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CNO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CNO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CNO PR program address issues beyond sexual abuse?

The CNO PR program includes sexual abuse, verbal abuse, and physical abuse as well as a focus on broader communications issues. The program addresses PR in its broadest sense.

4.1.3 To what extent do the CNO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CNO has taken a proactive approach to informing new and current members and College Councillors and staff of the requirements under the RHPA regarding prevention of sexual abuse and to providing related training materials and opportunities. It has been innovative in the use of its website and has used a broadly based media campaign and communications with employers. The CNO has initiated special programs with a focus on equitable care in situations where cross cultural knowledge is important.

2. The CNO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. The CNO has provided information to patients regarding their rights and responsibilities through the website and the recently implemented newsletter "Nursing and You".

4. Both professional and human relations skills and knowledge development opportunities exist for Nurses. Nurses are expected to take charge of the issue and implement a self- directed learning program under their QA educational program.

   While maintaining professional competence is the responsibility of each member, the CNO has been proactive in ensuring that all members are aware of the guidelines for patient care through the published guidelines and the regional education network presentations.

5. Information on appropriate professional behavior with respect to PR is available on a 24 hour basis on the website.

6. Training material for students and members was developed specifically for Nurses.

7. Treatment decision-making is referred to in the guidelines on professional misconduct, culturally sensitive care and ethical conduct.

8. The CNO has used regular surveys, focus groups, workshops and evaluation reports to improve and develop its program.

9. Members' reward for participation in continuing education is eligibility for continued membership in the College.

10. The CNO has taken a systematic approach to orienting and training College staff, Councillors and Committee members.

11. The CNO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner.

12. The CNO did not provide HCA with an evaluation plan for its PR activities. However, general target levels of awareness and knowledge on the part of members, staff, Committee members and the public have been identified.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CNO has given very significant and serious attention to all aspects of abuse prevention including sexual abuse. The degree to which they are serious is shown in the 1993 and 1997 survey, the 1997-98 evaluation report and the revision of the 1994 *One is One to Many* program and relaunch in 1999. CNO has completed its sexual abuse prevention plan and continues to work with its members, staff and Council to ensure that this is not an issue. After initial work in this area, the more recent (1998-2001) focus of PR has been expanded to include communications between the members, the public and the College.

Analysis of the results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for abuse, along with other desired outcomes and impacts. In addition the activities around communications should contribute to general improvements in patient care and well being.

4.2.2 Efficiency

CNO is a large College. It seeks efficiency in program development by having a central group of professionals serving all committees. However, the large size can also lead to problems of communication and the failure to share selected resources. That said, the committees meet regularly and implement programs efficiently. The Regional Education Network (REN) is an important part of the delivery system. CNO also supports the other Colleges through the Federation of Colleges.

Since there were no specific targets set for PR program activities, no comment can be made about efficiency of program delivery.

Similar to other Colleges, CNO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

The One is One Too Many program was evaluated between 1996 and 1998. Effectiveness questions were asked and participants indicated that they had acquired significant knowledge through the program. Participants gave the program a high level of approval. There is evidence that Nurses acquired knowledge through the program. Nurses gave specific examples of how they had changed behaviour as a result of the program. It was effective and has recently been improved.

No evaluation of the "Guidelines/Standards" produced by this committee has been done but it is being planned. The education program used to communicate the guidelines have been evaluated.

4.2.4 Impact

CNO has no plans to evaluate societal level impact of their PR program. This would involve a cooperative endeavour with other Colleges and demand a significant evaluative effort to isolate the effect of the program from changing attitudes and trends in society as a whole.

4.2.5 Equity

The CNO newsletter is sent to all members. Programming for students is delivered at their educational institution, and the College has a Regional Education Network that delivers programs to members across the Province. Guidelines for culturally sensitive care have been produced and workshops delivered.

5.0 Conclusions

1. The CNO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. An area of strength in the CNO approach is its recognition of PR issues in the broadest sense of the word, going beyond sexual abuse to include physical, mental and verbal abuse.

3. There appear to be several areas in which the PR program could be strengthened. One is to set annual targets for programs and to follow up with evaluations linked to these targets. CNO has a need to develop an integrated approach to evaluation to support its strategic plan. Specialists evaluation resources should be provided in a central unit serving all committees.

4. Likelihood of success

- The CNO does not appear to have a major problem with patient relations regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

- Significant PR issues other than sexual abuse have been identified and have been incorporated into the program.

- The CNO has identified expects outcomes from its abuse prevention programs and has evaluated achievements. However, an evaluation design has not been developed to assess impact.

- In the event that best efforts fail to prevent a Nurse from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the CNO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. This should be linked to a three to five year plan for the College as a whole.

2. That the CNO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

3. That the CNO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CNO programs. Such a program could be supported by a central evaluation unit.

4. That the CNO continue to seek efficiencies through participation in the Federation and CNO cooperation with other regulated health professional colleges and other provinces Nurses.

5. That CNO review its annual survey to optimize design for evaluation purposes and to ensure representativeness in response rates.

College of Occupational Therapists of Ontario

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Occupational Therapists of Ontario (COTO), and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Susan James, Director of Professional Practice on December 6th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The COTO came into existence on December 31, 1993 with proclamation of the Regulated Health Professions Act, 1991.

The COTO Council is made up of nine elected professional member positions, seven appointed public members and one academic appointment.

The College of Occupational Therapists of Ontario is mandated by the RHPA to regulate the practice of Occupational Therapists in the province of Ontario. The mission of the College is to protect the public interest by regulating practice, facilitating ongoing competency of is registrants and continually improving its own operation. (Source: COTO website, December 7th, 2001).

The College carries out its mandate through seven committees: Executive, Complaints, Discipline, Fitness to Practice, Patient Relations, Quality Assurance, and Registration and other non-statutory committees and task groups as deemed necessary by Council.

2.2 Size and Resources

At December 6, 2000, there were 3348 Occupational Therapists (OTs) registered with the College, and the number has been increasing exponentially each year. Approximately six percent of members are male.

In fiscal year ended May 31, 2000, the COTO reported revenues of $1,473,699, of which 94% came from membership fees. Expenses for the year totaled $1,417,480, leaving an excess of income over expenses of $56,219. Net assets were $761,722.

PR Program expenditures are not segregated. However, staff have estimated that expenditures on PR activities for the past two years, exclusive of staffing expenses, were $125,875.

The COTO has eight full-time employees, the Registrar, a Director of Professional Practice, an Executive Assistant - Practice, a Registration Co-ordinator, a Director of Operations & Communications, an Executive Assistant - External Relations, an Operations & Communications Associate, a Co-ordinator of Investigations and Resolutions and a part-time Co-ordinator of Quality Programs (.66FTE).

The Patient Relations Committee is composed of two elected member of Council, two public appointed members of Council and one non-Council member. The Director of Professional Practice and the Executive Assistant - Practice each devote about .3 FTE to PR activities. Other staff support with preparation and distribution of educational materials, etc, is significant and difficult to separate from other work. It is estimated that the Registrar and Director of Operations & Communications provide up to .2 FTE each and the Co-ordinator of Investigations and Resolutions up to .1 FTE support to the program. COTO also uses specialized consultants for tasks such as, preparation of the Sexual Abuse Prevention Guidebook, Resource list for complaints of sexual abuse, and education sessions for Council and Staff.

2.3 Risk of Patient Abuse

Occupational therapy has a high circumstantial risk for perceived patient abuse because of the work setting and the type of contact.

- An estimated ninety percent of OTs have direct patient contact.
- Up to 50% of OTs work with patients in their homes.
- Much of the work involves self-care: bathroom (safety bars, transfer seats) and bedroom (dressing).
- OTs often work with mental health, elderly and cognitively impaired patients, where power imbalance issues are emphasized.

Within this setting, actual risk will depend on the propensity of the OT and the patient to violate professional and personal boundaries.

Table 1. Number of Complaints Received by COTO, by Issue, January 1994 - November 2000

Type	1994	1995	1996	1997	1998	1999	2000
Total complaints	6	4	12	11	13	11	23
Involving Sexual Abuse	0	1	0	0	0	1*	0

* In addition, there was one mandatory report related to sexual abuse.

The COTO tracks the underlying issues raised in the complaints. The main issues (frequency) identified from 1994 to 2000 were:

- Abuse (4)
- Assessment (30)
- Communication (17)
- Consent (16, 10 of these in 2000)

Consent is a recent issue arising mainly in the insurance sector. The COTO is linking with the Provincial OT Association and the Financial Services Commission of Ontario to deliver eight training sessions to registrants across Ontario.

3.0 Description of the COTO Patient Relations Program

The PR Committee established a detailed "Sexual Abuse Prevention Plan" in 1994. It identified seven areas to be addressed, specified activities, assigned responsibility and set target dates for completion. The last target date in this plan was 1997, and all targets were met. In 1998, and coincidental with the development of the College's strategic plan, a review of the scope of the PR program was undertaken. The end result was a broadening of the PR program and a Business Plan that captures both strategic and business planning in one document. The Business Plan is established for a two-year period and each College Committee establishes annual objectives to guide their work. Annual performance objectives are recorded in the individual Committee minutes.

The COTO Business Plan (January 2000) is structured around six broad goals, five of which are supported by Statutory Committee activity (goals 1, 2, 3, 4 and 5). Forty-six short-term goals are listed under these five broad goals. At least thirty-six of these appear to have some relationship to PR, in its broadest sense, and the PR Committee is directly responsible for three. Consistent with the PR Committee assuming an oversight and supporting role, each of the goals assigned to the PR Committee relates to developing concepts and frameworks that will support the work of other Committees.

The Terms of Reference for the PR Committee list the following duties:

- Develop and implement a patient/client relations program.
- Develop measures to promote professional and accountable client-Therapist relationships.
- Develop measures for preventing or dealing with sexual abuse.
- Administer the College's funding program for therapy and counseling for persons where a registrant has been found to be at fault.

This version was approved by Council in June 2000. It officially recognized that the program had expanded to include all client-Therapist relations, not just matters related to prevention of sexual abuse.

The following results chain presents a summary of the COTO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of OT patients in Ontario, with a target of zero abuse of patients by OTs in Ontario.

Note: Inputs for carrying out the PR activities are not segregated, and thus not included in the results chain. Staff have estimated that about 1.1 FTE of staff time is dedicated to PR activity and over the past two years, $125,875 of expenditures, not including staff.

Patient Relations Program Results Chain – College of Occupational Therapists of Ontario
Logic and Targets: Inputs are described in the text. *(Targets are italicized in brackets.)*

Activities	Outputs	Outcomes	Impacts
1.Develop program framework, standards, guidelines			
1.1 PR Committee terms of reference. 1.2 Policies and Guidelines.	1.1 Terms of Reference *(Dec 1994, revised June 2000)*. 1.2.1 Statement of Philosophy *(March 1995)*. 1.2.2 Code of Ethics *(Nov 1995)*. 1.2.3 Standards of Practice *(Nov. 1996, revision spring/summer 2001)*. 1.2.4 Guidelines for Professional Behaviour *(Sept. 1996)*. 1.2.5 Guiding Principles of Practice *(Fall 1998)*.	1.1, 1.2 College staff, committee members and others involved in the development process are more aware of issues, standards and guidelines relating to professional client-Therapist relationships.	1.1 to 1.4 - OT clients and potential clients are better served and protected.
1.3 Internal systems/processes.	1.3.1 Resource inventory to support practice and public inquiries (publications, newsletter articles, website, Outlook 2000, etc.).	1.3.1 Increased efficiency and consistency in handling inquiries.	1.3.1 Improved registrant satisfaction with College.
	1.3.2 Documented processes for Complaints, Investigations & Resolution *(1995)*.	1.3.2 Increased efficiency, consistency and effectiveness in handling complaints.	1.3.2 Improved patient/ public image of College.
	1.3.3 Resource Inventory re counseling for sexual abuse victims *(Triennial review)*.	1.3.3 Increased staff awareness of information sources and resources.	1.3.3 Increased capacity of COTO to respond appropriately.
	1.3.4 Electronic access: a) 1-800 number *(1995),* b) Website *(1998)*, c) Email *(1995/96)*.	1.3.4 - Increased contact by people outside local telephone calling area. - Increased access outside traditional office hours. - Increased access of detailed standards and process information.	1.3.4 - Improved patient/public/registrant image of College. - Increased sense of equity.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Distribute standards for professional and accountable client-Therapist relationships, sexual abuse philosophy, behavioral guidelines (sexual abuse prevention guidebook, code of ethics, Standards of Practice, Guiding Principles of Practice).	2.1 - Registrant Resource Binder distributed to all registrants *(receive within 30 days)*. - Updates and new material distributed to all registrants *(minimum 3 times per year)*.	2.1, 2.2, 2.3 - Registrants more aware of College process to deal with reports of abusive and/or unprofessional relationships. - Registrants know the consequences of abusing patients. -Increased registrant awareness and knowledge of PR issues, processes, standards and guidelines.	2.1, 2.2, 2.3, 2.4, 2.6 - Patient well-being is improved.
2.2 Prepare and publish articles in College Newsletter.	2.2 PR articles in newsletter. *(1994 - 1, 1995 - 1, 1996 - 1, 1997 - 5, 1998 - 3, 1999 - 1, 2000 - 2)*.		
2.3 Deliver workshops and presentations to members.	2.3 - Presentations *(min. triennially in each district, usually more often)*. - Workshops		
2.4 Develop relevant modules for the Prescribed Regulatory Education Program, deliver, monitor and follow-up *(Annual, members complete modules 1 & 2 within first 6 months as a registrant)*.	2.4.1 Each registrant has a complete set of PREP modules. - Module 2 <u>Regulated Health Professionals and the Prevention of Sexual Abuse</u> *(January 2000)*. 2.4.2 Profile of registrants understanding and performance related to abusive and/or professional relationships *(Fall 2000)*. 2.4.3 Current and emerging need for new materials identified.	2.4.1 - Registrants undertake to educate themselves on prevention of abuse. - Registrants incorporate learning into practice. 2.4.2 Improved understanding of strengths/weaknesses of materials and delivery methods. 2.4.3 Improved allocation of resources to meeting registrant needs.	

Activities	Outputs	Outcomes	Impacts
2.5 Educate students.	2.5.1 Registrant Resource Binder, updates and Newsletter to each University program in Ontario (5, *Ongoing)*. 2.5.2 Minimum of one presentation per year at each School.	2.5.1 - Students are better prepared to provide professional OT services.	2.5 - Students have greater confidence. - Patients/public are confident they receive competent service from all OTs.
2.6 Work with other Colleges and Federation to produce and deliver generic information and educational materials.	2.6.1 Participation on joint Committees. 2.6.2 Generic materials/curricula. 2.6.3 Joint delivery sessions *(Ongoing)*.	2.6 - Increased participation in training by Health Professionals. - Increased rate of adoption of appropriate PR practices across the Regulated Health Professions.	
3. Educate College Staff and Council			
3.1 Conduct annual training and orientation sessions for Council, committee members and staff.	3.1 Training sessions and supporting materials *(Annual).*	3.1 - Increased Councillor, committee member and staff knowledge of issues and expectations around patient relations, - Increased staff capacity (awareness, knowledge, sensitivity, skills) to respond to registrant, patient and public questions and concerns.	3.1 Improved member, patient and public satisfaction with College and staff.
3.2 Track information from registrants to identify learning needs of registrants. *(Review annually.)*	3.2.1 PREP Module 2 Regulated Health Professionals and the Prevention of Sexual Abuse feedback *(January 2000),* self-test results (January 2001) 3.2.2 Response sheets for QA tools and educational materials distributed/presented to registrants. 3.2.3 Verbal feedback at presentations and through practice calls.	3.2 - Committee members understand knowledge base and learning needs of registrants in relation to this topic. - Increased responsiveness of PR program to learning needs of registrants.	3.2 Registrant competencies maintained or improved.

Activities	Outputs	Outcomes
4. Inform the Public		
4.1 Produce and distribute information re the College, the function of OT, accountable and professional relationships, filing a complaint and accessing an OT.	4.1.1 Sexual Abuse: What Clients Need to Know (pamphlet and website)*(Jan 99).* 4.1.2 Six fact sheets on complaints process *(Fall 2000).* 4.1.3 QA article in Abilities Canada's Lifestyle Magazine for People with Disabilities *(Spring 1999).* 4.1.3 Website content *(back issues of the newsletter and most documents listed in section 1 above, redesign by May 2001 to include sections by intended audience).* 4.1.4 Public presentations - People in Motion show (trade show for disabled community) *(annual since 1998).* 4.1.5 Response to telephone calls.	4.1 - Increased public awareness of and knowledge about the College and function of OTs. - Public more aware of what constitutes accountable and professional relationships. - Decrease in incidence of inappropriate patient behaviour. - Patients report incidents of abusive or unprofessional relationships.
4.2 Practice Feedback Surveys *(survey 20% of registrant base annually within 3 years. 4 patients and 3 colleagues surveyed per member).*	4.2 - 300 surveys sent to public, 90% returned *(2000)*.	4.2 Patients learn about standards of care and assess the quality of care received.
4.3 Determine/monitor public knowledge re Colleges and COTO.	4.3 Survey of 500 Ontarians (January 2000).	4.3 COTO understands public's knowledge and opinion base and responds to needs.
4.4 Work with other Colleges and the Federation to produce and distribute generic information relating to Patient Relations.	4.4 - Participation in Committees and working groups. - Contact with other Colleges. - Generic brochures, fact sheets, curricula, etc. - Shared delivery by two or more Colleges.	4.4 - Increased awareness of collaboration opportunities with other Colleges and the Federation. - Increased rate of informing the Public.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do COTO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,

b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The COTO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the COTO PR program address issues beyond sexual abuse?

The COTO PR program includes all issues pertaining to professional and accountable client-Therapist relationships. The College has adopted an integrated approach to the PR program, recognizing that PR issues also fall within the purview of other Committees. (See section 3.0.)

4.1.3 To what extent do the COTO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The COTO has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available. A highly consultative approach was taken in developing much of the material, including surveys of members and the public.

2. The COTO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. Patient rights and responsibilities information is published in the COTO brochure, "Sexual Abuse: What Clients Need to Know", and is available to patients through OTs and the COTO.

4. Both professional and human relations skills and knowledge development opportunities exist for OTs. COTO members are required to cover the material in every PREP module, complete the self-test, keep a copy in their portfolio for review upon request, and send one anonymous copy to the College.

5. Information on appropriate professional behaviour is readily available to registrants in their Registrant's Resource Binder, and to registrants, patients and the public on the COTO website, or by request directly from the College.

6. Training material for students and members was developed specifically for OTs.

7. It is not entirely clear whether the training and other material we reviewed directly encouraged "treatment decision-making" in a manner *desired by the patient.* It addressed the issues of who controls consent, informed consent, and being sensitive to the needs of the patient. Ample opportunity is provided for the patient to be informed and to provide or deny consent to suggested treatments. It is clear from the material provided that the COTO completely embraces the philosophy of client/patient-centred practice, and that this is pervasive throughout the profession. It is not clear how this philosophy translates into differential treatment of patients who want to be involved in the treatment decision-making process differently.

8. The COTO Sexual Abuse Prevention Guidebook presents six suggestions for hands-on treatment, and leaves no doubt that all touch can be problematic.

9. The PREP modules self-tests provide feedback to COTO on learning needs of registrants, and development of new modules is an ongoing process.

10. The COTO has a mandatory "Prescribed Regulatory Education Program". See item 4 above. Any reward members get comes from participation in the learning process, and the knowledge that professional competence is being maintained.

11. The COTO has taken a systematic approach to orienting and training College staff, Councillors and Committee members. Training sessions are held annually.

12. PR is not considered a program in the COTO. The College has a two-year strategic level Business Plan supported by annual Committee work plans. (See section 3.0.) The PR Committee initiates and provides direction on PR activities but delivery and thus plans lie mainly with other Committees. There is no detailed plan that documents all PR activities and associated targets.

13. The COTO is serious about informed decision-making. It conducted a registrant critical review of the Sexual Abuse Prevention Guidelines and surveyed the public to establish its level of knowledge about health care regulation and providers. The January 2000 business plan has five broad goals, and each includes at least one evaluation objective. The College is currently undertaking a comprehensive evaluation of activities and outputs to determine if they are working, and if not, what would.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The COTO recognizes Therapist-patient relations as an issue in the broadest sense, and has undertaken a comprehensive set of activities to address the issue. Complaints data confirm the broad nature of the PR issue.

Analysis of the PR program results chain shows that the activities undertaken and planned should logically lead to a reduction in the potential for patient abuse, including sexual abuse, along with other desired outcomes and impacts.

4.2.2 Efficiency

The COTO seeks efficiency by integrating PR activities throughout the key functions and operations of the College. It also works closely with other Colleges through the Federation to prepare and deliver materials to members and the general public, and shares materials with other Colleges. COTO feels there would be merit in having a common Health Colleges education initiative covering generic issues such as ethical behaviour and communications. Internally, all staff are made aware of PR issues and protocols, and are able to handle incoming calls. This results in greater overall efficiency in administering the College.

Specific targets set for PR program activities, as documented in the 1994 plan, were all achieved.

4.2.3 Effectiveness

The COTO is planning an evaluation of the effectiveness of all its activities and objectives. Meanwhile, feedback from the PREP module two self-tests will provide information on learning, and learning needs. The COTO also extensively pre-tests its learning materials and solicits immediate feedback. Based on tracking of practice calls, the PR Committee has developed a tool to help OTs make decisions based on the principles of professional practice and to consider appropriate regulations, standards and guidelines that apply to the situation. This tool was pre-tested with almost 10% of registrants. In addition, as part of the Quality Assurance Program, 79 OTs were randomly selected for competency review. As part of this process, 560 surveys were sent to these OTs patients and colleagues, with a 90% response rate. The COTO reviewed the results of these surveys against established threshold criteria levels. They are monitoring the work of a group of Physicians in Alberta who are taking a similar approach. The next phase of the Quality Assurance Program, to be implemented in the spring 200, will be on-site peer evaluation. The results of these reviews will provide information on application of the learning in practice.

4.2.4 Impact

COTO has documented the logical connections between activities and societal impacts, as part of this evaluation, but has no plans to measure the societal level impact of their PR program. Similar to most Colleges, they feel this is beyond their means and that it is more appropriate for Colleges to undertake impact evaluation collectively.

4.2.5 Equity

The COTO newsletter is sent to all members, programming for students is delivered at their educational institution, and the College delivers programs regionally around the Province. It has a 1-800 number and a comprehensive website, and makes official documents available in both English and French. It also considers geography and nature of practice when selecting Committee members and in setting standards.

No group of OTs has been identified that has a need for specialized training due to their age, gender, cultural background, etc. Likewise, there has been no identified need for culturally specific education and training for members working with patients in minority cultures.

5.0 Conclusions

1. The COTO is meeting the PR requirements and intent of the RHPA with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. Key areas of strength in the COTO approach are its information based approach to decision-making and the integration of PR throughout the key functions and operations of the College.

3. The PR Committee has gone through the initial flurry of identifying needs, developing materials and putting mechanisms in place to deliver the program. It is now in maintenance mode and has recognized that it is time for reflection. Two significant opportunities exist for ensuring the success of this reflection. The first is to confirm the PR program results chain content and logic with Council and related Committees, and then establish targets for key outcomes and impacts. The second is to coordinate evaluation activities across the College. There may be opportunities for savings if some of them can be integrated.

4. <u>Likelihood of success</u>

   - The COTO actively monitors complaints and information from other Committees and Colleges for indications of issues in patient relations, and takes appropriate action to prevent and deal with the issues.

   - The COTO has recognized the importance of educating patients and the public as well as registrants.

   - The COTO has identified desired outcomes and impacts from its PR activities and the connection between them is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target populations of OTs, patients and the public, and the appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

   - The College's disciplinary process is available to provide appropriate sanctions, including revoking an individual's registration and right to practice in Ontario, should they be found guilty of abusing patients, either sexually or in other ways.

6.0 Recommendations

1. That the COTO PR Committee continue to take responsibility for defining the goals and objectives of the PR program and coordinating the response to PR issues arising from all of the College's Committees.

2. That the COTO PR Committee annually confirm a two year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A two year planning horizon coincides with the strategic plan and allows time to organize the required resources. Annual confirmation provides the flexibility to respond to changing priorities.

3. That the COTO proceed with its planned evaluation of activities and outputs.

4. That the COTO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all COTO programs.

5. That the COTO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

College of Opticians of Ontario

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care within their scope of practice. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Opticians and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Gord Hyland, Executive Director and Registrar, Bev Sloan, Director, Quality Assurance and PR, and Cathi Mietkiewicz, Optician Member, PR Committee, on December 15, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The College of Opticians of Ontario (COO), established under the RHPA, 1991 is the continuation of the Ontario Board of Ophthalmic Dispensers established in 1960. It is the governing body for Opticians in Ontario. It is the responsibility of the COO to administer the Regulated Health Professions Act (RHPA), and the Opticianry Act in the public interest.

The COO Council is made up of six elected professional members and six appointed public members.

It carries out its mandate through nine committees: Executive, Registration, Complaints, Unauthorized Practice, Discipline, Fitness to Practice, Quality Assurance (QA), Patient Relations, Examinations. These committees range in size from three to ten members. Discipline and QA committees have appointed non-council Opticians serving as well as Council members, and Standards of Practice is supported by three appointed external consultants.

2.2 Size and Resources

At the end of 2000, there were approximately 1,800 Opticians, 100 intern Opticians and 300 student Opticians registered with the COO. The proportion of male to female Opticians is about 60% male and 40% female, and has been trending toward equal.

In fiscal year ended December 31, 1999, the COO reported receipts of $916,783, of which 86% came from membership fees. Expenses for the year totaled $873,754, leaving an excess of revenue over expenses of $43,029. Net assets were a deficit of $523,267. The COO has been making a concerted effort to reduce its debt by reducing staff support and service to programs and members, and by increasing membership fees.

Patient Relations Program expenditures for 1999 were $1,794 which was .5 percent of Council and Committee expenditures. In addition, about 20% of $55,000 printing and postage costs were attributable to PR, for a total of $12,794, which was 1.5 percent of total expenditures for the year. Budgeted figures for 2000 were very similar to 1999.

The COO has eight full-time employees supporting the Committees and carrying out the operations of the College.

The Patient Relations Committee has three members, one elected member of Council and two government appointed public members. The Director of Quality Assurance and PR spends 50 to 60 percent of her time providing support to the Committee.

2.3 Risk of Patient Abuse

COO members deal with patients one-on-one and there is some physical contact. However, they are generally not alone with patients and the patients are not in compromising positions. The circumstantial risk for sexual and physical abuse is low. Actual risk of Optician-patient abuse depends mostly on individual propensities to cross boundaries.

Table 1 presents data on complaints files as reported in the COO annual reports. While these shed no light on what issues were involved, nor by whom the complaints were filed, complaints are only filed when there has been an unsatisfactory Optician-complainant relationship. We assume complainants may include, for example, patients, co-workers and other professionals.

Table 1. Summary of COO Complaints Files, by Year, 1994 - 1999

	1994	1995	1996	1997	1998	1999
Total complaints received	20	?	?	?	13	5
Files Pending Investigation	5*	0	1	2	1	0
Files Pending Further Action		2	2	12	2	2
Files Closed (resolved, disposed of, cautions)	33	13	13	11	16	21

* Includes files pending further action.

At the information meeting for this evaluation, the Registrar reported that prior to HPRAC there had been no complaints received regarding sexual abuse by an Optician. Since HPRAC, there have been two, one filed by a student Optician and one by a patient.

3.0 Description of the COO Patient Relations Program

The mandate of the Patient Relations Committee is,"To advise Council on the Patient Relations Program[1] and other matters related to enhancing the relationship between the public and Opticians, and enhancing the public awareness. ..." The footnote explains that the program must include the four HPRAC mandated components for preventing or dealing with sexual abuse of patients (education for members, guidelines for conduct of members with their patients, training for College staff, and information to the public). (Source: COO Fact-Sheet, November 23, 2000.)

The COO has a mandatory continuing education program, and credits are granted to members for participation in the COO sexual abuse workshop, and will be granted to members who respond to a survey about the PR brochures that are to be sent out by the end of 2000.

The following results chain presents a summary of the COO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of COO member's patients, with a target of zero abuse of patients by COO members.

Note: Inputs for carrying out the PR activities are not segregated, and thus not included in the results chain. The Director of Quality Assurance and PR spends 50% to 60% of her time providing support to the Committee, and PR expenditures for 1999 were about $13,000, excluding staff salaries and other common overhead costs.

Patient Relations Program Results Chain – College of Opticians of Ontario

Logic and Targets: Inputs are described in the text above. *(Targets are italicized in brackets.)*

Activities	Outputs	Outcomes	Impacts
1. Develop framework of standards and guidelines 1.1 Review existing standards and practices in the context of the RHPA.	1.1.1 Special Procedures for Complaints Regarding Professional Misconduct of a Sexual Nature *(August 1999)*. 1.1.2 Code of Ethics *(Draft reviewed November 2000, to be finalized in early 2001)*. 1.1.3 Guidelines for Professional Standards of Practice *(September 1994, Revision to include section on sexual abuse nearing final draft form on December 15, 2000)*.	1.1 COO staff, committee members and others involved in the review process are more aware of issues, standards and guidelines relating to professional relationships.	1.1 - The status of Opticianry as a profession is enhanced. - Opticians' patients and potential patients are better served and protected.

Activities	Outputs	Outcomes	Impacts
2. Educate Members		.	
2.1 Presentations and workshops. *(Patient Relations sessions eligible for QA credits).*	2.1 PR presentations and workshops available to members across Ontario. - Presentation on "Sexual abuse of patients: what every Optician needs to know" *(1996 , 1997, 1998, 1999 & 2000 OOA Conference, Toronto, 1997 RMS CE seminar, Toronto; 1998 Sudbury, includes video clip).*	2.1 to 2.3 - Create and increase members' awareness of their responsibilities under the RHPA. - Increase member's knowledge of and ability to deal with client relations issues. - Member's behaviour more likely to conform to standards.	2.1 to 2.3 - Member's self-image and image of profession improved. - Patient's image of professional and profession improved. - Patient well-being is improved.
2.2 Publish articles and reports in Newsletter.	2.2 Articles published in newsletter *(Dec 1994, Feb 1996, Dec 2000).*		
2.3 Publish/distribute brochures.	2.3 - Brochures published and distributed to members. - <u>You and Your Eyes</u> *(COO 1994)*. - Federation brochure *(1994)*. - <u>Mandatory Reporting</u> *(Out of Patients 1996)*. - A Guide for Health Consumers *(Out of Patients 1996)*. - Sexual Abuse: A Guide for Opticians *(COO 2000)*. - Sexual Abuse: A Guide for Patients *(COO 2000).* - Member questionnaire included with brochures. 2 CE credits for returning survey and correctly answering questions *(Dec 2000).*		
2.4 Provide information to student and intern Opticians and their instructors.	2.4 "Prevention of <u>Sexual Abuse</u> of Patients" Curriculum and Instructor's Guide for Diploma Programs in Opticianry *(1995)*.	2.4 -Increase students' and interns' awareness and knowledge of issues and responsibilities relating to PR. - Increase likelihood of new members having the knowledge and skills to prevent and deal with abuse early on in career.	2.4 -New Opticians have greater confidence. - Patients/public have a positive image of new Opticians.

Activities	Outputs	Outcomes	Impacts
3. Educate College Council and Staff 3.1 Committee members and staff participate in review of standards and preparation of educational materials *(Working with Complaints Committee to formalize and implement a training plan by the end of 2001)*.	3.1 Staff and Committee members participation in planning, preparing and delivering PR program content and activities.	3.1 Create awareness of PR issues, policies and standards, and program materials among participating staff and Committee members.	3.1 Improved ability of the College to protect the public.
4. Educate Public 4.1 Publish and distribute brochure(s). 4.2 Vision Screening program in Schools *(Pilot project 1996, ongoing).*	4.1 Brochures on the College and the Profession available to the public through members (See 2.3 for details). 4.2.1 Vision screening program arrangements with schools, parental consent for child to participate. 4.2.2 Vision screening sessions in schools, reports sent home to parents.	4.1 - Increased access of PR materials by patients and the general public. - Increased public awareness of the role of the College and how to access its services. - Increased use of College services by the public. 4.2 - Increased awareness of vision health care needs, the role of each of the vision health care professions. - Increased attention to eye health care on the part of program participants.	4.1, 4.2 - Improved public perception of the College and Opticians. - Improved vision health care. -Increased sense of equity.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do COO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The COO PR program includes completed and on-going activities in areas a, b and d. It has not conducted training for College staff, but is working with the Complaints Committee to develop and implement a formal Council, Committee and staff training program by the end of 2001.

4.1.2 Does the COO PR program address issues beyond sexual abuse?

The COO Council has chosen to broaden the PR Committee's scope somewhat, based on budget and staff availability, to promote positive communications and interaction with the public, its members and stakeholders. While the primary focus of its activities has remained prevention of sexual abuse, the sexual abuse prevention seminar focuses on the communications aspect of touch and personal space, and the Vision Screening Program organized by the PR Committee is intended to increase the public's awareness of vision health care and the professions providing vision health care services.

4.1.3 To what extent do the COO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The COO has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available.

2. The COO has staff available to respond to all public, patient and member inquiries, including potential boundary violations. However, staff have received no training to prepare them for this role.

3. Patient rights are clearly spelled out in the brochures designed to inform the public; the flip side, responsibilities, is not.

4. Both professional and human relations skills and knowledge development opportunities exist for COO members. A mandatory continuing education program is in place, and the QA Committee assigns credits for CE activities based on a standardized review of the material.

5. Information on appropriate professional behaviour with respect to sexual abuse is readily available to members. The Guidelines for Professional Standards of Practice primarily address technical guidelines, but do have some communications and patient relations content. These are being revised to include a sexual abuse prevention component. The brochures and articles in the newsletter focus on the requirements of the RHPA. The COO Sexual Abuse Seminar conveys the communications element of patient relations regarding touch and personal space, but is still narrowly focused on preventing complaints of sexual abuse. The COO website contains no PR material. A 1-800 number is available for members to contact the College.

6. Training material for students and members was developed specifically for COO members.

7. None of the training and other material we reviewed contained any reference to encouraging participation in "treatment decision-making" in a manner *desired by the patient.* However, this may not be a major issue with Opticians, given the nature of the treatment decisions in Opticianry. More light may be shed on this through an examination of patient contacts with the College.

8. The COO Sexual Abuse Seminar identifies the need to communicate with a patient regarding touch, and discusses personal space, and section three of the Prevention of Sexual Abuse of Patients, Introductory Instructors' Guide for Diploma Programs in Opticianry clearly conveys that all touch can be problematic.

9. Members self-assess their learning needs through the mandatory CE program, and seek out opportunities to meet identified needs. The COO has certified PR activities as eligible for CE credits.

10. Member participation in continuing education is mandatory under the Quality Assurance Program. "Every Optician shall accumulate at least 30 credits between January 1, 1999 and December 31, 2001, and in each three-year period after that, beginning with the period starting January 1, 2002." Opticians not meeting the minimum CE requirements may have terms, conditions or limitations imposed on their licence to practice for a period of up to six months.

11. The COO has not taken a systematic approach to orienting and training College staff, Councillors and Committee members. Training has been through participation in planning, preparing and delivering PR program content and activities. There are plans to develop and implement a more formal training program by the end of 2001.

12. The COO does not have a Patient Relations Program plan with clearly documented target dates and other performance criteria.

13. The COO reviews its strategic plan and sets priorities for actions on an annual basis. It does not have a documented evaluation plan for its PR activities.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The COO recognizes Optician-patient relations as a broad issue. Complaints data appear to confirm this with ten to thirty complaints processed per year and only two ever alleging sexual abuse.

The College was required by law to address the sexual abuse issue, and is doing so. Analysis of the PR program results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for sexual abuse of patients by Opticians. Efforts aimed at resolving other issues underlying the majority of the complaints received from patients are not as well developed and are less likely to be successful.

4.2.2 Efficiency

The COO seeks efficiency in PR by working closely with the Federation, and by utilizing generic material from other sources. It also uses the Committee resources heavily to get work done, and Committees are responsible for working within their budgets. The Director of Quality Assurance and PR specializes in PR issues and provides most of the staff support to PR.

As there was no PR plan with documented targets, no comment can be made on efficiency in meeting targets.

4.2.3 Effectiveness

No formal evaluation of the PR program effectiveness has been conducted. However, anecdotal evidence suggests there has been an increase in level of awareness of and knowledge about issues related to PR and prevention of sexual abuse by Opticians. This is based on the level of discussion in Committees and the types of questions and interactions at the seminars.

Peer assessment is expected to yield information on practice sometime in the future.

4.2.4 Impact

The COO has no plans to measure the societal level impact of their PR program.

4.2.5 Equity

The COO newsletter is sent to all members and programming for students is delivered at their educational institution. The College delivers presentations regionally on request, has a 1-800 number and a website.

There has been no formal assessment of the need for specialized training for members with special needs, based on such things as their cultural background and/or age.

Likewise, there has been no formal needs assessment to identify culture specific education and training needs for members working with patients in minority cultures.

5.0 Conclusions

1. The COO has not met the full requirements of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect. The principal area of deficiency is provision of training for staff, Council and Committee members. The College plans to have this rectified by the end of 2001. It is our interpretation that the RHPA also intends Colleges to address any significant PR issues that may exist beyond sexual abuse. As indicated in section 2.3, there may be some other issues the College should be addressing.

   However, given its serious financial situation and shortage of staff, it may be that the COO made the best resource allocation decisions possible when all factors are taken into consideration. It is not within the scope of this evaluation to explore that question.

2. A key area of strength in the COO approach was its rapid development and implementation of a Sexual Abuse Prevention curriculum for diploma students in Opticianry. This ensured that all new entrants to the profession would be well aware of the requirements under the RHPA, the expectations of the College, and methods to avoid causing harm to patients.

3. There are four areas where immediate action would likely yield significant benefit to the COO PR program.

   The first is to finalize the revised Guidelines for Professional Standards of Practice and Ethics documents, paying particular attention to strengthening the communications content. These are foundational documents for a PR program.

   Second is to utilize data from Complaints, incoming calls and other Committees and COO activities to identify key issues of concern with Optician-patient relations. This information would provide a clear focus for the PR program. These data are readily available and it should be relatively inexpensive to develop the information.

   The third is to provide training to Council, committee members and staff. A broad and common understanding of PR will facilitate achieving the following item.

   The final area is to develop a detailed plan for dealing with the key issues. We note that the PR Committee “wants to be proactive to issues which enable Opticians to better communicate with the public, promote the image of Opticians and the profession as an integral part of Eye Care.” A detailed plan, integrated with plans for the rest of the College would help achieve that objective in an efficient and effective manner.

4. <u>Likelihood of success</u>

   - The COO has addressed the sexual abuse issue with activities aimed at members and the public. The student curriculum includes material addressing communications and patient relations from a broader perspective. Short-term impact would likely be increased

by making more of the communications skills information available to members, and ensuring that this information addresses the key issues identified from the complaints and other College data.

- The COO has recognized the importance of educating patients and the public as well as members.

- The COO has identified desired outcomes and impacts from its current PR activities as part of this evaluation, and the connection between the actions and desired results is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target populations of COO members, patients and the public. The appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- The College's disciplinary process is available to provide appropriate sanctions, including revoking that individual's registration and right to practice in Ontario, in the event that a member is found guilty of abusing a patient.

6.0 Recommendations

1. That the COO PR Committee establish a comprehensive PR program plan that incorporates all the PR activities in the College. The plan should be consistent with the longer term strategies of the College and address the issues found from analysis of current data. This plan would be relatively strategic and provide guidance to PR activities across the College.

2. That the COO PR Committee annually confirm a three-year work plan, subject to Council funding, with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three-year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities. We note that the College has a five-year strategic planning cycle and would expect the work plan to directly support achievement of key strategic objectives of the College.

3. That the COO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all COO programs.

4. That the COO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

College of Optometrists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Optometrists of Ontario (COO), and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and from a face-to-face meeting with Dr. Murray Turnour, Registrar, Mr. Gary Thompson, QAP Coordinator, and Ms Mary Leonard, Public member of Council, on December 4th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The COO was established in 1919 to regulate the profession of optometry in the public interest. The College Council is made up of nine elected professional member positions, eight appointed public member positions, and one representative from the School of Optometry at the University of Waterloo.

The COO mission statement is: "serving and protecting the public by guiding and regulating the profession." The College carries out its mandate through ten committees: Executive, Complaints, Discipline, Quality Assurance, Registration, Scope and Standards, Ethics, Patient Relations, Communications and Statutory Amendment Committees.

2.2 Size and Resources

The College currently regulates just over 1,200 Optometrists. Of these members, approximately 62% are male, 38% female, and 92% reside in Ontario.

In fiscal year ended December 31, 1999, COO had revenue of $1,077,569, of which 87% came from membership fees. Expenditures for the year totaled $885,756, leaving an excess of revenue over expenses of $191,813.

The PR Committee expenditure for fiscal year (FY) ending December 31, 1998 was $1,061, and $6,923 in 1999. This represents .4% and 2.2% of COO's professional activities expenditures. College administration expenditures, salaries, benefits, consulting, etc. are not allocated to professional activities. The PR Committee budget allocation for FY 2000 was $10,500.

The COO has five full-time employees, the Registrar, an Assistant Registrar, a QAP Coordinator, an Administrative Assistant, a Receptionist and a part-time Inspector. In addition, the COO has retained the services of a sexual abuse counselor.

2.3 Risk of Patient Abuse

From January 1993 to December 31, 2000 COO had received a total of 12 complaints and mandatory reports relating to sexual abuse of patients, distributed as shown in Table 1.

Table 1. Complaints and Reports of Sexual Abuse by Optometrists, 1994 - 2000

Year	1993	1994	1995	1996	1997	1998	1999	2000
Complaints	0	4	1	1	0	0	0	1
Mandatory Reports	0	0	1	3	0	0	0	1

Based on the nature of Optometrists' work, the type of contact with patients, and the complaints and mandatory reports history to date, COO believes the risk of sexual abuse of patients by Optometrists in Ontario is low relative to many other health professions.

In 1999, the Complaints Committee reported receiving 26 complaints, with matters relating to communications being the dominant issue. Member attitude toward and abuse of patients with mental illness was also noted and referred to Council for its consideration. It was also noted that 26 was a significant reduction in number of complaints from the previous two years.

3.0 Description of the COO Patient Relations Program:

An ad hoc committee was established by the Council in April 1992, to study the issue of sexual abuse of patients by Optometrists, to review government proposed legislation, and to recommend a sexual abuse prevention plan.

Through the ad hoc committee, the COO:

- developed a zero tolerance policy which was communicated to members via the COO newsletter, the Bulletin in April 1992,
- published Discipline Committee Proceedings of a sexual abuse case in the February 1993 Bulletin, and
- held a continuing education session on sexual abuse on April 1, 1993, in conjunction with the Ontario Association of Optometrists.

The zero tolerance policy states, "The College of Optometrists of Ontario recognizes the seriousness of sexual abuse of patients by health care professionals, and will not tolerate any actions of this kind by Optometrists in Ontario."

The first members of the Patient Relations Committee were appointed in May, 1993. The focus of the Committee's activity has been meeting the mandatory requirements of the RHPA, 1991, with respect to preventing or dealing with sexual abuse of patients. The PR Committee meets at least three times per year**.**

The following results chain presents a summary of the COO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is elimination of sexual abuse of patients by Optometrists in Ontario.

(Inputs for carrying out the PR activities are not segregated, however the following resource estimates have been given: QAP Coordinator .33 FTE, 2001 PR Committee budget $10,500, and $30,700 spent from 1994 to December 2000.)

Patient Relations Program Results Chain – College of Optometrists of Ontario

Logic and Targets: Inputs are described in the text. *(Targets are italicized in brackets.)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Zero tolerance policy. 1.2 Guide for members on conduct with their patients.	1.1 Approved policy *(Published in the Bulletin, Dec 1992).* 1.2 Approved Guidelines for the conduct of Optometrists with patients *(Published in the Bulletin, July 1994).*	1.1, 1.2 College staff and Committee members are more aware of issues and standards of practice around patient relations.	1.1, 1.2 -The status of Optometrists as a profession is enhanced. - The public is better served and protected.
1.3 Identify trends and needs *(Annual review)*. 1.4 Review/modify PR Program *(Annual*).	1.3, 1.4 - Recommendations to Council based on needs and trends analysis. - Approved program action plan *(Annual)*.	1.3 Staff, Council and Committee members aware of program issues and changing needs. 1.4 Committee members/staff develop and/or deliver new PR program material (code of conduct, articles, posters, training sessions, etc.).	1.3, 1.4 Increased likelihood of the PR program being successful in the longer term.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Develop material and mechanism to educate people seeking entrance to practice (students and others applying for admission).	2.1 Jurisprudence seminar and examination.	2.1a) - New registrants have increased awareness of: - RHPA requirements, - COO patient relations guidelines and expectations, - continuing education requirements, - reporting obligations of Optometrists, - complaints and disciplinary processes, - resources and support available from COO. 2.1b) New registrants knowledge of profession's expectations improved. 2.1c) New registrants will apply the guidelines in their practice.	2.1a) New member's attitude toward COO is improved. 2.1.1b) & c) - New members confidence and competence is improved. - Patient satisfaction with new members is improved.
2.2 Develop material and training sessions for members. *(The PR Committee provides or facilitates training to members every 2 years, with the next series to begin in 2002.)*	2.1 Mandatory continuing education requirements. 2.2.2 - Educational workshops, seminars, conferences, etc. - Roadshow on avoiding complaints *(2000 Complaints Committee)*. 2.2.3 Communications to members through articles in newsletter *(at least annually)*.	2.2.1, 2, & 3 - Members identify and undertake learning in areas of need. - Members incorporate learning into their practice, thereby maintaining high levels of competence and performance. 2.1, 2.2 *(100% of members will be aware of the College's zero tolerance policy, mandatory reporting obligations and code of conduct.)*	2.2.1, 2 & 3 - Patient well-being is improved. - Member self-image and image of profession and perception of the College is improved. - Patient perception of professional and profession improved.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1 Guidelines for member conduct.	3.1 Training sessions and supporting materials.	3.1 - Increased staff knowledge of issues and expectations around patient relations. - Increased staff capacity to respond to member questions and concerns.	3.1 Improved member satisfaction with COO and staff.
3.2 Dealing with complaints and victims of abuse.	3.2.1 Documented procedures. 3.2.2 Training sessions and supporting materials. 3.1, 3.2 *(Workshops held June 1997 and January 2000 and planned to continue on a biennial basis.)*	3.2.1 Improved consistency in responding to questions and complaints. 3.2.2 - Increased staff knowledge about how to deal with complaints and treat victims of abuse. - Increased staff sensitivity and skills in dealing with complaints and victims of abuse. - Increased Councillor's awareness of issues and better handling of cases. 3.1, 3.2 *(100% of College staff will know how to handle victims of sexual abuse.* *- 100% of Committee members are more sensitive to and aware of sexual abuse issues.)*	3.2.1 and 2 - Improved patient satisfaction with COO and staff. - Member's image of COO is improved.

Activities	Outputs	Outcomes	Impacts
4. Inform the Public 4.1 Review approaches to informing public. *(The Patient Relations Committee will continue to explore mechanisms by which it can provide information to the public with respect to issues of sexual abuse.)*	4.1.1 Electronic access provided: 1-800 number listed in Yellow Pages across province, website launched *(Sept 2000)*. 4.1.2 Plan to launch a poster campaign in 2001. 4.1.3 Plans to seek collaboration with other Colleges through the Federation of Regulatory Colleges.	4.1.1 Patients and general public wishing to contact COO from outside the Toronto local calling area are more likely to do so. 4.1.1, 4.1.2 Potential to have interested public informed about P.R. Guidelines, patient rights, complaints process, role of the COO, etc. 4.1.3 Increased awareness of collaboration opportunities by other Colleges and the Federation. *4.1 (50% of members patients aware of the College and its responsibility to protect the public within 3 years.)*	4.1.1 - Increased sense of equity. - Improved public image of the COO. 4.1.3 Uniform approach across Colleges would simplify communications process, increase public understanding, encourage further cooperation among Colleges, and make more resources available for other priority issues.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do COO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The COO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the COO PR program address issues beyond sexual abuse?

While the COO PR program utilizes some material, such as maintaining appropriate boundaries, which is broader than just sexual abuse, the focus remains sexual abuse (Bulletin Oct. 2000). A Council and Committee members workshop on January 24, 2000 included topics such as Active Listening Techniques and Understanding Oppressions.

4.1.3 To what extent do the COO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The COO has taken a proactive approach to informing new and current members and College Councillors and staff of the requirements under the RHPA, 1991 regarding prevention of sexual abuse and to providing related training materials and opportunities. It plans to implement a poster campaign for 2001 to convey information to the public, and launched its website, www.collegeoptom.on.ca in September 2000.

2. The COO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. The COO has not provided information to patients regarding their rights and responsibilities.

4. Both professional and human relations skills and knowledge development opportunities exist for Optometrists. COO members are required to take at least sixty hours of continuing education over a three year period. The only direction given regarding content is, "to take courses that are geared toward their maintenance of the standards of practice for the profession."

   While maintaining professional competence is the responsibility of each member, the COO has been proactive in ensuring that all new registrants receive training related to

the requirements of the RHPA and the College's Zero Tolerance policy through the Jurisprudence seminar and examination.

5. Information on appropriate professional behaviour may be readily available to members if they kept the newsletter articles, and/or workshop materials and calendars they were sent with tips on maintaining professional boundaries. If they have access to the internet, two issues of the newsletter are posted on the COO website. Members, patients and the public can call or write the COO and request information.

6. Training material for students and members was developed specifically for Optometrists.

7. Following passage of the Health Care Consent Act in April 1995, the COO published an article in the May 1995 Bulletin, included a notice in the July 1996 Bulletin advising members they were required to follow recent members' guidelines for communicating with persons incapable of providing consent, and subsequently distributed the new guidelines. Absent from this material is any discussion about determining in what manner the patient wants to be involved in the treatment decision-making process.

8. Material used for the Council and Committee members workshop in September, 2000 states, "obtain the client's consent before touching", and indicates that *The client must know why, where and when they are to be touched. Client concerns cannot ever be ignored and should be dealt with first."* Council is used as a testing ground for material that might be useful for members. In this case, Council has decided the material as presented is not appropriate for use with members.

9. The COO reviews its PR materials regularly, and plans to continue its involvement in the new registrants program, to actively promote continuing education, and to monitor educational needs of members.

10. The COO has a mandatory continuing education program (see item 4 above). Any reward members get for participating in continuing education programs comes from participation in the learning process, and the knowledge that professional competence is being maintained.

11. The COO has taken a systematic approach to orienting and training College staff, Councillors and Committee members. Training sessions were held in 1997 and 2000, and there is a plan to have biennial training for staff and committee members.

12. The COO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner as shown in the 1999 Annual Report. Target activity and output information presented in the results chain above is at the general aggregate level.

13. The COO does not have an evaluation plan for its PR activities. However, target levels of awareness and knowledge on the part of members, staff, Committee members and the public have been identified.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

While the COO considers the likelihood of sexual abuse of patients by Optometrists to be small, COO has made this the focus of their PR program. Complaints data indicate that sexual abuse is a legitimate issue. However, none of the 26 complaints received in 1999 related to sexual abuse and no members have ever been found guilty of professional misconduct due to sexual abuse of patients. General communications and behaviour were identified as the primary issues in the 31 decisions made by the Complaints Committee in 1999.

Analysis of the results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for sexual abuse, along with other desired outcomes and impacts. While the COO says they address the broader aspects of PR through other programs, we have not been provided information to assess these activities as they fall outside the mandate of their PR program.

4.2.2 Efficiency

COO is a small College. It seeks efficiency in program development and delivery by working with other Colleges through the Federation to prepare and deliver materials and workshops to members and the general public, and by sharing materials with other Colleges. In particular, COO feels there would be merit in joint delivery of programs in regions where the number of members in any one College is small. Internally, all staff are made aware of PR issues and protocols, and are able to handle incoming calls. This results in greater overall efficiency in administration at the College.

Since there were no specific targets set for PR program activities, no comment can be made about efficiency of program delivery.

Similar to other Colleges, COO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

No formal evaluation of PR program effectiveness has been conducted. However, the Registrar reports that staff have an increased awareness of PR issues and skill in handling issues. The PricewaterhouseCoopers report showed COO members had a high level of awareness of their responsibilities under the RHPA. There has been no examination of behaviour change.

4.2.4 Impact

COO has no plans to evaluate societal level impact of their PR program.

4.2.5 Equity

The COO newsletter is sent to all members, programming for students is delivered at their educational institution, and the College has conducted “roadshows”, delivering programs to members in up to seven locations across the Province.

There has been no assessment of the need for specialized training for members with special needs, or of culturally specific education and training needs for members working with patients in minority cultures. The COO has had no indication that there is a need for these assessments.

5.0 Conclusions

1. The COO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas except providing information to the public.

2. An area of strength in the COO approach is its recognition of PR issues arising in other Statutory Committee areas, i.e., communications and behaviour issues identified by the Complaints Committee.

3. There appear to be three significant opportunities for improvement of the COO PR program. The first is to use the results chain for documenting more detailed program activity plans, expected outputs, outcomes, and related targets. The second is to integrate the PR issues from all Committees into the PR Committee plan. The third major area of opportunity is provision of information to the public.

4. <u>Likelihood of success</u>

   - The COO does not appear to have a major problem with patient relations regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

   - Significant PR issues other than sexual abuse have been identified by the Complaints Committee. These include general communications and behaviour of members, and abuse of patients with mental illness. The response to these issues lies outside the scope of the COO PR program as currently defined. Council and Committee workshops in January and September 2000 covering general communications issues and techniques indicate an awareness of and sensitivity to the full range of PR issues.

   - Communications between Optometrists and patients is a two-way street. The chances of success for the COO PR program would be enhanced if all patients of Optometrists were informed about what Optometrists do, as well as their rights and obligations as patients.

- The COO has identified desired outcomes and impacts from its PR activities as part of this evaluation. The connection between the activities and desired results is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target population of 1,200 Optometrists, and the appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- The College's disciplinary process is available to provide appropriate sanctions, including revoking a member's registration and right to practice in Ontario should a member be found guilty of abusing patients, either sexually or in other ways.

6.0 Recommendations

1. That the COO PR Committee be given responsibility for coordinating the educational activities related to PR issues arising from all of the College's Committees.

2. That the COO PR Committee annually confirm a five year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A five year planning horizon coincides with the strategic planning cycle and allows time to organize the required resources, and annual confirmation provides the flexibility to respond to changing priorities.

3. That the COO place emphasis on making information available to members' patients and the public, and commit to implementing their poster campaign within the next year. We also recommend that the COO take steps to ensure their website can be accessed by the public.

4. That the COO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

5. That the COO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all COO programs.

6. That the COO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

Ontario College of Pharmacists

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care within their scope of practice. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the Ontario College of Pharmacists (OCP) and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Tina Langlois, Manager Patient Relations and Della Croteau, Deputy Registrar, on December 20, 2000. College staff prepared a draft results chain as a part of the process.

2.0 Description of the College

2.1 Origin, Structure and Mission

The OCP was established under the Pharmacy Act of 1871 by the provincial government. The mission of the College is "regulate the practise of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that pharmacists provide the public with quality pharmaceutical service and care. The June 29, 2000 strategic plan lists the following strategic directions:

- In order to fulfill its statutory mandate and to improve consistency and quality of pharmacy care and services across Ontario, the OCP will use mechanisms such as education, facilitation, communication strategies and appropriate regulation to ensure that membership and Pharmacy owners are knowledgeable about, and comply with, the full extent of the Standards of Practice;
- In order to facilitate optimal public protection and enhance awareness of the profession, OCP needs to bring to the attention of external stakeholders, such as government, 3rd party players, and physicians, the value and range of pharmaceutical/pharmacists services and care.;
- The OCP will communicate the value and range of Pharmaceutical services to the public to facilitate their optimal protection through enhanced awareness of the pharmacists' role in meeting their health needs, and;
- In order for OCP to efficiently regulate, and for pharmacists to maintain their standards of practise, in an ever-changing environment, the OCP must embrace technology and explore opportunities that will benefit pharmaceutical care.

These strategic directions are supported with action plans, budgets, performance indicators and targets.

The OCP Council is made up of 30 people, including 17 elected members, 12 public appointees and 1 academic representative.

The College carries out its mandate through eight statutory committees (Executive, Registration, Accreditation, Patient Relations, Quality Assurance, Complaints, Fitness to Practise, and Discipline), two standing committees (Professional Practice, Finance) and six Special Committees (Pharmacy Technicians Working Group, Structured Practical Training, Task Force on Primary Care Reform, Standards of Practice Working Group) . These committees generally range in size from five to eight members.

2.2 Size and Resources

As at December 31, 2000 there were 8,615 Pharmacists registered with the OCP. Of these, approximately 8,200 were in active practise, with 48% male and 52% female.

For the fiscal year ended December 31st, 1998, the OCP reported receipts of $4,837,335 of which 65.4% came from Pharmacists fees and 22.8% came from pharmacy fees. Expenses for the year totaled $4,651,991, leaving an excess of revenue over expenses of $185,334.

The OCP has 42 FTE staff supporting the Committees and carrying out the operations of the College.

OCP PR activities are delivered through a number of Committees in addition to PRC. Direct disbursements by committees are reported in the financial report. Staff time estimates are difficult to calculate. The disbursements budget for PR in 1998 was $10,000 compared to the Quality Assurance budget of $290,000.

The Patient Relations Committee has six members.

2.3 Risk of Patient Abuse

OCP members generally deal with patients in open areas with other staff and other members of the public present. The circumstantial risk for sexual, physical and verbal abuse of patients by pharmacists is low.

Table 1 presents a summary of complaints received by the OCP for the period, from 1994 to September 2000. Only three complaints of a sexual nature were received. The balance of the complaints are spread over 13 categories. The majority of complaints relate to dispensing errors, ingesting dispensing errors and professional services.

Table 1. Summary of OCP Complaints, Numbers by Type, by Year, 1994 - 1999

Type of Complaint	1994	1995	1996	1997	1998	1999
Total Complaints	102	128	216	119	135	125
Sexual Abuse	0	0	1	1	1	0

3.0 Description of the OCP Patient Relations Program

The Patient Relations Program at the Ontario College of Pharmacists (OCP) was only formally created after the introduction of the Regulated Health Professions Act (RHPA) in 1993. However, the goal of improving the relationship between pharmacists and their patients has long been the focus of many of OCP's activities.

In order to understand the strides that have been made in this area one needs to understand that as recently as 30 years ago, patients were not entitled to know the name of the drug they were taking let alone what it was for or how it might make them feel. Fast forward to today when pharmacists are expected to ensure that patients not only understand how to take their medications but exactly what they might expect in terms of side effects and interactions taking into account the patient's individual drug therapy and lifestyles.

This evolution from pharmacist as distributor of product to pharmacist as essential member of health care team has required a dramatic shift in the profession's attitude and approach to communications with their patients. It has also involved every level of the profession and the College.

It is therefore clear to see why the creation of the Patient Relations Committee was only one branch of the College's efforts as they relate to improving the state of patient relations for the citizens of the province of Ontario. The College included many Committees in their program results chain and it is significant to note that all Committees report to Council through the Executive Committee at OCP. All Committees include public participation.

The Patient Relations Committee spent much of its early mandate dealing with the Sexual Abuse Prevention Plan (SAPP). Here it is significant to note that pharmacists do not have a high incidence of sexual abuse of patients nor is the opportunity for personal contact high given the nature of the practice. Therefore, the important part of the SAPP was communications with patients, which as noted above was the focus of other College efforts.
.
The main elements of the program include:

- Educational requirements for members,
- Ensuring members have guidelines on appropriate conduct with patients
- Training for the College's staff, and
- The provision of information to the public.

The following specific elements have been developed and are also explained in the results chain below.

With respect to educational requirements for members, refer to requirements associated with Entry to Practice and on-going education.

Entry to Practice requirements include undergraduate education including a communications course, a structured practical experience program and instruction on the Code of Ethics. For those with foreign training, there is a special training program. With respect to language, the

Pharmacists have a special fluency testing procedure linked to Entry to Practise that ensures that pharmacists can communicate effectively with their patients.

Ongoing member education includes the following items, specifically related to Patient Relations: Quality Assurance participation information and results of central testing. Various needs assessment tools related to education are used each year. Site visits are held to pharmacists premises regularly to ensure thy understand the standard of practise with respect to communication and Patient Relations. The Quality Assurance process, the site inspection process and the complaints process are all designed to ensure that the pharmacist are achieving core competencies with respect to communication. If they are not, remediation is required.

With respect to the public, the OCP has developed a brochure “You, Your Pharmacist and Your Health”, a “Talk About Care Campaign” and a web site with public access. Standards for Pharmacists include effective communication with the Public.

With respect to Abuse, the SAPP was approved in 1996. Members are educated through the OCP manual, the newsletter, District meetings, and jurisprudence course material.

The council receives an annual orientation to Sexual Abuse issues. Staff receive training at appropriate seminars in the city (Metro Police etc.).

Note: Inputs for carrying out the PR activities have been identified in material provided by the OCP. They are not included here to be consistent with the other College reports.

Patient Relations Program Results Chain – Ontario College of Pharmacists
Logic and Targets: Inputs are described in the text. *(Targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop integrated framework of standards and guidelines			
1.1 Establish PR Committee terms of reference.	1.1 TORS approved and understood by OCP and Committee.	1.1, 1.2, 1.3 , 1.4, 1.5 -College staff, committee members and others involved in the review process are more aware of issues, standards, guidelines and procedures relating to Patient Relations.	1.1 to 1.5 Members, patients and the public are better served and protected.
1.2 Sexual Abuse prevention Plan *(1995)*.	1.2 Zero Tolerance of Sexual Abuse philosophy affirmed and commitment to develop supporting policies, procedures, practices and education programs *(1995)*.		
1.3 Develop policies, guidelines and procedures to support the SAPP.	1.3 Dating guidelines, sexual abuse prevention.		
1.4 Establish links with undergraduate education program.	1.4 Regular meetings with teaching programs.		
1.5 Establish policies for language fluency, foreign trained pharmacists. Develop inspection program, members survey, needs assessment approaches, QA in support of PR.	1.5 Standards for fluency, foreign trained applicants, and education priorities.		
1.6 Strategic Plan development.	1.6 Priority statements as guide to PR program.	1.6, 1.7 - Staff integrate PR activities with other activities. - Council, Committee, staff have better appreciation of PR activities and expected results.	1.6, 1.7 -Capacity of OCP to address full range of PR issues enhanced. - Capacity of OCP to serve members is increased.
1.7 Standards related to PR–communications with patients standard *(2001).*	1.7 Communications standard distributed.		

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Entry to Practise, undergraduate education.	2.1 Curriculum committee meetings per year - 6; Courses that teach communication skills; attached; 4 month hands on practical experience with direct patient interaction and skills assessment; Jurisprudence taught in all four years; Code of Ethics covers multiracial, multi-cultural communications issues.	2.1 Curriculum committee meetings per year - 6 courses that teach communication skills; 4-month hands-on practical experience with direct patient interaction and skills assessment;. Jurisprudence taught in all four years; Code of Ethics covers multi-racial, multi-cultural communications issues.	2.1 Pharmacists entering practice are appropriately trained about the importance of and their obligation to communicate with patients and are given the necessary training and skills to do so effectively.
2.2 Entry to Practise, foreign trained pharmacist.	2.2 Number of trained preceptors: 482 in 2000 Number of preceptor training sessions held: 14 orientation sessions 9 advanced sessions in 2000; Number of SPT meetings: 6; Manual contains material on communication and SAPP; 32 weeks hands on practical experience with direct patient interaction and skills assessment; $1.9 million grant from Ministry of Universities, Colleges & Training for international pharmacy graduate training ; Number of seminars held: 4 Number of standard setting session held: 3 Number of external questions writers: 6.	2.2 Foreign trained specialists are qualified to practise in Ontario and enter the profession.	2.2 Quality of health care by foreign trained specialists improves.
2.3 Establish and review fluency levels required of practicing pharmacists.	2.3 Registration Committee reviews fluency testing resources and sets fluency levels with member and public participation Number of Registration Committee meetings: 4, Number of registration panels:12.	2.3 Non compliant pharmacists are removed from practise or improve fluency.	2.3 All pharmacists in the province have the necessary fluency to effectively communicate with their patients

Activities	Outputs	Outcomes	Impacts
2.4 Member education, needs assessment.	2.4 - 800 inspections annually, 240 QA Practice Reviews annually, 6 Complaints Committee meetings annually, Camelford Graham qualitative survey.	2.4 Member needs identified.	2.4 Ontario Pharmacists Association delivers needed content.
2.5 Member Education, Outreach.	2.5 Inspections, newsletter, district meetings, web site, strategic directions communications program.	2.5 Members more aware of standards, policies and directions.	2.5, 2.6, 2.7 Improved health care.
2.6 Member Education, assessment.	2.6 - QA program, 482 assessments annually, 800 inspections and 280 re-inspections annually, 150 complaints assessed.	2.6 Ensure through ongoing assessment that pharmacists are achieving the core competencies as they relate to communication with patients and identify appropriate remediation where necessary.	
2.7 Member Education, remediation.	2.7 - QA, Inspection, educational needs communicated to OPA.	2.7 Assist pharmacists who are identified as falling below the standard in communication to get the skills needed to achieve the core competency.	
2.8 Educate members regarding SAPP.	2.8 Information distributed, newsletter material, jurisprudence course material.	2.8 Members more aware of SAPP.	2.8 Reduction in sexual abuse.
3. Education of College Council, staff and committee members	3.1 - SAPP provided to staff and council. - Staff training needs identified.	3.1 Staff and council understand SAPP and know how to implement it.	3.1 Improved ability of the College to protect the public and to detect and respond to emerging issues.

Activities	Outputs	Outcomes	Impacts
4. Public Education			
4.1 Website development.	4.1 Website developed.	4.1 Public has timely information on OCP.	4.1 to 4.4 - Understanding of role of regulated care in province and role of OCP within this system. - Understanding of role of Pharmacist.
4.2 Patient Communications Standards developed.	4.2 Patient information leaflets, communication standard developed *(1996)* and revised *(2001).*	4.2 Better pharmacist-patient communications.	
4.3 Determine public understanding of role of Pharmacist.	4.3 Surveys, focus groups, and analysis of complaints information.	4.3 Improved understanding of public knowledge of pharmacist.	
4.4 Educate public of value of communication with Pharmacist.	4.4 “You, Your Pharmacist and Your Health Brochure”, “Talk About Care Campaign”.	4.4 Public understands Pharmacist and communicates with Pharmacists more effectively.	

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do COO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The OCP PR program includes completed and on-going activities in all areas.

4.1.2 Does the OCP PR program address issues beyond sexual abuse?

The OCP PR program has focused on communications in recent years, including issues around sexual abuse. However, the definition and approach has been broad. The OCP has a Communications Standard.

4.1.3 To what extent do the OCP patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The focus on dialogue and communications is a best practise.

2. The OCP has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available.

3. The College centrally administered exam, focuses strongly on communications with the public and patients. The OCP has staff available to respond to all public, patient and member inquiries.

Both professional and human relations skills and knowledge development opportunities exist for OCP members. The OCP offers a communications skill course and there is close cooperation with academic training programs in the province.
There is a very strong program of visits to pharmacies that has existed for many years.

Information on appropriate professional behaviour is readily available to members in Guidelines and in the College's Policy Statements. These are published in the newsletter and are available on the Colleges website. In addition, individual training programs, workshops and seminars are available on an ongoing basis.

Training material for students and members was developed specifically for OCP members.

The College staff are strongly committed to evaluation and effective programming.

The OCP actively monitors issues and assesses both the need for new training opportunities and the effectiveness of current programs.

The OCP rewards participation in continuing education.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The OCP has recognized the importance of communications in the Pharmacy and has responded with an appropriate program, The SAPP also seems appropriate.

4.2.2 Efficiency

The OCP seeks program efficiency through integrated planning across the College and through cooperation with other Colleges and academic programs..

4.2.3 Effectiveness

The OCP routinely uses questionnaires to gather participant feedback on usefulness, likelihood of having an impact on practice, and suggestions for improvement. In addition, follow-up surveys and practice change evaluations have been used with along with Continuing Education credits to reinforce the learning and determine whether the intervention influenced practice

4.2.4 Impact

The OCP does not have any plans to evaluate the societal level impact of its PR program. This is beyond the normal approaches taken by the regulated Colleges.

4.2.5 Equity

In terms of dealing with Pharmacies, the OCP is equitable and uses random selection procedures as, well as other approaches. The “fluency” policy suggests an awareness of cultural issues. The OCP is in the process of developing an entry to practice training program to specifically meet the needs of foreign trained pharmacists attempting registration in Ontario. It focuses on prior learning assessment, education modules, a mentoring network and distance education.

5.0 Conclusions

1. The OCP is meeting the full requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect.

2. Two areas of particular strength in the OCP PR Program are its needs based program development and its strong focus on patient-pharmacist communication.

3. The Course in Pharmacist-Patient Communication Skills is particularly noteworthy.

4. We believe there is room to improve the equity portion of the program to include a stronger focus on special groups.

5. We believe that a stronger College wide evaluation system would help in improving programs and continuing to assess needs for programming.

6. Likelihood of success

- The OCP actively monitors complaints data, incoming calls, and feedback from member and public contacts to identify issues, and takes appropriate action to deal with the issues.

- The OCP has identified sexual abuse and broader communications issues related to physician - patient relations, and has generally implemented appropriate activities to deal with these issues.

- Based on an analysis of the results chain constructed for this evaluation, the PR Program activities and desired outcomes and impacts are logically connected and should result in movement toward the desired results. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

6.0 Recommendations

1. That the OCP PR Committee establish a comprehensive PR program plan that incorporates all the PR activities in the College. This is not to suggest the PR Committee take on the responsibilities of other Committees, but that it provides an overall coordinating role.

2. That the OCP CR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That the OCP coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all OCP programs.

4. That the OCP continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges, particularly with regard to its public outreach activities and broader impact evaluation.

College of Physicians and Surgeons of Ontario

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care within their scope of practice. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Physicians and Surgeons of Ontario (CPSO) and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Cathy Fooks, Director, Policy and Communications, Douglas Anderson, Chair, Patient Relations Committee, and Corinne Berinstein, Policy Analyst, on January 23rd, 2001.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CPSO was established by the provincial government in 1869. The mission of the College is "to protect the public and guide the profession." Its mission statement lists four goals:

- to promote high quality-care by the Physicians of Ontario;
- to ensure a high standard of personal conduct among Physicians;
- to protect the public from abuse of trust in the doctor-patient relationship, and;
- to demonstrate responsible, professional self-governance with the active participation of the public and the profession.

Ten functions are identified for fulfilling the goals, along with a commitment to be accountable to the public, the profession and the government.

The CPSO Council is made up of sixteen elected Physicians, fourteen public appointees, and five academic representatives.

It carries out its mandate through thirteen committees: Complaints, Discipline, Education, Executive, Finance, Fitness to Practise, Medical Review, Methadone, Nominating, Outreach, Patient Relations, Quality Assurance, and Registration. These committees range in size from six to twenty-one members.

2.2 Size and Resources

For the fiscal year ended December 31, 2000, the CPSO reported receipts of $21,058,118 of which 88% came from membership fees. Expenses for the year totaled $22,213,139, resulting in a loss of $1,115,021. Net assets were $25,940,253.

As at December 31, 2000 there were 29,313 Physicians registered with the CPSO. Of these, 20,480 were active Physicians, with 74% male and 26% female.

The CPSO has 196.5 FTE staff supporting the Committees and carrying out the operations of the College.

CPSO PR activities are delivered through a number of Committees in addition to PR, and the financial data are not segregated. However, based on the broad definition of Patient Relations used for this evaluation, the CPSO has provided the following estimate of resources devoted to the PR Program for 2001.

Patient Relations	$273,265
Communications	510,243
Physician Advisory Service	458,729
Public Information/Complaints	1,956,188
Educational Initiatives	27,434
Physician Review and Enhancement Program	245,000
Outreach Program	187,852
Overhead	305,000
Total	**$3,963,711**

The Patient Relations Committee has eight members, four government appointed public members, two elected Physicians and two non-Council Physician appointees.

The Policy Analyst spends about 65% of her time supporting the PR Committee, assisted by an administrative assistant who spends 35% of her time on PR. The Director of Policy and Communications spends about 25% of her time on PR issues. These three plus, the Managing Director of Investigations and Resolutions, and Legal Council attend PR Committee meetings. In addition, the Intake Coordinator's time is completely dedicated to PR.

2.3 Risk of Patient Abuse

CPSO members deal with patients one-on-one, behind closed doors, have physical contact with their patients, including high risk areas such as pelvic and breast, and patients are often in compromising positions. The circumstantial risk for sexual, physical and verbal abuse of patients by Physicians is high. Within this setting, actual risk of Physician-patient abuse will depend on individual propensities to cross boundaries.

Table 1 presents a summary of complaints received by the CPSO for the six year period, 1994 to 1999. These do not include matters brought to the College by mechanisms other than a public complaint, such as a Registrar's Investigation. Also excluded are any contacts/concerns from the public that do not result in an investigation, i.e., when a patient decides not to proceed with a complaint. In 1999 CPSO received over 4,500 calls related to College policies and potential complaints.

Table 1. Summary of CPSO Complaints, Numbers by Type, by Year, 1994 - 1999

Type of Complaint	1994	1995	1996	1997	1998	1999
Sexual Abuse:						
• Behaviors and /or Remarks	22	10	11	6	6	3
• Touching	45	50	17	5	11	20
• Intercourse	15	24	11	9	18	3
Total	82	84	39	20	35	26
Clinical Complaints	1,109	1,038	964	910	990	981

3.0 Description of the CPSO Patient Relations Program

The 1991 CPSO Task Force on Sexual Abuse of Patients identified sexual abuse as a serious issue. From its inception in 1993 to 1999, the PR Committee focused on the "deal with" part of its mandate with emphasis on establishing and managing the Fund for Therapy and Counseling. It has established performance criteria for its internal processes, is meeting its criteria, and will report annually on its ongoing performance. A survey of applicants to the fund showed a significant increase in satisfaction associated with process improvement. In 2000 the PR Committee began a number of activities to address the "prevention aspect of its statutory mandate." These included a survey of medical students, a self-assessment tool on boundary issues, an education program for Committee members and staff, a newsletter article on mandatory reporting and drafting a sexual abuse prevention plan.

The Patient Relations Committee worked with the Education Committee in mounting a concerted effort to ensure that medical students and residents in Ontario were taught about sexual abuse. In 1997 a Physician Outreach Program was initiated, and expanded to include the Public in 1998. Almost 50 presentations per year are now being made under this program. Twice a year, the CPSO hosts a Chiefs and Presidents Day. This provides an opportunity for the CPSO Registrar and President to meet and discuss issues with the Chiefs of Staff of Ontario hospitals. Since 1994, the College has also offered a Physician Advisory Service to provide advice concerning practice and policy issues to Physicians. Advisory Service staff receive over five thousand calls per year. In the 12 months ending September 30,1999, the intake area of the College received 101,571 calls from the public, and 106,498 the following year. While most were about the "find a doc" service, 4,538 and 5,033 were about College policies and prospective complaints in those years respectively.

The following results chain presents a summary of the CPSO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of CPSO members' patients, with a target of zero abuse of patients by CPSO members.

Note: Inputs for carrying out the PR activities are not segregated, and thus not included in the results chain.

Patient Relations Program Results Chain – College of Physicians and Surgeons of Ontario

Activities	Outputs	Outcomes	Impacts
1.Develop framework of standards and guidelines.			
1.1 Task Force on Sexual Abuse of Patients *(Established January 1991)*.	1.1 Zero Tolerance of Sexual Abuse philosophy affirmed and commitment to develop supporting policies, procedures, practices and education programmes *(May 1991).*	1.1, 1.2, 1.3 - College staff, committee members and others involved in the review process are more aware of issues, standards, guidelines and procedures relating to professional relationships and sexual abuse/improprieties.	1.1, 1.2, 1.3, 1.4, 1.5 Members, patients and the public are better served and protected.
1.2 Establish PR Committee terms of reference.	1.2 RHPA Procedural Code taken as the terms of reference. *(1993, expanded to all aspects of member-patient relations in 1999)* .		
1.3 Develop policies, guidelines and procedures to support the Code *(Ongoing review and development)*.	1.3.1 Mandatory Reporting Policy *(Nov 2000).* 1.3.2 "Dating" Guidelines Policy *(1992, currently being revised to include boundary crossing/violations).* 1.3.3 Strategies for Preventing Sexual Abuse - Guidelines for Ethical Behaviour for Physicians *(1993, under revision to create 2 documents, one for the profession and one for patients).* 1.3.4 Code of Ethics *(In process - on hold pending completion of strategic plan. Note. CMA Code of Ethics applies to Physicians practicing in Canada)*. 1.3.5 Requirements when Changing Scope of Practice *(Nov 2000).* 1.3.6 Requirements when Re-entering Medical Practice *(Jun 2000)*. 1.3.7 Confidentiality and Access to Patient Information *(Nov 2000).* 1.3.8 Ending the Physician - Patient Relationship *(Nov 1987, Dec 1989, Nov 1998).* 1.3.9 Complementary Medicine *(Nov 1997)*. 1.3.10 Medical Records *(Nov 2000).* 1.3.11 Withdrawal of Physician Services During Job Actions *(Sept 1999)*. 1.3.12 A Guide to the Health Care Consent Act *(1996).* 1.3.13 Consent to Medical Treatment *(Draft for Council Approval)* . 1.3.14 Block Fees *(approved Sept 2000).*		
1.4 Develop Sexual Abuse Prevention Plan.	1.4 Intention to complete a Sexual Abuse Prevention Plan documented in PR Committee 2000 Annual Report.	1.4 - College staff integrate PR activities with other activities. - Council, Committee, Staff have better appreciation of PR program activities and expected results.	1.4 Capacity of CPSO to address full range of PR issues enhanced.
1.5 Implement Physician Advisory Service.	1.5 Members have access to support on questions relating to all aspects of practice.	1.5 - Staff recognize and deal with emerging issues. - Staff accumulate and utilize an inventory of information.	1.5 Capacity of CPSO to serve members is increased.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession 2.1 Educate Medical Students and Residents. 2.2 Educate Members. 2.2.1 Publish PR articles in newsletter, Members' Dialogue. 2.2.2 Develop/Facilitate Courses.	2.1.1 - 1992, OMA, CPSO and Council of Faculties of Medicine discuss sexual abuse and actions required to address the issue. 2.1.2 - 1993, Presidential Challenge Conference - How Ontario medical schools teach sexual abuse issue. Follow-up meeting with Deans to discuss ideas coming from the conference. 2.1.3 CPSO an official observer in accreditation process for medical schools in Ontario *(1994, ongoing)*. 2.1.4 CPSO participates in Educating Future Physicians for Ontario conferences and meetings *(Ongoing).* 2.1.5 Survey of medical students and residents to examine their knowledge and attitude towards sexual misconduct with patients *(Expected completion Spring 2002)*. 2.2.1.1 1992, 1 article 1995, 2 articles 1998, 2 articles 1993, 1 article 1996 0 articles 1999,1 article 1994, 5 articles 1997, 0 articles 2000, 2 articles 2.2.1.2 Discipline cases published and available on website. *(Members' Dialogue is printed and distributed to all members. It is also posted on the website)*. 2.2.2.1 Medical Ethics and Informed Consent *(Tailored to individual member needs 1996, 1997 & 2000 (2); 1998 (5); 1999 (4)*. 2.2.2.2 Patient-Physician Communication and Interviewing Skills Course *(2 day workshop given 10 times since 1996, Ongoing)*. 2.2.2.3 Avoiding Patient Complaints *(1 day workshop, 4 regular offerings , plus taken across Province in 2000, Ongoing)*. 2.2.2.4 Understanding Boundaries and Preventing Boundary	2.1 - Medical education programs include desired PR material. - Create and increase student's and new member's awareness of their responsibilities under the RHPA. - Increase student's and new member's knowledge and ability to deal with patient relations issues. - Increase likelihood of new members having the knowledge and skills to prevent and deal with sexual abuse early on in their career. - Student and new member behaviour more likely to conform to standards. 2.2 - Increase member's, student's and new member's awareness and knowledge of issues and responsibilities relating to prevention of sexual abuse of patients by Physicians. - Improved Physician performance in areas of identified deficiency. - Improved member communication skills. - Increased Physician demand on College services.	2.1, 2.2 -Improved patient care. - Decreased cost of claims against Physicians. - Member's self-image and image of profession improved. - Patient's image of professional and profession improved. -New members have greater confidence. - Patients/public have a positive image of new Physicians.

Activities	Outputs	Outcomes	Impacts
3. Education of College Council, Staff and Committee Members			
3.1 Orientation for new Council and Committee members.	3.1.1 Annual orientation re relevant legislation, policies and procedures.	3.1 - Create awareness of the RHPA provisions on sexual abuse, College philosophy and publications and articles relating to patient abuse in new staff, Council & Committee members and reinforce with continuing members.	3.1, 3.2 - Improved ability of the College to protect the public and to detect and respond to emerging issues. - All parties to complaints feel they receive fair and equitable treatment.
3.2 On-going attendance at external and internal professional development courses. .	3.2.1 Staff attended 27 presentations, seminars and workshops from 1994 to 2000. 3.2.2 - Formal training protocol being implemented for Committee members and staff that work with sexual abuse cases. - Defining and Understanding Victimization (5 seminars). - The Nature and Features of Fiduciary Relationships (3 seminars). - The Impact of Victimization on Complainants Ability to Participate in the Complaints Process (6 seminars). - Analysis of Organizational Culture (3 seminars). - Responding to Public's Needs/Expectations (3 seminars) *(Implement 2001, Ongoing)*.	3.1, 3.2 - Staff, Councillors and Committee members develop awareness and knowledge of the issues related to prevention of sexual abuse, and of the skills and values required to effectively implement a zero tolerance policy. - Staff become intimately aware of PR issues beyond sexual abuse. 3.1, 3.2 - All complaints of a sexual nature are thoroughly investigated in a consistent, fair, objective and sensitive manner. - College Prosecutors and Investigators are knowledgeable about and apply current methods and techniques for investigating and handling complaints of patient abuse by a professional.	
3.3 Staff network with other health care Colleges and agencies.	3.3 - Federation of Health Regulatory Colleges of Ontario - External representatives on all CPSO policy review groups and expert panels.	3.3 Staff become aware of emerging PR issues and	

Activities	Outputs	Outcomes	Impacts
4. Public Education			
4.1 Publish and distribute brochure(s) and fact sheets.	4.1.1 We Care About Your Care *(brochure, 1998)*. 4.1.2 Fact sheets: a) Find a Doctor b)Complaints c) Self Regulation d) Peer Assessment	4.1, 4.2, 4.3. - Increased access of PR materials by the general public and patients. -Increased public awareness of the role of the College and how to access its services. - Increased use of College services by the public. - Complainants have a better understanding of the system and more informed expectations of time lines and results.	4.1,4.2, 4.3. - Improved public image of the College. - Increased sense of equity.
4.2 Presentations to the Public.	4.2.1 Seminar for MPPs *(1999)*. 4.2.2 Public Outreach presentations across the Province. (*44 presentations in 1999, 46 in 2000 to Physicians, medical students and other health professionals)*.		
4.3 Maintain website with information available to the public.	4.3.1 http://www.cpso.on.ca - Extensive list of topics posted under headings such as, College Policies, Pharmaceutical Issues, Laws about..., Information about..., Medical records and reports, How to..., and General Topics. At least 35 titles appear to be relevant to both patients and Physicians. - All issues of Members' Dialogue since March 1993, indexed.		
4.4 Provide access to public portion of the Register.	4.4 Public information on each CPSO member is available to the public on request.	4.4 Concerned public more knowledgeable about qualifications and practice status of Physician(s) in their area.	4.4 Public better protected from illegal and incompetent dental practitioners.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CPSO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CPSO PR program includes completed and on-going activities in all areas.

4.1.2 Does the CPSO PR program address issues beyond sexual abuse?

The CPSO PR program to date has officially focused on sexual abuse. Sexual abuse was recognized by the College as a very serious issue and mounted an aggressive campaign to deal with it. The College also recognizes the broader aspect of Physician-patient relations and has undertaken a comprehensive training program for Committee members and staff, and training programs and courses for Physicians.

4.1.3 To what extent do the CPSO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CPSO has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available.

2. The CPSO has staff available to respond to all public, patient and member inquiries, including potential boundary violations, and provides extensive training to prepare them for this role.

3. Patient rights and responsibilities are not addressed in the brochure designed to inform the public and in the "Patient Rights" information on the College website. The CPSO INFO section of the College website does contain a number of relevant titles, such as Complaints against MDs, Discipline, Obtaining Consent, How to Change MDs, Code of Ethics, etc.

4. Both professional and human relations skills and knowledge development opportunities exist for CPSO members. The certifying bodies for Physicians and Surgeons in Canada, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, have mandatory educational requirements for their members. The CPSO seeks certification of its courses, workshops and other educational activities with these bodies, and uses this in its promotion to Physicians and Surgeons. The CPSO also presents four Council Awards each year to Ontario Physicians whose performance has been outstanding in each of the eight "Physician roles" identified by "Educating Future Physicians of Ontario" in 1993. Excellent professional and human relations knowledge and skills are central to being successful in each of these roles, and is rewarded by the CPSO.

5. Information on appropriate professional behaviour is readily available to members in the Guidelines and in the College's Policy Statements. These are published in the Members' Dialogue and are available on the Colleges website. In addition, individual training programs, workshops and seminars are available on an ongoing basis.

6. Training material for students and members was developed specifically for CPSO members.

7. Much of the training and other material we reviewed does not directly address the issue of encouraging participation in "treatment decision-making" in a manner *desired by the patient.* However, a May 1999 article by Corinne Berinstein, Coordinator, Clinical Quality Improvement says, "One can not predict ..... therefore the Physician needs to assess every patient individually to determine what role he or she prefers. Remember, a preference for information is not necessarily a wish for decision-making."

8. None of the CPSO material on PR that we reviewed directly conveys the notion that all touch has the potential to be problematic.

9. The CPSO actively monitors issues and assesses both the need for new training opportunities and the effectiveness of current programs.

10. The CPSO rewards participation in continuing education as indicated in number 4 above.

11. The CPSO is taking an exemplary approach to orienting and training College staff, Councillors and Committee members.

12. The CPSO does not have a Patient Relations Program plan with clearly documented target dates and other performance criteria.

13. The CPSO actively evaluates its activities. However, it does not have an evaluation plan that encompasses all its PR activities.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CPSO has identified sexual abuse a serious issue in the profession, and has mounted an aggressive program to reduce and eliminate sexual abuse of patients by Physicians in Ontario. An examination of the results chain suggests these efforts should logically lead to a reduction in the incidence of sexual abuse.

They have also recognized the broader set of communications issues related to Physician-patient relations and have likewise initiated activities that should logically result in improved relations, and ultimately improved health outcomes.

4.2.2 Efficiency

The CPSO seeks program efficiency in three ways. First they cooperation with other Colleges and the government in sharing information and joint undertakings to address common issues. Second, they consistently review and seek feedback from their activities and use that information to manage the program, resulting in greater cost effectiveness. Setting and monitoring performance standards for the Fund for Therapy and Counseling is an excellent example. Performance standards were set, and are being met. The third area of efficiency is using program information to target activities. Analysis of complaints data revealed that the majority of sexual abuse complaints are associated with Physicians providing psychological services. Program efforts will now be concentrated in this area. This will logically lead to increased cost-effectiveness.

4.2.3 Effectiveness

The CPSO routinely uses post-event questionnaires to gather participant feedback on usefulness, likelihood of having an impact on practice, and suggestions for improvement. In addition, follow-up surveys and practice change evaluations have been used with along with Continuing Education credits to reinforce the learning and determine whether the intervention influenced practice, i.e., with the Medical Record Keeping Course for Physicians.

In the Summer of 2000, the CPSO hired a consulting firm to conduct a public opinion survey of 650 Ontario residents to establish baseline data on awareness of the College among the general population in Ontario, and their views on self-regulation of the medical profession. The same firm also conducted a survey of 250 Ontario Physicians to establish baseline data on their awareness and perceptions of the CPSO. The results of these surveys are being used to plan communication strategies and education campaigns for members and the public, and will be used to monitor change in awareness, knowledge and attitudes over time.

4.2.4 Impact

The CPSO does not have any plans to evaluate the societal level impact of its PR program.

4.2.5 Equity

The CPSO Physician Outreach program delivers sessions to members right across Ontario. The Member's Dialogue is published six times a year and goes to all members, there is a 1-800 number available to everyone in Ontario, and similarly, a very comprehensive website with information about the College, publications, policies, Doctor Search, Discipline Committee findings, etc. is available to anyone with Internet access. A search feature makes finding information relatively easy.

In dealing with complaints, CPSO investigators go to the complainant at home, and the College has a pilot project with one investigator working out of Ottawa instead of Toronto. The expectation is that a local investigator can respond more quickly and will have a better understanding of the local situation.

The CPSO has not investigated the need for special training for members with special needs based on age, gender, cultural background, etc. It has, however, conducted two workshops in Toronto for members working with minority cultures.

5.0 Conclusions

1. The CPSO is meeting the full requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect.

2. Two areas of particular strength in the CPSO PR Program are its needs based program development and its outcomes based approach to management.

3. The Course in Physician-Patient Communication and Interviewing Skills is particularly comprehensive and could serve as a model for other Colleges.

4. We believe there is room to improve the public information component of the program. Most of the Outreach activities were aimed at Physicians. Likewise, there are opportunities for improvement in documenting the PR Program activities and results expectations. We also believe overall program efficiency and effectiveness could be improved with a more systematic approach to monitoring and evaluation.

5. <u>Likelihood of success</u>

- The CPSO actively monitors complaints data, incoming calls, and feedback from member and public contacts to identify issues, and takes appropriate action to deal with the issues.

- The CPSO has identified sexual abuse and broader communications issues related to Physician-patient relations, and has generally implemented appropriate activities to deal with these issues. An area of relative weakness is educating the public.

- Based on an analysis of the results chain constructed for this evaluation, the PR Program activities and desired outcomes and impacts are logically connected and should result in movement toward the desired results. However, the strength of the connection between links in the results chain is likely very variable across the target populations of Physicians, patients and the public. The appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

- The College's disciplinary process is available to provide appropriate sanctions, including revoking that individual's registration and right to practice in Ontario should a member be found guilty of abusing patients, either sexually or in other ways.

6.0 Recommendations

1. That the CPSO PR Committee establish a comprehensive PR program plan that incorporates all the PR activities in the College. This is not to suggest the PR Committee take on the responsibilities of other Committees, but that it provides an overall coordinating role.

2. That the CPSO PR Committee annually confirm a three-year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three-year planning horizon allows time to organize the

required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That the CPSO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CPSO programs.

4. That the CPSO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges, particularly with regard to its public outreach activities and broader impact evaluation.

College of Physiotherapists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Physiotherapists of Ontario were gathered from written information provided by College staff for this evaluation, the College's web page, and from a face-to-face meeting with Rod Hamilton, Director of Policy and Communications on December 8th, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CPO is dedicated to the practice of Physiotherapists in the public interest. The College (previously the Board of Directors of Physiotherapy) has been in existence since December 31, 1993. There are three main components of the College: council, committees (both statutory and non-statutory) and staff. The College mission statement is "to protect the public interest by regulating and continually improving the practice of Physiotherapists. Partnership with the public and the profession is vital to this purpose."

The College undertakes a number of initiatives to protect the public interest. These include the following:

- The development of ethical guidelines and standards of practice.
- Formal and informal partnerships with physiotherapy educators, professional associations, government, the insurance industry, other regulatory bodies and consumers.
- Ongoing monitoring of research activities and policy issues.
- Member education programs to prevent sexual abuse and avoid practices that could lead to complaints.
- Activities to improve the quality of physiotherapy care and help members maintain competence throughout their professional lives.

It carries out its mandate through seven statutory committees, which are the Registration, Quality Management, Patient Relations, Executive, Fitness to Practice, Discipline and Complaints Committees.

2.2 Size and Resources

The College currently regulates 5,510 members. Of these, 905 (16.4%) are male and 4,605 (83.6%) are female.

In fiscal year ended March 31st, 2000, the College had revenue of $2,316,629 of which 95% came from membership fees. Expenditures for the year totaled $2,218,599, leaving an excess of revenue over expenses of $98,030.

There are four in-house employees at the College that do work on PR. These include the Director of Communications and Policy (.2 FTE on Patient Relations), the Communications Coordinator (.33 FTE on PR), the Registration and Practice Associate (.33 FTE on PR), and the Practice Advisor (.6 FTE on PR). The replacement Practice Advisor was recently hired in December, 2000. All other PR related employees have at least three years experience at the College.

The College has approximately seventeen full-time employees including the Registrar, Director of Finance and Administration, the Director of Investigations and Hearings, Policy and Communications, Quality Management Program Manager, and the Practice Advisor. Consultants are retained as necessary.

2.3 Risk of Patient Abuse

From April 1, 1994 to March 31, 2000, the College of Physiotherapists had received a total of fifteen complaints and nineteen mandatory reports relating to sexual abuse of patients, distributed as shown in Table 1.

In the course of treatment, the Physiotherapist has intimate contact with patients that are, at times, embarrassed, fearful and are trying to retain dignity and regain control of their lives. Considering this, and the fact that physical touch is required within the treatment, the level of risk of patient abuse is considered medium for this profession. Professions with very little contact and no past sexual abuse complaints lodged with the College would have a low level of risk. Professions with high levels of intimate contact, combined with a history of abuse complaints, may be considered high risk. In the case of all Colleges, actual risk of professional-patient abuse will depend on individual propensities to cross boundaries.

Table 1. Complaints and Reports of Sexual Abuse by Physiotherapists, 1994 - 2000

Year	1994	1995	1996	1997	1998	1999	2000
Complaints	0	2	3	0	1	3	6
Mandatory Reports	2	1	7	2	0	1	6

3.0 Description of the CPO Patient Relations Program

The first members of the Patient Relations Committee were appointed following the proclamation of RHPA on December 31, 1993. There was a unofficial committee related to PR prior to this proclamation. The PR Committee meets at least three times per year (and usually meets four times per year).

The RHPA stipulates that the College must have a patient relations program that includes measures for preventing or dealing with sexual abuse. From its inception in 1993, the PR Committee of the CPO has adopted a broader mandate: to enhance the relationship between Physiotherapists and patients. The approach adopted includes both members and the public as target audiences but also as partners in developing appropriate educational materials.

At a minimum, all members are made aware and are expected to comply with the provisions of the RHPA and the standards of the College that relate to sexual abuse. The broader educational program designed to enhance the patient practitioner relationship is not mandatory. The Committee adheres to the principles of adult education that adult learners learn best when they identify their own learning needs and choose their preferred style of learning. To facilitate this principle, the College offers educational material in a variety of formats.

In short the following materials and methods form the core elements of the PR program:

- Professional Code of Ethics
- Position Statement on the establishment of personal relationships with clients
- Position Statement on sexual abuse of patients by members
- "Where's My Line?" brochure on professional boundaries produced in conjunction with the College of Massage Therapists and the College of Chiropractors
- Newsletter articles - Ethics scenarios and discussions in every issue
- Undergraduate education to all Ontario University programs related to sensitive practice and ethical decision-making
- Speaking engagements regarding professional and ethical issues
- Maintaining Professional Boundaries video
- Maintaining Professional Boundaries Questionnaire and Workbook
- Maintaining Professional Boundaries Workshops
- Patient Centred Care Guide
- Poster for viewing by patients on differences between a regulated Physiotherapists and an unregulated person providing physiotherapy
- Information Cards with similar messaging to the poster
- "Get to Know Your Physio" Patient Newsletter
- Community events to present information to the public, in partnership with the Ontario Physiotherapy Association

In order to establish a baseline of awareness for the College's public education program, the College included two questions on the Angus Reid Ontario Omnibus Survey in 1999. The survey examined the incidence of physiotherapy use, the awareness of the College and its primary responsibilities.

A Professional Boundaries Survey was conducted by the College at the end of 1997. The goals of the survey were (i) to establish a baseline score for the profession on professional boundaries issues, (ii) to provide respondents with an experience to raise their awareness about professional boundaries issues, and (iii) to establish whether or not educational programs should be directed towards particular audiences. This survey assisted in the development of the Professional Boundaries programs available through the College.

The College also undertook a survey to evaluate the workbook on Maintaining Professional Boundaries in order to further develop the resource.

Also in terms of evaluation efforts, the College conducted an evaluation with patients of Physiotherapists in Ontario. Thirty-five consecutive physiotherapy patients from two private clinics and one hospital based outpatient clinic were asked to complete a survey regarding physiotherapy regulation.

The following Results Chain presents a summary of the CPO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and

intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes.

Patient Relations Program Results Chain – College of Physiotherapists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines			
1.1 Professional Code of Ethics.	1.1 Professional Code of Ethics approved and distributed *(100% of members receive material)*.	1.1, 2, 3, 4a & 5 College staff and members are more aware of the College's Professional Code of Ethics, its position on establishing personal relationships with clients and sexual abuse of patients by members, professional boundaries and ethical issues in their profession.	1.1, 2, 3, 4a & 5 - Health care of patients of Physiotherapists is enhanced. - Patients and potential patients of Physiotherapists are better served and protected against sexual abuse.
1.2 Position statement on the establishment of personal relationships with clients.	1.2 Position statement established and distributed *(100% of members).*		
1.3 Position statement on sexual abuse of patients by members.	1.3 Position statement established and distributed *(100% of members receive materials).*	1.1, 2, 3, 4a & 5 Members incorporate learnings into their practice, thereby maintaining high levels of competence and performance.	
1.4 "Where's My Line?" brochure on professional boundaries (in conjunction with Massage Therapists and Chiropractors).	1.4 "Where's My Line?" brochure produced and distributed *(100% of members receive material).*	1.4b Increased cooperation between colleges.	1.4b Patients and potential patients are better served through increased cooperation of health professionals.
1.5 Newsletter articles discussing ethics scenarios *(in every issue)*.	1.5 Newsletter articles discussing ethics scenarios written in every issue and distributed *(100% of members receive material).*		

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1 Develop materials and mechanisms to educate students seeking entrance to the practice (students studying physiotherapy).	2.1.1 Undergraduate education provided to students in all Ontario University programs related to regulatory responsibilities, sensitive practice and ethical decision-making *(At a minimum, the College strives to conduct one session per school per year).*	2.1.1a Ontario students of physiotherapy have increased awareness of issues related to sensitive practice and ethical decision-making. 2.1.1b. New entrants apply the guidelines in their practice.	2.1.1 - Potential members of the College have increased confidence and competence. - Patient well-being is improved. - Patient image of professional and profession improved.
2.2 Develop materials and training sessions for members.	2.2.1 Speaking engagements regarding professional and ethical issues conducted for members *(Average 15-20 engagements per year with a minimum of 10 members per session - 10% of membership per year).* 2.2.2 Maintaining Professional Boundaries Video produced in November 2000 and announced in December 2000 (*Currently, members can request the video for free. Distribution methods will be amended depending on how successful first round goes).*	2.2.1a Increased knowledge among members regarding professional and ethical issues. 2.2.1b Members incorporate learning into their practice, thereby maintaining high levels of competence and performance. 2.2.2a Participation in the Maintaining Professional Boundaries Workshops increases as the video encourages members to attend. 2.2.2b, 3, & 4 - Increased knowledge among members regarding professional boundaries. - Members incorporate learnings into their practice, thereby maintaining high levels of competence and performance.	2.2.2, 3 & 4 - Reduce or eliminate boundary violations. - Patient well-being is improved. - Patient image of professional and profession improved. - Member self-image and image of profession improved.

Activities	Outputs	Outcomes	Impacts
	2.2.3 Maintaining Professional Boundaries Questionnaire and Workbook produced as a self-learning tool *(Sent to all present and new members on-going. Also used in group sessions with Physiotherapists occasionally).* 2.2.4 Maintaining Professional Boundaries Workshops that teach the skills of identifying boundaries, self-correcting when boundaries are crossed and maintaining one's own boundary when dealing with challenging patients *(A minimum of 4 full day workshops per year, and more if requested. Done across Ontario).*		
	2.2.5 Patient Centred Care Guide and a pull-out Patient Centred Interview produced for use by members. The guide outlines 7 elements of patient-centred care with case vignettes *(Sent to all members and new members).*	2.2.5 - Increased knowledge among members regarding patient centred care. - Members incorporate learnings into their practice, thereby maintaining high levels of competence and performance.	2.2.5 - Patient well-being is improved. - Patient image of professional and profession improved. - Member self-image and image of profession improved.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council			
3.1. Training sessions and materials for staff and council members regarding patient relations.	3.1.1 Initial Patient Relations training for staff and council members provided in 1994/95 *(all PR related staff and all council members covered).* 3.1.2 Additional Patient Relations training for staff and council members planned for in 2001 *(all PR related staff and all council members covered).* 3.1.3 Staff training sessions on PR related topics *(at least once per year with all staff).* 3.1.4 Education sessions regarding PR provided to Council members at meetings *(at least 2 meetings per year will have educational sessions for all council members).* 3.1.5 On-going orientation materials, including PR related issues, provided to council members when newly appointed.	3.1.1, 2 - Increased PR staff knowledge of issues and expectations around patient relations. - increased PR staff capacity to respond to member questions and concerns. - Improved consistency in responding to questions and complaints. - Improved PR programs due to increased staff knowledge. 3.1.3 - Increased staff knowledge and sensitivity about how to deal with complaints and treat victims of abuse. 3.1.4, 5 Increased councillor's awareness of issues and better handling of cases.	3.1.1, 2, 3, 4 & 5 - Better outcomes for patient concerns. -Improved patient satisfaction with health care providers and staff and council of CPO. - Member's image of CPO is improved.

Activities	Outputs	Outcomes	Impacts
4. Inform the Public			
4.1 Develop and distribute poster.	4.1 Poster focusing on the messaging regarding the difference between a regulated Physiotherapist and an unregulated person providing physiotherapy *(Distributed to all requesting members to hang in office for patient viewing)*	4.1 & 2 Increased awareness among patients and general public regarding the difference between a regulated Physiotherapist and an unregulated person providing physiotherapy.	4.1, 2, 3, 4 & 5a - Public receives improved health care as a result of increased knowledge of patient relations. - To encourage the ability of patients to make informed decisions about their choice of health care provider (i.e. the implications of not seeing a regulated provider of physiotherapy.)
4.2 Develop and distribute to all members Information Cards.	4.2 Information cards, with same messaging as the poster, as well as information on "What to Expect from Your Physiotherapist" and "Your Role" *(Distributed to all members to distribute to their patients. Members can request more at no charge)*.		
4.3 Distribute the "Get to Know Your Physio" Patient Newsletter.	4.3 A "*Get to Know Physio*" newsletter that educates the public on issues related to their physiotherapy care, what to expect from their Physiotherapists and how to optimize their working relationship *(Produced biannually and available to members to leave in office for patient viewing).*	4.3. & 4.4a Patients have increased knowledge regarding what to expect from physiotherapy, and their role as patients.	

Activities	Outputs	Outcomes	Impacts
4.4 Conduct Community Events	4.4 Where appropriate the College partners with the Ontario Physiotherapy Association to present information to the pubic at community events.	4.4b Increased awareness of collaboration opportunities by other Colleges and the Federation.	4.4 United approaches among Colleges would simplify communications process, increase public understanding, encourage further cooperation among Colleges, and make more resources available for other priority issues.
4.5 Website	4.5 A website is currently operating which provides general information regarding the College, including the PR program, ethical decision-making, maintaining professional boundaries and upcoming workshops. It includes all codes, standards, position statements, regulations, discipline reports from the College.	4.5 - Increased access of PR materials for members. - Increased access of College and PR materials for patients and the general public. *(The target is to provide the public with an easy to understand explanation of the College and PR program, as well as to provide equal access to all College materials available to members. In other words, equity is a target.)* - Increased use of CPO services by the public.	4.5b Increased equity in terms of access to College and PR materials for patients and the public.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do the College's PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CPO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the College PR program address issues beyond sexual abuse?

From its inception in 1993, the Patient Relations Committee has adopted a broader mandate than the one set out by the RHPA. The College's mandate is to enhance the relationship between Physiotherapists and patients. Members are made aware of, and are expected to comply with the provisions of the RHPA and the standards of the College that relate to sexual abuse. The broader educational program designed to enhance the patient practitioner relationship is not mandatory.

4.1.3 To what extent do the College's patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

21. The College has taken a proactive approach to informing new and current members, council members and staff of the requirements under the RHPA regarding prevention of sexual abuse and to providing related training materials and opportunities. The College has an excellent website resource which provides equal access to information for patients, the public and to members regarding the College and, specifically, the Patient Relations Program.

22. The College has staff available to respond to all public, patient and member inquiries, including potential boundary violations. Specific training related to Patient Relations are planned for 2001.

23. The College provides information to patients regarding their rights and responsibilities. This is in the form of a pamphlet distributed to members for distribution to the public entitled "Setting the Standard for Quality Physiotherapy". This brochure provides information on what the patient can expect from a registered Physiotherapist. It was distributed in 1998/99 to all members and additional copies are available on request (4,000 additional pamphlets were requested). Information on patient rights is also posted on the website.

24. Both professional and human relations skills and knowledge development opportunities exist for Physiotherapists. While maintaining professional competence is the responsibility of each member, the College has been proactive in ensuring that all new entrants receive training related to requirements of the RHPA, 1991. This is ensured through (i) undergraduate education provided to all physiotherapy schools in Ontario (ii) Maintaining Professional Boundaries Workshops, Questionnaire and Workbook and Video, and (iii) speaking engagements on ethical and professional issues. The College is investigating the use of the self-assessment tool relating to boundaries during group sessions with Physiotherapists in the future.

    A new initiative is planned beginning in 2001 to provide information on, among others, issues related to professional and human relations skills. These educational opportunities will be presented at the Annual General Meeting every year, followed by similar sessions at least two or three times per year.

25. Information on appropriate professional behaviour is readily available to members through the workshops, questionnaire, workbook, video and the website.

26. Training material for students and members was developed specifically for Physiotherapists.
27. The College is currently developing training materials that encourage participation in treatment decision-making in a manner desired by the patient. Specifically, the College is developing a comprehensive Patient Centred Care Guide that outlines seven elements of patient-centred care with case vignettes. The guide also contains a pull out Patient Centred Interview for use by members. This will be available in Spring 2001.

28. The PR material of the College emphasizes that all touch may be problematic. The Position Statement on Sexual Misconduct states that it is the onus of the Physiotherapist to respect appropriate physical boundaries and practice in a manner which establishes and preserves client trust. As well, Physiotherapists are taught to recognize that some people will have a history of physical or sexual abuse that will increase their sensitivity to and interpretation of touch.

    The “Where’s My Line” resource provided to all members discusses the often complex issue of touch. It states that when a client who is in a vulnerable state is touched in a caring way by a health-care professional, the touch may provoke inappropriate or childlike behaviour on the part of the client. In other words, touch itself can intensify the power imbalances that are built into the professional, health-care relationship.

29. The College has plans to review its PR materials regularly, to continue its involvement in the new entrants program, to actively promote continuing education, and to monitor educational needs of members.

30. College members are encouraged to participate in continuing education. Members must provide a learning log to the College each year. If this is not submitted, the chances that the member may be subject to a peer assessment of their practice increases. This provides ample incentive for members to participate in continuing education programs.

31. The CPO has taken a systematic approach to orienting and training College staff and council members. Training sessions related specifically to Patient Relations were conducted for all PR related staff and all council members in 1994/5. Plans are in place to conduct similar training again in 2001.

    All staff are provided general training, including patient relations training, at least once per year. Education sessions regarding PR are provided to Council members during at least two meetings per year. Orientation materials are provided to new members on an on-going basis.

32. The CPO PR Committee identifies PR activities to be undertaken on an annual basis, and states their intentions in a general manner.

33. The CPO does not have an evaluation plan for its PR program. However, target levels of awareness and knowledge on the part of members, staff, Committee members and the public have been identified.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

Currently, the main area of concern for the College is the public education campaign. The College hopes to explore a partnership with the Ministry of Health and Long Term Care or other health colleges to enable them to provide the appropriate volume of information to the public.

The second area of concern is the level of knowledge of jurisprudence issues among members. The College wants to prevent their members from unconsciously making mistakes by providing information on their rights and responsibilities in terms of the regulations. The Quality Management and Registration committees are taking the lead in this area.

At this point the College does not have any concrete way by which to know whether their PR program is being successful and evaluation work is currently being done in a piecemeal fashion. The College has identified this as a problem, and the PR Committee will address this issue in 2001 and 2002.

4.2.2 Efficiency

The College has made significant efforts toward collaboration with other Colleges. The pamphlet, “Where’s My Line?” was developed jointly with the Colleges of the Chiropractors and Massage Therapists. This pamphlet is a documented incidence of collaborative success, and is being used across the province and across Canada as well.

To ensure efficient delivery of the PR program, PR materials are sent to members using already established delivery systems (such as sending PR materials with the newsletter distribution). The College also using the quarterly council meetings as educational opportunities relating to PR.

Efficiencies were made in terms of the boundaries video produced by the College, which serves dual purposes of promotion as well as education.

The College is committed to maximizing their staff expertise in the development of the PR program. They believe this is more efficient compared to the hiring of consultants.

4.2.3 Effectiveness

The College conducts post workshop surveys; the results of which have suggested that members felt they would apply their learning in their practice. Anecdotal evidence reported by staff advisors suggests that members are finding the guidelines and other materials useful in their practice. Furthermore, members are provided with workbooks relating to boundaries. Members find these useful, as evidenced by the fact that over 50% of members's workbooks are completed.

The current evaluation processes within the College are not able to show behaviour change among members, staff or council due to the PR program.

4.2.4 Impact

The College currently has no plans to determine whether or not the PR Program has had an impact at the societal level. They are awaiting a combined effort led by the government.

4.2.5 Equity

All members have equal access to the PR program materials through traveling workshops and an excellent website. Requests for translation of PR materials are granted on an as-needed basis. The College has not identified a need for culturally appropriate training to members. That said, the boundaries workbook does address this issue through scenarios and questions.

5.0 Conclusions

1. The CPO is meeting the PR requirements and intent of the RHPA, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas except providing information to the public.

2. An area of strength in the College's approach is its broad mandate of to enhance the relationship between Physiotherapist and patient.

3. Another area of strength is the inclusion of members and public input in the development of PR materials. The approach adopted by the PR committee includes both members and the public as target audiences, but also as partners in developing appropriate educational materials.

4. A further strength is in the area of public education. Several mechanism exist, but the web page, in particular, is excellent. It is geared both to the membership and to the public at large. Much thought was put into the development of a page that would be both easily understood for a casual visitor (i.e. public), as well as a valuable resource for the public and patients. All information available to the membership is also available to the public, including policy statements, regulations, the code of ethics, discipline reports, etc.

5. The College should be commended for their initiatives regarding patient centred care. The goal of developing training materials that encourage participation in treatment decision-making in a manner *desired by the patient* is taken seriously. The Patient Centred Care Guide will be available in Spring 2001.

6. There appears to be an opportunity for improvement of the CPO PR program in terms of documented planning for activities under and by the PR Committee. The plans and reports provided by the College are not as specific as may be desired. The College is encouraged to utilize the results chain for documenting more detailed program activity plans, expected outputs, outcomes, and related targets.

7. A further opportunity for improvement is in the area of staff training. It may be desirable for all staff, not just PR related staff, to participate in training specifically related to patient relations. As well, more formalized plans should be made to conduct PR specific training on a regular basis (i.e. once every year or two).

8. <u>Likelihood of success</u>

   - Analysis of the results chain shows that the activities of the PR program should logically lead to a reduction in abuse, along with other desired outcomes and impacts.

   - The broader mandate of the PR program appears to increase the probability that patients and potential patients will be well served and protected. The College has focused on maintaining professional boundaries with the understanding that boundary violations often precede sexual abuse.

   - In the event that best efforts fail to prevent an Physiotherapist from abusing patients, and particularly serious sexual abuse, the College's disciplinary process is available to revoke that individual's registration and right to practice in Ontario.

6.0 Recommendations

1. That the PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

2. That training sessions specifically related to patient relations be provided on a systematic and regular basis to all staff and council members.

3. That the College establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

4. That the College continue to seek efficiencies through participation in the Federation and cooperation with other health professional colleges.

College of Psychologists of Ontario

1.0 Introduction

Patient Relations (PR) involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the College and PR program description for the College of Psychologists and the PR program results chain were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and a face-to-face meeting with Dr. Rick Morris, Deputy Registrar/ Director, Professional Affairs, and Dr. Sandy Wiseman, professional member of the College's Patient Relations Committee, on December 14, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The College of Psychologists of Ontario (CPO), established under the RHPA, is the continuation of the Ontario Board of Examiners in Psychology that was established in 1960. It is the governing body for Psychologists and Psychological Associates in Ontario.

The structure of the College reflects its varied roles in fulfilling its public protection mandate. Through its committees, the College carries out its various responsibilities. These include:

- Setting requirements for entry to practice, and administering the oral and written registration examinations;
- Registering qualified Psychologists and Psychological Associates;
- Setting and monitoring practice standards and ethical behaviour of the profession;
- Administering the Quality Assurance program and ensuring continued competence of the profession;
- Providing educational materials and information to the public and the profession regarding the practice of psychology;
- Investigating complaints and addressing concerns about the quality of service delivered that have not been resolved satisfactorily between the practitioner and the member of the public.

(Source: CPO Website, November 2000)

The CPO Council is made up of nine elected professional members and six appointed public members.

It carries out its mandate through seven committees: Executive, Complaints, Discipline, Fitness to Practice, Client Relations, Quality Assurance, and Registration. (Note, the CPO uses the term client relations rather than patient relations.)

2.2 Size and Resources

As of December 2000 there were approximately 1917 Psychologists registered for autonomous practice with the College, plus 121 Psychologists under supervised practice. There were also 345 Psychological Associates registered for autonomous practice, plus 43 under supervised practice. Approximately 54% of Psychologists and 79% of Psychological Associates are female.

In fiscal year ended May 31, 2000, the CPO reported revenues of $1,737,922, of which 90% came from membership fees. The remainder came from application fees, examination administration, publication sales and other sundry items. Expenses for the year totaled $1,626,090, leaving an excess of revenue over expenses of $117,832. Net assets were $881,993.

The CPO segregates expenditures on a Committee basis, with Client Relations reported as part of a larger reporting line entitled Communication/Education/Training. It also takes the position that most of what the College does, with the possible exception of the Registration and the actual Discipline Hearing process, relates to professional-patient relations. On this basis, the following is a list of the Client Relations (CR) related budget items for fiscal year 2000-2001.

- Communication/Education/Training $79,900
- Funding for Therapy and Counseling $12,000
- Quality Assurance $28,700
- Investigations and Resolutions $55,100
- Liaison (Professional Organizations) $24,500

These include such things as committee meetings and training, publication and mailing, presentations and web page development. Staff salaries and related administrative costs and general office overhead are not included.

The CPO has thirteen full-time employees supporting the Committees and carrying out the operations of the College.

The Client Relations Committee has six members, two elected members of Council, two professional members who are not on Council, and two government appointed public members. If the broadest interpretation of CR is used, rather than just prevention of sexual abuse, the total FTE support for PR is estimated at eight. Of this, the Deputy Registrar devotes about three quarters of his time to CR, and other staff another half a FTE.

2.3 Risk of Patient Abuse

CPO members provide one-on-one, individual assessments and therapy, usually privately. While there is usually little physical contact, treatment can extend over a long period of time, and there may be a significant power imbalance due to the nature of psychological therapy. This creates a high circumstantial risk for abuse or boundary violation. Other types of therapy involving more than one client, such as marital counseling and group therapy will have lower circumstantial risk. This is not to suggest that patients are at a high risk of abuse, since total risk is ultimately determined by the behaviour of both the professional and the client in each situation. There is a high responsibility on the professional to maintain appropriate boundaries, and this obligation is explicitly stated in the standards of professional conduct and the code of ethics of the profession.

Table 1 shows the number of complaints against members received by the CPO, by type and year, from 1994/95 to 1999/00. Please note that these are the number of complaints received, and not the number of members against whom complaints have been filed. The actions of an individual member can generate a number of complaints. This is particularly true in the boundary violation and sexual misconduct categories.

Table 1. Number of Complaints Received by CPO, by Type and Year

Type	1994/95	1995/96	1996/97	1997/98	1998/99	1999/2000
Total complaints received	87	80	63	53	35	52
Assessments/General Provision of Services	64	63	50	43	26	31
Business Practices	4	5	4	3	1	4
Conduct in Professional Relations	10	3	5	4	4	9
Boundary Violations/Conflict of Interest	9	9	4	3	4	8
Complaints alleging sexual misconduct (included in previous row numbers)	3	6	2	1	2	5

3.0 Description of the CPO Client Relations Program

"The role of the Client Relations (CR) Committee is to enhance relations between members of the College of Psychologists and the public. In fulfilling its mandate, the Committee is concerned with client best interests, professional and public education, and issues which may arise in the relationships between members and their clients." (The Bulletin, vol 23:2 p5 - 1996). Recognizing the evolution of the Client Relations program beyond prevention and dealing with sexual abuse, the Client Relations Committee has been given responsibility for development and review of all standards relating to professional behaviour (Client Relations Committee Report to Council, May 28 and 29, 1999).

The CPO sexual abuse prevention plan adopted in March 1994 and revised in October, 1994 reiterated the College's longstanding philosophy of zero tolerance. It presented status and recommendations under the following headings: Evaluation of Present Practices, Guidelines for Professional Behaviour, Professional Education Program, Council and Staff Education, Public Education, and Recommendations for Change to Relevant Legislation. This plan was formally reviewed and revised in 1996.

Under the CPOs Quality Assurance program, members are required to complete a self-assessment guide and develop a personalized learning plan based on assessed needs. Members must sign and return a "Declaration of Completion" relating to their learning plan, biannually with submission of their membership fees. CPO is in the process of developing a Mandatory Continuing Education program. (Harry Cummings and Associates, Final Report on the Evaluation of the Quality Assurance Programs of the Ontario Colleges of Health, July 21, 2000.)

The following results chain presents a summary of the CPO Client Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts related to these activities. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes. The ultimate impact objective is improving the welfare of CPO member's patients, with a target of zero abuse of patients by CPO members.

Note: Inputs for carrying out the CR activities are not segregated, and thus not included in the results chain. Additionally, there is the issue of how to define the CR program. In the narrow sense of prevention of sexual abuse, CPO devotes less than one FTE to the CR activities. In the broader sense of all activities that relate to any aspect of client - member relations, this number jumps to approximately eight FTEs.

Patient Relations Program Results Chain – College of Psychologists of Ontario

Logic and Targets: Inputs are described in the text above. *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop integrated framework of standards and guidelines			
1.1 Review existing standards and practices within the context of RHPA.. *(Review/revise all 10 standards by Sept 2002).* Note: Responsibility for all professional behaviour standards assigned to CR Committee in 1999.	1.1.1 Ontario Regulation 801/93 reconfirmed Zero Tolerance Policy established in 1965. 1.1.2 Identified relevant standards in the "Standards of Professional Conduct", and "Canadian Code of Ethics for Psychologists, 1991." 1.1.3 Two new Standards relating to post-termination relationships and exploitation of the power relationship with clients *(Approved October 1993)*. 1.1.4 Sexual Harassment Standard approved and published *(1999).* 1.1.5 CPO adopted CPA Code of Ethics *(1995)*.	1.1.1 CPO staff, committee members and other members involved in the review process are more aware of issues, standards and guidelines relating to professional relationships. 1.1.2 Importance of the CPO addressing the issue of maintaining appropriate boundaries with members reinforced.	1.1 - Member's clients and potential clients are better served and protected. - The status of Psychology as a profession is enhanced.
1.2 Practice Advisory.	1.2.1 Members have access to support on questions relating to all aspects of practice.	1.2.1 Staff recognize and deal with emerging issues. 1.2.2 Staff accumulate and utilize an inventory of information.	1.2 Capacity of CPO to serve members is increased.

Activities	Outputs	Outcomes	Impacts
2. Professional Education		.	
2.1 Presentations.	2.1.1 OPA Annual Conference: 1997 QA & CR Programs of the CPO: How will they affect my Clients and Me: 1998 Boundaries: How do you draw the line? 1998 When Boundaries are Crossed: A Client's Perspective. 1999 Must Birds of a Feather Flock Together: Issues and Challenges in Cross-Cultural Practice. 2000 Special Issues – Power Imbalances..., Issues from an Immigrant and Refugee Perspective. *(2001 Treatment of Victims of Sexual Abuse)*. 2.1.2 Barbara Wand Seminar in Professional Ethics, Standards and Conduct *(Annual prior to OPA Conference, since 1992)*. 2.1.3 Regional Presentations:	2.1, 2.2 - Create and increase member's awareness of their responsibilities under the RHPA. - Members become aware of Practice Advisory and access the service. - Increase member's knowledge of and ability to deal with client relations issues. - Member's behaviour more likely to conform to standards.	2.1, 2.2 - Patient well-being is improved - Member's image of profession is improved. - Patient's image of professional and profession is improved.
2.2 Publish articles and information leaflets.	2.2.1 Articles published in The Bulletin *(1996 - 3, 1997 - 2, 1998 - 1, 1999 - 4, 2000 - 0)*. 2.2.2 Articles and leaflets, etc. posted to the College website.		
2.3 Provide information to individuals issued with certificates for supervised practice and their supervisors.	2.3.1 Standards of Professional Conduct, guidelines, and other relevant material delivered to new members *(Ongoing)*.	2.3 -Increase new member's awareness and knowledge of issues and responsibilities relating to Patient Relations. - Increase likelihood of new members having the knowledge and skills to prevent and deal with abuse early on in their career.	2.3 -New members have greater confidence. - Patients/public have a positive image of new members .

Activities	Outputs	Outcomes	Impacts
3. Education of College Council and Staff			
3.1 Annual orientation and refresher for Staff, Council and Committee members.	3.1.1 Publications and articles distributed to all Staff, Council and Committee members.*(Annual and ongoing)* 3.1.2 Presentations to new Council and Committee members. *(Annual)*	3.1 Create awareness of the RHPA provisions on sexual abuse, CPO philosophy and publications and articles relating to sexual abuse in new Staff, Council & Committee members and reinforce with continuing members.	3.1, 3.2 - Improved ability of the CPO to protect the public and to detect and respond to emerging issues. - Enhanced public confidence in the CPO.
3.2 Attendance at workshops, conferences and training sessions.	3.2.1 Client Relations Working Party and Acting Registrar attend three survivor consultation meetings *(1993)*. 3.2.2 College Investigators, Committee members and Registrar attend International Conference on Sexual Exploitation by Health Professionals.	3.2 Staff develop knowledge, skills and values to interact appropriately with complainants of sexual abuse.	

Activities	Outputs	Outcomes	Impacts
4. Public Education 4.1 Publish and distribute brochure(s). 4.2 Post relevant information on the CPO website *(Ongoing)*.	4.1.1 " Psychologist? Psychological Associate? Who Provides The Psychological Services You Depend On?" *(1997, English & French, available in member's offices and from CPO)* 4.1.2 "What is the College of Psychologists of Ontario?" *(1997, English & French, available in member's offices and from CPO)*. 4.2.1 Regulations, Standards and Guidelines on website. 4.2.2 CPO brochures on website. 4.2.3 Newsletter available on website.	4.1, 4.2 - Increased access of CRmaterials by the general public and patients. -Increased public awareness of the role of the CPO and how to access its services. - Increased use of CPO services by the public.	4.1, 4.2 - Improved public image of the CPO. -Increased sense of equity.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CPO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CPO PR program includes completed and on-going activities within each of the four areas.

4.1.2 Does the CPO PR program address issues beyond sexual abuse?

The CPO PR program includes a broad range of issues pertaining to client-professional relationships, i.e., boundaries from the professional's and client's perspectives, cross-cultural issues, and treatment of victims of sexual abuse. A potential issue area is the impact of electronic media and tele-health on relationships with clients i.e., service offered over the internet or the telephone. This is the subject of the upcoming Barbara Wand Seminar in Professional Ethics, Standards and Conduct to be held in February 2001.

4.1.3 To what extent do the CPO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CPO has taken a proactive approach to developing educational materials for members, patients and the public, and to making it available.

2. The CPO has staff available to respond to all public, patient and member inquiries, including potential boundary violations.

3. Patient rights and responsibilities are not clearly spelled out in the two brochures designed to inform the public.

4. Both professional and human relations skills and knowledge development opportunities exist for CPO members. The expectation is that members will self-identify and address their learning needs. The CPO has been proactive in seeking member feed-back and initiating programs to meet members' needs. A Mandatory Continuing Education Program regarding ethics, jurisprudence and related standards of professional conduct is in development.

5. Information on appropriate professional behaviour is readily available to members in materials given to them when they begin the initial registration process, and distributed in the

newsletter. It is also available to members, patients and the public on the CPO website, and by request directly from the College.

6. Training material for students and members was developed specifically for CPO members.

7. It is not entirely clear whether the training and other material reviewed by the consultants directly encouraged participation in "treatment decision-making" in a manner *desired by the patient.* It addressed the issues of who controls consent, informed consent, and being sensitive to the needs and treatment goals of the patient. However, determination of "to what extent does the patient want to be involved" is not apparent.

8. The CPO newsletter article, "Professional Boundaries in Health-Care Relationships" clearly identifies the risks associated with physical contact. It also presents a list of twelve questions to consider in examining potential boundary issues, and twelve suggestions to help prevent boundary violations and avoid complaints of sexual abuse.

9. Assessment of members' learning needs and development of new workshops, presentations and articles is an ongoing process.

10. Members are required, as a condition of registration, to complete a self assessment and document their continuing education activities. Monitoring of this is conducted as part of the random selection of members for participation in an on-site peer assisted review. Additional mandatory education requirements are being developed as noted in point 4. above.

11. The CPO has taken a systematic approach to orienting and training College staff, Councillors and Committee members. Training sessions are held annually, new articles and publications are distributed when produced, and staff are encouraged to attend relevant workshops and conferences regularly.

12. CR as a program is not clearly defined in the CPO. The last documented plan was entitled, "Sexual Abuse Prevention Plan Update and Status Report, October 1996". The CR Committee report in the Bulletin, Vol. 26:2, December 1999 states that the Committee will be reviewing the CPO Standards of Professional Conduct. There is no current plan with documented target dates and other performance criteria.

13. The CPO does not have an evaluation plan for its CR activities.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CPO recognizes Therapist-client relations as an issue in the broadest sense, and has undertaken a comprehensive set of activities to address the issue. Complaints data confirm that CR is a much broader issue than just preventing or dealing with sexual abuse.

Analysis of the CR program results chain shows the activities undertaken and planned should logically lead to a reduction in the potential for patient abuse, including sexual abuse, along with other desired outcomes and impacts.

4.2.2 Efficiency

The CPO seeks efficiency by working closely with the Federation, and by sharing material with other Colleges. The CPO feels greater efficiencies could be achieved with greater sharing of work plans and work sharing where feasible. The CR Committee identified development of brochures appropriate to the multicultural public as one such opportunity. Internally, all staff are made aware of PR issues and protocols, and are able to handle incoming calls, or direct them to the appropriate staff person. This results in greater overall efficiency in administering the College.

As there was no CR plan with documented targets, no comment can be made on efficiency in meeting targets.

4.2.3 Effectiveness

No formal evaluation of the CR program effectiveness has been conducted. However, feedback from the PricewaterhouseCoopers 1999 survey of members indicated a high level of member awareness of CR material sent out by the College. The large number of calls from members related to interpretation of standards indicate that awareness is translating into practice. The number of calls from the public has also been increasing, indicating at least that information on how to contact the College is getting to the public.

4.2.4 Impact

The CPO has no plans to measure the societal level impact of their PR program.

4.2.5 Equity

The CPO newsletter is sent to all members. Upon request the College provides workshops for students at their educational institution, and the College delivers presentations regionally around the Province. It has a 1-800 number and a comprehensive website, and makes official documents available in both English and French. It also recognizes special needs of individual members and accommodates them during the registration process and at other occasions as necessary, i.e., wheelchair accessability and sign language interpreters.

While presentations are delivered regionally, they are mostly reactive, and are not systematically planned. A standing offer exists and is reinforced, but delivery depends on receiving an invitation from a regional group.

There has been no formal assessment of the need for specialized training for members with special needs. However, the CPO is exploring the question of whether quality of practice is

associated with rural versus urban and single practitioner versus clinic or multiple practitioner settings.

Likewise, there has been no formal needs assessment to identify culturally specific education and training needs for members working with patients in minority cultures, but the CPO is aware of the issue and delivered relevant sessions at the OPA conference in 1999 and 2000.

5.0 Conclusions

1. The CPO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

2. Key areas of strength in the CPO approach are its use of previously existing standards and processes to meet the requirements of the RHPA, its information sharing approach, and its interest in identifying niche areas for making original contributions. The article by Jack Ferrari, Chair, Client Relations Committee in the December, 1999 Bulletin, on "The Professional Relationship" is one example of such a contribution.

3. The CPO has a lot of activities going on related to CR, but no overall plan that brings it all together. The new and expanded mandate of the CR Committee to take on the role of Standards Review Committee presents an opportunity for the Committee to take a step back and establish an overarching, longer term plan that includes both its new and previously existing areas of responsibility.

4. <u>Likelihood of success</u>

   - The CPO actively monitors complaints and information from its Practice Advisory, its Committees and other Colleges for indications of issues in patient relations, and takes appropriate action to prevent and deal with the issues.

   - The CPO has recognized the importance of educating patients and the public as well as registrants.

   - The CPO has identified desired outcomes and impacts from its CR activities as part of this evaluation, and the connection between the actions and desired results is plausible. However, the strength of the connection between links in the results chain is likely very variable across the target populations of Psychologists and Psychological Associates, patients and the public. The appropriate level of activity required is thus unknown. Monitoring and evaluation will be necessary to inform decisions about appropriate levels of effort and mix of activities for achieving the desired outcomes and impacts.

   - The College's disciplinary process is available to provide appropriate sanctions, including revoking an individual's registration and right to practice in Ontario should a member be found guilty of abusing patients, either sexually or in other ways.

6.0 Recommendations

1. That the CPO CR Committee establish a comprehensive CR program plan that incorporates all the CR activities in the College, prior to undertaking any large projects that absorb all its energy.

2. That the CPO CR Committee annually confirm a three year plan, subject to Council funding, with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. A three year planning horizon allows time to organize the required resources and annual confirmation provides the flexibility to respond to changing priorities.

3. That the CPO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CPO programs.

4. That the CPO continue to seek efficiencies through participation in the Federation and cooperation with other regulated health professional colleges.

The College of Respiratory Therapists of Ontario

1.0 Introduction

Patient Relations involves health professionals communicating with their patients on all aspects of care. It includes, but is not limited to, the mandated requirements of the RHPA with respect to sexual abuse.

Data to construct the PR program description for the College of Respiratory Therapists of Ontario (CRTO) were gathered from previous evaluation reports, from written information provided by College staff for this evaluation, and from a face-to-face meeting with Glen Randall and Margaret Carter on December 21, 2000.

2.0 Description of the College

2.1 Origin, Structure and Mission

The CRTO was established in 1993 to regulate the practice of Respiratory Therapy in the public interest. The Council is made up of eight elected professional member positions and six appointed public members.

"The College of Respiratory Therapists of Ontario, through its administration of the Regulated Health Professions Act is dedicated to ensuring that respiratory services provided to the public by its registrants are delivered in a safe and ethical manner. " (Annual Report, 1999-2000, inside front cover)

It carries out its mandate through six committees: Executive Committee, Complaints Committee, Discipline & Fitness to Practice Committee, Quality Assurance Committee, Registration Committee, Patient Relations Committee.

2.2 Size and Resources

The College currently regulates approximately 1,816 members. Of these members, approximately 35% are male and 65% female.

In fiscal year ended February 29, 2000, the College had revenue of $1,122,645 of which 81% was from registration and penalty fees and the balance coming from investments, application fees and evaluation fees. Expenditures for the year totaled $956,051 leaving an excess of revenue over expenses of $166,594.

The Annual Report (1999-2000) does not show budgets by Committee.

The College has approximately five employees.

2.3 Risk of Patient Abuse

From January 1994 to November, 2000 CRTO had received no complaints relating to sexual abuse of patients.

The CRTO received complaints with respect to a variety of issues related to treatment provided or not provided, administrative procedures, and other issues in the same time period.

3.0 Description of the CRTO Patient Relations Program

The Patient Relations program is managed by the Patient Relations Committee (PRC) of the College of Respiratory Therapists. The PRC was established in 1994 and from the beginning dealt with PR in the broad meaning of the term. This broad understanding is clearly indicated in the "Patient Relations Program Framework", approved in July 1996. The PR Committee is responsible for the College's Patient Relations, Sexual Abuse Prevention and French Language Services Program. The Committee has a strong focus on professional practice guidelines. Work was done on sexual abuse prevention, education for members, guidelines for the conduct of members with their patients, training for College staff and the provision of information to the public. The Sexual Abuse Prevention Plan which was approved in 1996, initially focused solely on sexual abuse issues. It coordinated the development of the required sexual abuse prevention plan and guidelines and standards related to this issue. More recently the mandate has broadened to include communications with the public. We note the this College has a very low risk of abuse by its members.

Following are the specific elements of the CRTO's PR program:

- The Sexual Abuse Prevention Plan (1996) has been approved and is in place. It covers all elements of sexual abuse prevention including philosophy, educational requirements, guidelines for members and requirements of the College. A parallel policy statement on Sexual Abuse of Patients/Clients has been prepared and distributed. It encourages reporting of any sexual abuse cases and outlines a policy of zero tolerance.

- Educational requirements for members include: participation in the Quality Assurance Program including the development of a professional portfolio, establishment of learning goals, and identification of learning activities linked to needs. The overall goal of the QA program is to ensure that members adhere to standards of practice and the code of ethics.

- Related to the education of members, is a set of educational materials provided to members in a variety of ways. The newsletter contains a regular section on patient relations. Much of the material members need is available on the website. The CRTO has provided print brochures/pamphlets to members on the following items: sexual abuse prevention, French language services, standards of practice, code of professional conduct, skill development, audit requirements related to the QA program, registrant's responsibilities to the Public, a variety of practice guidelines (eleven in all, and seven under development, lead role for PRC), various newsletter items, registrant education on legislation and the workplace, the complaints process and other information. PRC's recent focus has been on Practice Guidelines.

- Of particular note is the statement on responsibilities to the Public of Ontario. This policy statement, includes among other things, a reference to collaborative care. Collaborative is defined as "working with patient/client and other members of the health care team to achieve the best possible outcome for the patient/client including communicating and coordinating

care provision with other members of the health care team". This encompasses PR in the broadest sense.

- Training for College Staff has also been provided. The main vehicle for this has been viewing of a video tape of a workshop. This has been done for staff and Council. In addition, other resources are available.

- Public Education. The main focus of the CRTO has been through participation in the Federation of Health Colleges programs in this area. The Federation has produced a brochure for the public in a variety of languages. CRTO plans to supplement this with a point of care brochure and/or poster. The content of this media package has been approved and will be implemented as soon as sufficient funds become available.

The following results chain presents a summary of the CRTO Patient Relations program activities, grouped into common types, along with the anticipated and/or actual outputs and intended outcomes and impacts. The bracketed, italicized material is target performance information relating to activities, outputs and outcomes where available.

(Inputs for carrying out the PR activities are not segregated. The CRTO representatives did not feel they could segregate these activities. The Registrar takes the lead on education activities outside of sexual abuse while a staff member serves the committee and pulls in resources from the College as necessary to meet the needs of the Committee).

Patient Relations Program Results Chain – College of Respiratory Therapists of Ontario

Logic and Targets: *(targets are italicized in brackets)*

Activities	Outputs	Outcomes	Impacts
1. Develop program framework, standards & guidelines 1.1 Prepare Standards of Practice (SP), Practice Guidelines (PG) and Policy Statements (PS) in the following areas: a) (SP) *knowledge, professional accountability, applied technology and operational issues, assessment, planning, implementation, evaluation;* b) PG in 10 areas from *Conflict of Interest* to *Registration and Use of Title*; c) PS in 5 areas from *Sexual Abuse* to *Registrant's Responsibilities to the Public*; *d) French Languages Services Plan*.	1.1 a) Standards of Practice *(approved November 1996).* 1.1 b) Practice Guidelines *(Approved 1999, 1996,2000).* 1.1 c) Policy Statements *(Approved 1994, 1995, 1997, 2000)*, *1.1 d (Approved 1995)*.	1.1 All Respiratory Therapists have copies of guidelines, brochures and policy statements and understand them *(Mailed directly to members and/or available on website*).	1.1 The status of Respiratory Therapy as a profession is enhanced. Clear Guidelines for the profession are published and available to members and the public. The public is better served.

Activities	Outputs	Outcomes	Impacts
1.2 Develop Sexual Abuse Prevention Plan.	1.2 Statement on Sexual Abuse of Patients/Clients (*Updated 1994).*	1.2 Members have a standard designed to indicate that no abuse of patients is to be tolerated.	1.2, 1.3 Record of low level of abuse and complaints continues.
1.3 Set up procedures and Fund For Therapy and Counseling of Victims of Sexual Abuse.	1.3 Sufficient money in the therapy and counseling fund.	1.3 No reported sexual abuse and no use of fund.	
1.4 Prepare the Patient Relations Program Preliminary Report (1994) and Framework (1996).	1.4 Report approved by Council.	1.4 PR program implemented in an integrated manner covering PR in the “broad sense”.	1.4 PR program continues to be based on reality of the Respiratory Therapy profession and the members diverse practices.
1.5 Set up Clear and Transparent Complaints process.	1.5 Complaints Process Approved (1994).	1.5 Complaints process approved and brochure published.	1.5 Time to process complaints kept to a minimum. Due process followed in all cases.

Activities	Outputs	Outcomes	Impacts
2. Educate Profession			
2.1a) Distribute SP, PG, French Language Plan and QA to all registrants b) Publish Newsletter and develop website.	2.1 a) b) Registration manual to all registrants containing SP, PG, and QA, and PS Materials and French Language Plan (*On registration and continuously updated).*	2.1 a) b) New entrants and current registrants have increased awareness of : - RHPA requirements, - CRTO practice guidelines, SP and expectations, - continuing education requirements, - reporting obligations of Respiratory Therapists, - complaints and disciplinary processes - resources and support available from CRTO. 2.2 Members aware and practice with care.	2.1 a) b) c) d), 2.2 - Quality of care continues to improve as highly skilled graduates enter the Respiratory Therapy profession. - The probability of patient abuse remains low. - Confidence in the Respiratory Therapy profession is improved.
2.2 Distribute: "Sexual Abuse of Patients/Clients" policy statement.	*2.2* All registrants receive it as part of registration package and via web.	2.2 New entrants have increased awareness of : - RHPA requirements, - CRTO practice guidelines and expectations, - continuing education requirements, - reporting obligations of Respiratory Therapists, - complaints and disciplinary processes - resources and support available from CRTO.	2.2 Uniformly high quality of care provided by all graduates.
2.3 Implement regional education seminars on "Legislation and the Workplace**".**	2.3 Members more aware of issues around RHPA and responsibilities to clients.	2.3 Member behaviour changes to reflect requirements of legislation.	2.3 Patients receive better care.
2.4 Implement QA Program**.**	2.4 QA program includes the major elements of SP, PG and PS to ensure continued competence**.**	2.4 Members have standards and practice guidelines available and understand them and are able to apply them.	2.4 Members incorporate guidelines, standards of practice and policy statements in their practice. Patients receive better care.

Activities	Outputs	Outcomes	Impacts
3. Educate College Staff and Council 3.1 Show educational video to staff and council on sexual abuse prevention. Provide staff and council with list of resource materials.	3.1 All staff and council see video and have access to list of resources.	3.1 a) Increased staff knowledge of issues and expectations around patient relations and sexual abuse prevention, increased staff capacity to respond to member questions and concerns.	3.1 a) b) Effective guidance for CRTO to members on abuse prevention Improved patient care.
4. Inform the Public 4.1 Assist Federation develop brochure for the Public on the regulated Colleges. 4.2 Design a brochure and poster for point of care distribution.	4.1 Brochures and communication materials provided to the public. 4.2 Brochures and communication materials designed *(Jan 2001)*.	4.1 Public reads brochures. 4.2 Patients/Clients read brochures (*at some point in future when funds available and printed)*.	4.1 Increased public awareness of Role of Regulated Colleges. Public aware of safety and security provided by regulated health care. 4.2 Client/Patient awareness of Respiratory Therapists improves.

4.0 Analysis of Results Chain

4.1 Technical Analysis

4.1.1 Do CRTO PR activities meet the requirements of the RHPA, 1991?

The RHPA requires that the College's PR programs address the issue of sexual abuse of patients by members and include the following elements:

a. educational requirements for members,
b. guidelines for the conduct of members with their patients,
c. training for College staff, and
d. provision of information to the public.

The CRTO PR program includes completed and on-going activities within each of the four areas. It is not clear, from the material provided, what the intensity of recent activity is in the area of training for College staff.

4.1.2 Does the CRTO PR program address issues beyond sexual abuse?

The CRTO PR program includes sexual abuse as well as broader material on practice guidelines for working with patients. From the beginning the framework for PR within this College has been broad. "Collaborating" effectively with patients/clients is a core part of the program.

4.1.3 To what extent do the CRTO patient relations activities conform to current "best practices" for optimizing professional/patient relations and minimizing patient abuse?

1. The CRTO has taken a proactive approach to informing new and current members of the requirements under the RHPA regarding prevention of sexual abuse and to providing related training materials and opportunities.

   The CRTO has been innovative in its adoption of a long term PR program plan including elements related to evaluation.

   The CRTO "Statement on Registrants' Responsibilities to the Public of Ontario" (November 2000) is a model for other Colleges to consider.

2. The CRTO has staff available to respond to all public, patient and member inquiries.

3. Both professional and human relations skills and knowledge development opportunities exist for Respiratory Therapists. Respiratory Therapists are expected to take charge of the issue and implement a self-directed learning program under their QA educational program.

4. While maintaining professional competence is the responsibility of each member, the CRTO has been proactive in ensuring that all members are aware of the guidelines for patient care through the published guidelines.

5. Information on appropriate professional behavior with respect to PR is available on a 24 hour basis on the website.

6. Regular meetings are held with the Colleges providing training to Respiratory Therapists. Material for students is provided during these meetings.

7. The CRTO has used a survey of the membership as a way to identify priorities for the development of Practice Guidelines.

8. The CRTO PR Committee identifies PR activities to be undertaken on an annual and multi-year basis, and states their intentions in a general manner.

9. The CRTO did not provide the consultants with an evaluation plan for its PR activities. However, it did indicate in its PR plan that it plans to evaluate regularly.

4.2 Standard Evaluation Issue Analysis

4.2.1 Rationale

The CRTO has given very significant and serious attention to all aspects of abuse prevention including sexual abuse. This has not been a problem for the College but the College has remained vigilant. No sexual abuse complaints have been reported to date. From the beginning, the focus has been on broad aspects of PR.

Analysis of the results chain shows the activities undertaken and planned should logically keep abuse levels very low, along with other desired outcomes and impacts of effective communications. In addition the activities around communications should contribute to general improvements in patient care and well being.

4.2.2 Efficiency

CRTO is a small College. It seeks efficiency in program development by working with other Colleges and national organizations. CRTO also support the other Colleges through the Federation of Colleges.

Since there were no specific targets set for PR program activities, no comment can be made about efficiency of program delivery.

Similar to other Colleges, CRTO questions the overall efficiency of each College independently attempting to educate the public on the role of regulated health professional colleges and believes the Federation or the Ministry of Health and Long Term Care should take on that responsibility.

4.2.3 Effectiveness

The College has not received any sexual abuse complaints. Other complaints are dealt with using established procedures. There has been no evaluation of the broader effectiveness of PR except that done in the PricewaterhouseCoopers report.

4.2.4 Impact

CRTO has no plans to evaluate societal level impact of their PR program. This would involve a cooperative endeavour with other Colleges and demand a significant evaluative effort to isolate the effect of the program from changing attitudes and trends in society as a whole.

4.2.5 Equity

The CRTO newsletter is sent to all members. Programming for students is delivered at their educational institution, and the College delivers workshops across the Province.

5.0 Conclusions

5. The CRTO is meeting the PR requirements and intent of the Regulated Health Professions Act, 1991 with respect to protecting the public from harm and treating individuals with sensitivity and respect in all areas.

6. An area of strength in the CRTO approach is its recognition of PR issues in the broadest sense of the word, and its focus on practice guidelines and the QA process.

7. One area that could be strengthened in the CRTO PR program is to set annual targets for programs and to follow up with evaluations linked to these targets.

8. <u>Likelihood of Success</u>

   - The CRTO does not appear to have a major problem with patient relations regarding sexual abuse and appears to be taking appropriate action to prevent and deal with the issue.

   - Significant PR issues other than sexual abuse have been identified and have been incorporated into the program.

6.0 Recommendations

1. That the CRTO PR Committee annually confirm a three year plan with specific target dates for activity milestones and target levels of performance for key expected outputs, outcomes and impacts. This could be linked to a three to five year plan for the College as a whole.

2. That the CRTO establish and implement a formal monitoring and evaluation plan for its PR program, and ensure that the resulting information is used for making decisions to maintain, modify or discontinue program activities.

3. As a supplement to 2 above, the College should consider a regular survey of membership to establish a practice profile and to assist in needs assessment for program initiatives.

4. That the CRTO coordinate the monitoring and evaluation of all its programs. We would anticipate significant efficiencies from a monitoring and evaluation plan that included all CRTO programs. Such a program could be supported by cooperation between Colleges.

5. That the CRTO continue to seek efficiencies through participation in the Federation and CRTO cooperation with other regulated health professional colleges and National Associations.

6. That the CRTO be commended for its on-going work on Practice Guidelines and its Policy statements.