EXAMINATION PREPARATION GUIDE

Disability Management Professional
Examination Preparation Guide

Essential Skills and Competencies for the
Certified Disability Management Professional (CDMP)

The certification process for the Disability Management Professional involves the documentation of experience in the field, education and the successful completion of the certification examination. This guide reviews the background of the developmental process of this emerging field, the examination, and the content areas covered in the examination. The examination blueprint is provided to show the range of emphasis of the various occupational standards with the tool to guide the study process.

Background

Escalating disability costs for employers, workers and society in general, falling employment participation and hiring rates of persons with disabilities, and increasing regulatory obligations for the reintegration of injured and disabled workers has led to a range of disability management and return to work initiatives.

Best practice evidence and research has demonstrated that when properly developed, implemented and administered, consensus-based disability management / return to work programs can effectively reduce the socio-economic cost of disabilities for employers, workers and providers by a substantial margin while at the same time maintaining employability for workers with disabilities.

To ensure that these expectations are completely transferable, consistently achieved within a balanced framework across all operating environments, and meet the unique needs of all stakeholders, requires that a number of universally applicable principal requirements are met. This applies both to the design and implementation of policies and programs (Code of Practice) as well as the discreet set of characteristics in experience, skills and competencies (Occupational Standards) reflected by the individuals charged with disability management and return to work program development, implementation, maintenance and evaluation.

A labour market survey undertaken by NIDMAR in 2002, in collaboration with the University of Northern British Columbia, McMaster University, Metropolitan Toronto University, Mohawk College and Human Resources Development Canada, surveyed more than 1,000 employers, unions, insurance and service providers across Canada and discovered the following:

➢ There is currently a shortage of qualified and competent practitioners and professionals in the field.
➢ There is a growing need for competent professionals and practitioners due to an aging workforce, increasing disability costs and return to work obligations.
➢ There is a demand for professionally trained individuals to carry out the tasks.

Development of Occupational Standards

A defined occupational standards development process, as set out by Human Resources Development Canada, was conducted with the support of governments, major employers, workers compensation boards, and unions from across Canada. The process also benefited from the invaluable experience and knowledgeable contribution of professionals, practitioners, and academics from a broad cross-section of stakeholder representatives from across Canada, Australia, Europe, New Zealand and the U.S.

The process culminated with the publication of the document *Occupational Standards in Disability Management* (NIDMAR, 1999), which has been endorsed for adoption by a cross-section of Canada's largest employers, unions and workers compensation boards.

Development of the Certification

The process of creating psychometrically stable and defensible certification examinations based on the Occupational Standards was begun in 2001.

Supported through government and a broad cross-section of leading Canadian employers, unions and workers compensation boards, unified in their quest for excellence and quality assurance in disability management and return to work, this highly technical task was performed by one of Canada's most

reputable test development agencies, Assessment Strategies Inc., of Ottawa. Today, this process is carried on by Prof. Dr. Lorne Sulsky, Memorial University.

Working with professionals and practitioners from all stakeholder groups and representing all regions of Canada and, following an internationally recognized test development protocol, this process culminated in the finalization of test examinations comprised of multiple choice questions which today, consist of 250 multiple choice questions.

The Examination Committee's role was to review test materials, participate at critical points in the test development cycle such as competency and blueprint development, and approval of the examination to ensure sufficient expertise is required to write the examination.

Firstly, the committee provided performance indicators for each of the core skills as outlined in the Occupational Standards. This information would be key for the item (question) writers in the development of the questions.

Secondly, the committee participated in the development of a blueprint, shown below, which lists the competencies, how they are weighted in the examination, the structure (number and kind of questions) and the content of the questions (legislation and benefit programs, disability case management, ethical and professional conduct, etc.).

This aspect of the blueprint is reproduced below. Each cell has a specified percentage range which represents the target number of questions on the examination. There is also a set of contextual variables that sets the stage of the question. This includes consideration of a client's age, gender, culture, the organizational culture and the specific environmental setting. The blueprint will be revised over time as needed to reflect practice development.

Blueprint for Exam

Structural Variables		
Examination Length and Format	250 objective multiple choice questions	
Question Presentation	Independent questions Case-based questions	45 – 55% 45 – 55%
Cognitive Domain	Knowledge / Comprehension Application Critical Thinking	10 – 20% 40 – 50% 35 – 45%
Competency Categories	Disability Management Theory and Practice Legislation and Benefit Programs Labour / Management Relations Communication and Problem-Solving Skills Disability Case Management Return to Work Coordination Health, Psychosocial, Prevention and Functional Aspects of Disability Program Management and Evaluation Ethical and Professional Conduct	10 – 20% 10 – 20% 1 – 10% 10 – 20% 10 – 20% 5 – 15% 1 – 10% 10 – 20% 1 – 10%
Contextual Variables		
Client Age and Gender	Client gender and age will only be specified where it is required for clarity or in order to provide guidance to the candidate	
Client Culture	Questions are included that measure awareness, sensitivity and respect for different cultural values, beliefs, and practices, without introducing stereotypes	
Organizational Culture	Questions are included that measure awareness, sensitivity and ability to work within a variety of organizational cultures	
Environment	It is recognized that disability management is practiced in a wide range of settings and that for the purposes of the Disability Management Professionals Certification Examination, the environment is only specified where it is required for clarity or in order to provide guidance to the candidate	

9 Domain Areas x 3 Levels of Reasoning
(Knowledge, Application and Critical Thinking)

Cognitive Domain				
		Knowledge/ Comprehension	Application	Critical Thinking
Core Competencies based on the Occupational Standards	Disability Management Knowledge Theory and Practice			
	Legislation and Benefit Programs			
	Labour / Management Relations			
	Communication and Problem-Solving Skills			
	Disability Case Management			
	Return to Work Coordination			
	Health, Psychosocial, Prevention and Functional Aspects of Disability			
	Program Management and Evaluation			
	Ethical and Professional Conduct			

The Item Generation Committee, comprised of subject matter experts from across Canada representing all stakeholders, developed a bank of questions and case studies, which were reviewed and approved by the Examination Committee. Each question was reviewed to ensure that the content was appropriate, accurate and reflective of the established item criterion.

The performance of all questions is statistically analyzed and a key validation performed to determine their suitability for ongoing inclusion. Inappropriate questions with poor statistics are deleted from the examination and/or revised before use in subsequent examinations.

Multiple Choice Examinations

When completing a multiple choice examination, it is recommended to read each question carefully and choose the answer that you think is the best of the four alternatives presented. If you cannot decide on an answer to a question, go to the next one and come back to this question later if you have time. Try to answer all questions. Marks are not subtracted for wrong answers. If you are not sure of an answer, it will be to your advantage to guess. It is probably best to start at the beginning of the test and work through the questions in order.

Participants will be given a test booklet containing the questions and a separate computerized answer sheet on which to mark their answers. Questions should be answered directly on the answer sheet; answering them first in the test booklet and then transferring them to the answer sheet increases the opportunities to make a coding error.

Sample Questions

Question One:

Taxonomy: Application
Essential Skill: 02-06

Which one of the following is the key principle of Human Rights legislation in the disability management context?
1.   Protection of personal information
2.   Employment standards
3.   Employment quotas
4.   Accommodation of the ill/injured worker

Question Two:

Taxonomy: Critical Thinking
Essential Skill: 08-07

Each month, two occupational therapy providers submit a client summary report outlining the outcome of referrals made. This month the following information is reported:

Clinic A	Two returned to pre-injury position; one on return to work program; one unsuccessful modified return to work plan; and one new referral not seen.	The cost of services purchased was $3,657.
Clinic B	Five return to pre-injury; six on return to work program; two unsuccessful modified return to work plans; and two new referrals not seen.	The cost of services purchased was $9,882.

What should the disability management professional do?
1.   Request information from both clinics about the unsuccessful modified return-to-work plans.
2.   Ask each clinic to provide a breakdown of clinical activities and costs on each case.
3.   Determine when the clinics will start working on the new referrals.
4.   Meet with representatives from Clinic B to negotiate a reduced fee structure.

Question Three:

Taxonomy: Application
Essential Skills: 07-05

An employee, 18 years old, has been off work with a shoulder injury for two months with some physiotherapy. The employee is returning to work next week with the following restrictions: no overhead lifting, no reaching, no heavy lifting, and frequent rest periods. His work involves restocking shelves in a grocery store. What should the disability management professional do?
1.   Include physiotherapy in the return-to-work plan.
2.   Counsel the employee to use safe lifting techniques.
3.   Explore other career opportunities.
4.   Extend benefits until restrictions are removed.

The Domain Areas

The following is a listing of the essential skills and competencies for effective disability management practice as set out in the *Occupational Standards in Disability Management* and the key indicators as identified by the Examination Committee. The statements reflect the content considered to operationalize the standard component cited for testing purposes. Although the listings may not be all inclusive, they identify areas of particular importance under each of the headings. The candidate who is planning to write the certification examination would be well served by having detailed knowledge of each of these areas.

Please note that although the Domain Areas identified for the two designations (Certified Disability Management Professional and Certified Return to Work Coordinator) are the same, the application of the areas is different and applied in different degrees, i.e. one designation being at an individual level while the other is at a program level.

There are many ways for curriculum to be interpreted and there are many ways in which individuals whose work includes disability management have entered the field, i.e. through various disciplines and from job assignments. A list of resources is included that were used as references by the committees generating and approving questions for the examination.

This document is not to be construed as, nor does it replace, education in the field of Disability Management but serves only to provide guidance to those areas of skills and knowledge for individuals planning to write the certification examination.

Domain Area 1 – Disability Management Theory and Practice

1.1 **Key components of effective disability management** include:
- Management-labour commitment
- Supportive policies
- Supportive benefit programs
- A coordinated approach to injury and illness
- An effective return to work program
- A communications strategy (training, education and orientation)
- Stakeholder education and involvement
- Performance measurement and management
- Injury and illness prevention

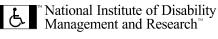1.2 **Rationale and objectives for disability management practice** include:
- Having a fair and transparent process or safe and timely return to work for all injured or ill workers
- Compliance to legislative requirements
- Reducing the human and financial costs for workers, employers and society
- Maintaining productivity and business competitiveness
- Retention of valuable workers

1.3 **Economic and social benefits disability management in the workplace** include:
- Reducing the effects of disability on the worker, employer and society
- Maintaining the dignity of the worker
- Keeping workers employed and contributing to society
- Treating everyone equitably
- Reducing costs

1.4 **Principles of effective disability management programs** include:
- Early intervention
- Compliance with legislation and regulations
- Effective coordination of all resources and stakeholders
- Providing meaningful and goal-oriented modified work
- Respect and dignity for the worker
- Adherence to ethical practice
- A focus on wellness and prevention
- Effective communication systems
- Ongoing evaluation and revision as necessary

1.5 **Disability management service delivery process (model programs) for large and small worksites** includes knowledge of:
- The traditional model, i.e. employer relies on the treating physician to validate the illness
- The job matching model, i.e. fitness assessment of the worker and the physical/psychological demands of the job are analyzed to determine if there is a match or mismatch for safe return to work
- The managed care model, i.e. medically driven, the diagnosis is referenced against guidelines, the duration and appropriateness of treatment are determined
- The direct/total case management model, i.e. collaborative worker-employer approach who decide on the terms of absence and return to work utilizing elements of three other models
- The employer-worker disability management model, i.e. a win-win workers and employers working together under a consensus based process together determining the best next steps, utilizing elements of all other models

1.6 **Roles and functions of professionals involved in disability management** include:

1.6.1 **The employee** (primary player for individual cases)
- ➢ Reports injury or illness as soon as possible to obtain help required for early return to work
- ➢ Contributes to the development of a suitable return to work plan
- ➢ Cooperates with recommendations of healthcare providers including treatment and takes personal responsibility for maintaining health and attitude
- ➢ Advises supervisory manager and disability management practitioner immediately of any change in circumstances during the return to work process
- ➢ Participates in the return to work process including team meetings on a consistent basis
- ➢ Notifies the disability management practitioner of any concerns

1.6.2 **The supervisory manager** (primary player for individual cases)
- ➢ Reports the injury or illness to the internal person responsible for facilitating the application for and receipt of insurance benefits (WCB, STD, sick leave, etc.)
- ➢ Contributes to the development of a suitable return to work plan
- ➢ Identifies transitional work options or job accommodations that might assist a return to work
- ➢ Works closely with the disability management practitioner or allied healthcare professionals to analyze the demands of jobs
- ➢ Nurtures the existing work relationship with the ill/injured worker
- ➢ Discusses concerns and issues around job performance, safety, etc., with the worker and the disability management practitioner
- ➢ Monitors safe work practices of workers who are returning to work
- ➢ Answers co-workers' questions and concerns about workers with disabilities, job accommodations, etc.
- ➢ Notifies the disability management practitioner of concerns
- ➢ Consults with other parties as needed

1.6.3 **The joint committee** (primary player for the program and secondary for individual cases)
- ➢ Develops the disability management program, defining its mission and objectives
- ➢ Works with the disability management practitioner and offers support, guidance and direction
- ➢ Oversees implementation, monitoring and evaluation of the program
- ➢ Modifies the program based on the results of program/plan evaluation
- ➢ Ensures alignment of the program with collective agreements, as necessary
- ➢ Develops policies and procedures
- ➢ Develops and implements communications, education and awareness
- ➢ Tracks relevant changes in legislation, insurance schemes, etc.
- ➢ Resolves program or case-related conflicts and provides advice for complex cases

1.6.4 **The DM practitioner** (primary player for the program and individual cases)
- ➢ Identifies potential candidates and/or receives referrals and ensures that available insurance and benefits have been applied for and that the employee is receiving healthcare assistance
- ➢ Works closely with the employee, union representative and supervisor to develop a safe return to work plan
- ➢ Facilitates, coordinates, develops, implements, monitors and evaluates return to work plans
- ➢ Acts as a resource to supervisors, co-workers, union members, healthcare providers as required to successfully develop and/or implement return to work plans

- Develops partnerships with community groups/agencies to support the program and develop and/or implement return to work plans
- Assists the joint committee in creating policies and procedures
- Carries out cost-benefit analyses and conducts evaluations of the program and individual cases
- Provides education and awareness to support to the employee and significant others (e.g. family, friend)
- Documents, monitors and tracks all important elements of each case and the return to work process
- Develops and maintains an atmosphere of mutual trust and support by ensuring that the employee's rights are respected and that confidentiality is maintained
- Facilitates or undertakes specific assessments where required (e.g. job demands analyses, functional capacity evaluations, work assessments, etc.)
- Arranges for necessary assistive devices, work modifications or alterations
- Ensures that the worker and supervisor are aware of the worker's rights, the company legal and moral obligations, the worker's duty to mitigate, and the impact of individual decisions of eligibility for services and benefits
- Assesses quality and effectiveness of provider services
- Assesses and reports on the overall effectiveness of the disability management program

1.6.5 **The healthcare provider(s)** (primary player for individual cases)
- Provides information regarding the worker's functional capacity whether physical, cognitive, psychological or psychosocial
- Provides abilities (restrictions and limitations) and whether job tasks in a plan will put the worker at risk of harming themselves, cause injury, re-injury, aggravate or exacerbate the worker's injury or illness
- Follows any guidelines by their governing bodies with regard to return to work professional standards
- If experienced and understand fully the job, make suggestions of ways in which jobs (duties, tasks, etc.) can be modified/altered to enable an early and safe return to work
- Recommends and/or provides specific medical diagnostic or treatment interventions
- Requests additional information to ensure that functional capacity assessments or test results and opinions are realistic and reasonable

1.6.6 **Union officials** (primary player for the program and secondary for individual cases)
- Provide visible support and commitment to the program
- Support communication, education and awareness plans
- Appoint and empower joint committee members
- Protect and provide for disability management within collective agreements, including early return to work provisions

1.6.7 **Senior management** (primary player for the program)
- Champion the program
- Provide visible support and commitment to the program
- Ensure accountability
- Provide necessary program resources
- Appoint and empower joint committee members and enable the joint committee to carry out program objective
- Educate and answer managers' questions and concerns about job accommodations generally or for individual cases

1.6.8 **Insurance provider(s)** (primary player for individual cases)
- Actively support the objectives of the program
- Supply benefits and services, including rehabilitative tools and techniques
- Participate in the development and implementation of return to work plans
- Learn about the work environment/culture and the program objectives, policies and procedures
- Provide the worker with the full extent of benefits and services to which they are eligible
- Request additional information to ensure that functional capacity assessments or test results and opinions are realistic and reasonable

1.7 **Scope of the disability manager's caseload** includes:
- Understands the impact of legislation and benefit programs
- Works with labour, management and external providers to provide a successful program
- Utilizes medical, physical and functional capacity evaluations in disability management planning
- Performs evaluations to measure disability management program outcomes and makes recommendations to improve specific areas of contractual agreements, when appropriate
- Tracks costs of disability management program
- Identifies and implements realistic cost containment strategies
- Conducts qualitative and quantitative evaluations
- Evaluates worker/supervisor satisfaction with the program
- Assesses effectiveness of healthcare provider services and long term disability benefit carriers and insurance providers
- Identifies and implements key elements of an effective data management program using basic computer literacy skills
- Works within confidentiality and ethical guidelines
- Roles and functions as described under item 1.6.4 above

Domain Area 2 – Legislation and Benefit Programs

2.1 **Utilize employment and disability legislation and regulations, including the Duty to Accommodate, the Employment Equity Act, Workers Compensation Act and Human Rights Legislation in disability management planning** includes:
- Human Rights Legislation
  - Duty to Accommodate
  - Undue Hardship
  - Bona Fide Occupational Requirements
- Canada Labour Code
- Privacy Act
- Workers Compensation Act (e.g. types of compensation, programs)
- Employment Standards

2.2 **Explain eligibility and entitlement of benefit and compensation systems to workers and their families or refer individual to appropriate resource persons for benefit information** includes:
- Understand terms and implications of coverage for individual employer/government benefit contracts/programs including eligibility, application, appeal process, etc. Know the key contacts for each of the following programs and ensure timely access to benefits and resources:
  - Short term disability including weekly indemnity benefits, salary continuation and earned/paid sick leave
  - Long term disability including disability pension
  - Third party insurance benefits such as automobile insurance, disability insurance, etc.
  - Extended health benefits including drug, physical therapy, counseling, etc.
- Establish system for communicating benefit and compensation information to workers (pamphlets, training, referrals to provider contacts)

2.3 **Demonstrate knowledge of public and private disability benefit schemes related to return to work** includes:
- Use knowledge of public and private benefit plans listed in 2.2 above to facilitate timely access to benefits and to advocate changes that support employee and disability management program needs
- Partner with benefit carriers and public agencies to facilitate timely access to benefits, treatments, health services, rehabilitation programs and timely return to work

2.4 **Interpret health and safety regulations** includes:
- Know federal and provincial legislation as it applies to the workplace
- Worker's basic rights, employer's rights and responsibilities
- Apply health and safety regulations as it applies to the workplace

2.5 **Communicate implication of medical review/plateau decisions** includes:
- Interpret medical information (restrictions/limitations/maximum medical recovery) into terms that stakeholders understand and which facilitate job accommodations (i.e. functional and work restrictions and mental cognitive skills, hours of work, etc.)
- Understand temporary and permanent impairments and their implications (i.e. duration for temporary restrictions; accommodation options for permanent restrictions, follow-up requirements; accommodation techniques including assistive devices)
- Establish effective systems for communicating information to stakeholders
  - ➢ Return to work forms
  - ➢ Written accommodation plans
  - ➢ Meetings

2.6 **Apply policy and legislation in arriving at decisions**

Domain Area 3 – Labour-Management Relations

3.1 **Analyze workplace disability factors** includes:
- Assess workplace factors that impact disability experience including personal, vocational, medical, psychological, educational, financial and performance issues; management attitude/understanding of disability management; workplace culture/values including labour/management relationships, etc.; types of disability benefits in place; impact of joint health and safety committees on disability management; impact of collective agreements and other administrative systems, etc.
- Develop strategy to address issues such as developing a disability management plan/program including vocational rehabilitation, job analysis, linkage with the attending physician and healthcare providers, job modifications, adaptive devices, independent medical examination, job search, employee education, etc.; set specific measurable goals (benchmarks, baseline); establish system for coordinating resources effectively; establish priorities based on trends
- Implement strategy
- Evaluate outcome against baseline and use feedback to alter experience

3.2 **Understand differences and similarities between union and non-union worksites with respect to** disability management program implementation includes:
- Similarities (e.g. both have duty to accommodate, both must have a process for managing disability, both require means of resolving issues, both have to adhere to employment standards, except in areas where collective agreements supercede those standards, disability management professionals will need to ensure regular communication with all stakeholders
- Differences
  - ➢ Unionized: knowledge of the collective agreement; duty to accommodate is a tri-partite obligation – employer, union and workers; unions can be effective in identifying modified work options; unions must be involved in disability management process at every level; collective agreement may create barriers to accommodation (seniority, arbitration, union structure, etc.)
  - ➢ Non-unionized: may experience more flexibility in implementing disability management programs

3.3 **Demonstrate knowledge of inter-related workplace systems, i.e. union, employer, human resources, benefit carrier, healthcare systems, etc.** includes:
- Identify barriers and opportunities that can arise between key stakeholders
- Coordinate different program and systems to achieve maximum benefit

3.4 **Collaborate in the development of a joint labour-management disability management committee** includes:
- Identify stakeholders
- Educate stakeholders
- Establish roles and responsibilities of all stakeholders

3.5 **Establish workplace-oriented disability management mission and goal statements** includes:
- Involve key stakeholders – union, management, workers
- Use letters of intent or collective agreement to ensure they are aligned with corporate values

3.6 **Demonstrate knowledge of employment standards legislation entitlements for non-union workers/managers**

3.7 **Describe impact of collective agreements or terms and conditions of employment**

3.8 **Apply knowledge of arbitration and grievance procedures**

Domain Area 4 – Communication and Problem-Solving Skills

4.1 **Apply conflict resolution skills interactions with various stakeholders** includes:
- Develop and follow an established dispute resolution process
- Ensure all parties understand process – provide information, documentation and include in policy and procedure documents
- Identify issues and areas of agreement or disagreement
- Apply problem solving steps and listen to all parties as well as taking into consideration both subjective and objective information
- Establish regular communication with all parties until the conflict is resolved or move to new strategy

4.2 **Negotiate/facilitate return to work agreements** includes:
- Initial assessment (contact worker and manager to explain program, get commitment, preliminary information on capacity and accommodation options, joint return to work meeting, contact healthcare provider to ensure understanding of positive intent of program, communicate alignment with medical association return to work policy, communicate job demands)
- Evaluate impact on workplace, other workers
- Assess needs and make an informed decision on whether further intervention is warranted
- Work with external providers to ensure functional components contribute to plan
- Develop meaningful plan to meet recovery and business objectives
- Confirm goals, placement, timeframe, key players, milestones, rationale, agreement and monitoring plans
- Follow hierarchy of return to work options
- Reach an agreement
- Ensure that a communication plan is in place

4.3 **Utilize leadership strategies to influence organizational change including workplace communication, team building and conflict or dispute resolution** includes:
- Formulate a vision or direction
- Develop goals and objectives for action
- Involve key stakeholders
- Lead and motivate others towards the desired results when one has the formal authority to do so; influence and motivate others towards the desired results when one has no formal authority to do so

4.4 **Intervene effectively in crisis** includes:
- Understand conflict resolution theory
- Clarify issues and desired outcomes
- Negotiate wisely on the issues and diplomatically with the people involved
- Quickly understand and/or calculate the implications of proposed actions and decisions prior to agreements
- Determine approach to intervention
- Take action
- Evaluate outcomes

4.5 **Provide leadership to return to work team at the workplace** includes:
- Educate stakeholders on disability management process
- Establish return to work process, roles of parties in the process and the necessary tools
- Provide support and act as a resource
- Communicate successful accommodation strategies with other workgroups
- Be responsive to issues and concerns

4.6 **Demonstrate effective team meeting leadership skills** includes:
- Prepare agenda
- Invite appropriate people
- Understand rules for an effective meeting and establish ground rules
- Schedule timelines
- Set goals and objectives
- Summarize outcomes and actions
- Invite feedback from participants

4.7 **Promote active participation in the disability management program** includes:
- Identify stakeholders
- Establish and communicate participation goals for stakeholders
- Use leadership and relationship skills to promote program
- Identify program drivers and barriers
- Identify appropriate tools and resources to mitigate barriers
- Develop mechanisms for active participation, meetings, newsletters, etc.
- Prepare and implement promotional strategy including tools
- Evaluate effectiveness of promotional strategy

4.8 **Establish rapport with workers and families** includes:
- Get to know workers, their families and their needs
- Take their needs into consideration
- Provide information about the disability management program, process and benefits
- Demonstrate an understanding of what is important to them
- Problem solve issues together
- Ensure follow up regarding decisions/actions and allow feedback

4.9 **Communicate and relate to persons from different ethnic and cultural backgrounds** includes:
- Identify different cultural backgrounds within the employee population
- Recognize the impact that cultural differences have on individual reactions to disability and return to work
- Education stakeholders about diversity
- Display open respect and patience with different ethnic and culturally different groups
- Use a language or cultural interpreter where necessary or encourage the employee to bring in a family member with whom they can communicate
- Develop an advocacy role to support employee with workplace and external parties if needed

4.10 **Demonstrate sensitivity to family coping strategies** includes:
- Understand impact of employee illness on families
- Demonstrate that family issues are incorporated into the case assessment
- Recognize people have different coping strategies
- Use a non-judgemental approach
- Provide assistance when possible or refer them to community resources

4.11 **Assist worker in adjusting to the impact of injury or disability** includes:
- Demonstrate understanding of illness and its impact
- Encourage workers to take charge of life
- Discuss coping strategies
- Support worker in their choice of strategies
- Assume an advocacy role regarding adjustment strategies
- Facilitate access to such services as crisis management, financial counseling, legal counseling, career/vocational counseling, stress management counseling/seminars, time management counseling/seminars
- Maintain regular contact

4.12 **Demonstrate ability to lead groups, to understand group dynamics** includes:
- Understand group developmental stages
- Assess the group's needs and level of functioning
- Understand the role played by individual group members

- Set up relevant meetings and ensure action items are completed
- Respond to the differences in group composition with constructive feedback while moving the agenda forward
- Recognize when group dynamics interfere with process and deal with it

4.13 **Prepare written reports** includes:
- Determine purpose of report
- Identify audience
- Collect data/information
- Develop draft
- Seek input from others
- Develop the final version
- Ensure reports sent to relevant parties
- Understand the essentials of disability management that are required in reports (e.g. date, signature)

4.14 **Make oral presentations** includes:
- Know the target audience
- Establish presentation goal and objectives
- Collect information
- Organize comprehensible arguments by using facts and figures effectively
- Deliver
- Evaluate
- Understand the essentials of disability management presentations

4.15 **Present disability management process and accomplishments to broader community** includes:
- Identify the external stakeholders
- Develop a communication strategy that demonstrates the benefits of the disability management program on the broader community
- Educate through presentation using available communication means such as conferences; local, national and international events; webpages; briefs to relevant government organizations; journal articles, etc.
- Share outcomes/employee testimonials
- Evaluate the impact

4.16 **Promote disability management programs and best practices to worker and employer representatives as well as to external providers** includes:
- Educate stakeholders on disability management "best practices", namely:
  - Integrate disability management efforts
  - Centralize the responsibility for an integrated disability management program
  - Provide disability management education and training
  - Promote joint labour-management commitment
  - Management and utilization of disability management program data
  - Develop a disability management program communication strategy
  - Line the disability management program with the Employee Assistance Program
  - Use sound claims and case management practices
  - Use a sound adjudication process
  - Use and standardize medical consents and certificates
  - Institute policies and procedures to protect the confidentiality of medical data
  - Measure, monitor and improve the disability management program
  - Develop a supportive infrastructure for the disability management program that includes polices and procedures
  - Implement a graduated return to work program
  - Focus on early intervention
- Use audio/visual tools – pamphlets, posters, videos, CDs, newsletters
- Model the desired behaviours
- Sharing experiences and outcomes at meetings

4.17 **Utilize adult learning strategies in developing an oral presentation** includes:
- Assess organization and the individual learning needs of stakeholders
- Provide:
  - ➢ Self-paced, self-directed learning
  - ➢ Active, participatory learning
  - ➢ Fast, painless learning
  - ➢ Relevant material that can be referenced and built upon
- Recognize that:
  - ➢ Learning readiness is consistent with developmental milestones
  - ➢ Adults provide greater investment and interest in their learning when learning is relevant to them
  - ➢ Adults vary in their perceptions, culture and language, all of which influence learning abilities

Domain Area 5 – Disability Case Management

5.1 **Understand the roles and functions of multidisciplinary health care providers in diagnosing and treating injury or impairment**

5.2 **Utilize early timed intervention for return to work** includes:
- Define intervention points and timelines
- Identify interventions, e.g. immediate contact when a worker goes off work
- Early assessment of an worker's commitment to the plan
- Facilitate the use of appropriate interventions
- Ensure policy and programs are established that spell out timely process

5.3 **Apply physical, cognitive, and functional (work) capacity evaluations** includes:
- Set criteria to understand when independent medical evaluation or functional ability evaluation request is appropriate and timely, i.e. when functional abilities are questionable or there is a disagreement about worker's ability among healthcare providers, employer, etc., or insufficient information about the extent of disability
- Set aside budget for functional capacity evaluations
- Know what to share in summary form with workplace parties – unit supervisor, manager, co-workers (if relevant)
- Know how to use information received so that accommodations relate to functional abilities and workplace does not contribute to re-injury or illness

5.4 **Evaluate worker adjustment to disability** includes:
- Include provision for evaluation in accommodation plan with timelines
- Seek feedback from worker, other co-workers, supervisor, healthcare providers and family members (interview, written)
- Establish regular worker/disability management program meetings with all stakeholders

5.5 **Assess return to work needs of the worker** includes:
- Note concerns and activities of daily life
- Seek input from worker and others (family, insurer, supervisor, etc.) on accommodation
- Assess psychosocial needs of worker in accommodation and direct worker to appropriate resource
- Utilize healthcare provider reports
- Observe employee in rehabilitation, in work hardening program/transitional work program, where possible

5.6 **Assess workplace factors that impact disability management outcomes** includes:
- Availability of technical specialists
- Availability of return to work opportunities
- Company policies/procedures
- Job processes and work environment
- Management-labour relationships
- Workplace culture

5.7 **Assess factors that contribute to motivation and readiness of all workplace parties to participate in disability management program** includes:
- Job satisfaction
- Respect for the worker
- Open communication between the employer and the worker
- Existence of a modified/alternate work program
- Use of a team approach (i.e. worker, supervisor, union [if applicable], insurance company, human resource professionals, physician, Employee Assistance Program counselors, occupational health professionals, etc.) towards a return to work with the worker being the key player
- Supportive supervisor and environment/culture
- Health status (severe pain, depression may hinder motivation and readiness)

5.8 **Identify incentives and disincentives to involvement in disability management planning** includes:
- Disincentives to involvement in disability management planning:
  - Perceived complexity and difficulty of participating (lack of trust, support, etc.)
  - Perceived additional costs for participating
  - Belief that modified work opportunities do not exist
  - Lack of knowledge of the disability management process and the roles and responsibilities
- Incentives to involvement in disability management planning:
  - Successful outcomes
  - Ability to retain valued workers within the workplace
  - Decreased disability-related costs and lost productivity
  - Ability to demonstrate equitable treatment for all workers

5.9 **Develop goals and plans with the worker** includes:
- Set specific goals with the worker and other stakeholders
- Include timelines and expected outcomes
- Outline responsibilities of all parties
- Outline specific duties, work schedules, schedule for evaluating outcomes, goals and objectives (short and long term) with the worker
- Make modifications, if needed

5.10 **Coordinate internal and external resources to implement disability management plans** includes:
- Identify resources required to support plan
- Identify resources available internally and externally to support plan
- Engage other resources (WCB, community resources, other providers) as necessary
- Ensure regular communication occurs with external resources – insurers, rehabilitation providers, family, etc.

5.11 **Consider positive and negative characteristics of "outsourcing" case management services when developing disability management programs** includes:
- Positive: availability of resources not available in-house, extensive knowledge of return to work programs from a physical and functional point of view (Occupational Therapy, Physical Therapy, ergonomics) already working as a team and know team behaviour and communication)
- Negative: may not understand workplace culture; union-management dynamics; collective agreements; will not have relationships that are established with managers/supervisors; costs may also be high (impact disability management costs)

5.12 **Establish collaborative relationships with multidisciplinary healthcare providers** includes:
- Understand roles of the various professions
- Familiarize self with healthcare providers within the community
- Educate them about the disability management program through presentations, written information, etc.
- Seek their input/feedback on the disability management program by setting up educational sessions
- Establish working relationships with them (protocol)
- Evaluate periodically the relationships
- Be responsive to other players (not defensive regarding the disability management program role)

5.13 **Develop criteria to assess effectiveness and quality of provider services** includes:
- Ability to assess based on: physical space, availability, qualifications, treatment protocols, cost-benefit analysis/ROI, communication commitments, customer satisfaction, access to service, and cost

5.14 **Describe assistive technology options and typical costs** includes:
- Know how to get equipment/devices using websites, catalogues, resource listings for things such as computer software – enhanced screens, voice activation, optical scanners, various keyboards and mouse designs, voice synthesizer, Braille printer, anti-glare devices, ergonomic equipment/tools, workstation redesign (space, lighting, etc.), equipment (adjustable tables, chairs, lifts, etc.)

5.15 **Identify and access funding programs** includes:
- Know company, local, and provincial and federal sources of funding (WCB, local charities, insurers, Rotary Club, March of Dimes, Ministry of Health or Social Service, Human Resources Development Canada, Cancer Society, Diabetes Association, etc.)

5.16 **Build and maintain local community resource network** includes:
- Understand value of community resource network
- Create a database of resources
- Establish contact with groups
- Promote networking opportunities
- Negotiate services
- Measure outcomes/results
- Monitor environment and revise database, if necessary

5.17 **Establish relationships with advocacy organizations** includes:
- Determine what types of advocacy groups are relevant to your program, include consumer groups, government agencies, service providers, professional organizations, organizations for people with disabilities, consumer groups, union and injured/ill workers

5.18 **Utilize strategies to manage costs effectively** includes:
- Establish the business case with targets and measure against them
- Avoid duplication of services among providers
- Intervene early and minimize days lost
- Conduct cost-benefit analysis and assess existing resources, reduce utilization of external resources (that cost disability management program funding), i.e. use in-house trainers
- Communicate strategies to stakeholders

5.19 **Establish priorities within caseload** includes:
- Involve all stakeholders

Domain Area 6 – Return to Work Coordination

6.1 **Assess personal and work adjustment needs** includes:
- Interview and assess worker (family), supervisor, union [if applicable] to determine needs
- Utilize reports/evaluations by healthcare providers
- Formulate plan
- Implement and monitor plan

6.2 **Coordinate physical and cognitive assessment of functional capacity of worker**

6.3 **Analyze job duties and requirements** includes:
- Review job description and ensure it is sufficiently detailed
- Observe work to be performed/discuss with supervisor if possible
- Determine physical requirements, e.g. sit, stand walk, etc.
- Determine cognitive/perceptual requirements, e.g. comprehension, problem solving, multiple tasking, perceptual motor skills, etc.
- Ensure environment in which job is carried out is adequately described

6.4 **Conduct detailed functional job analyses**

6.5 **Demonstrate working knowledge of functional ergonomics** includes:
- Understand principles of ergonomics – seating, position of job in relation to worker, load and stress on musculoskeletal system of tasks to be performed
- Understand that ergonomics also involves managing other aspects of the work – job rotation, job sharing, organizational factors
- Know when to consult an expert
- Develop resource list of ergonomic materials – pamphlets, computer programs, etc.

6.6 **Develop capacity within the workplace to provide early intervention with the worker with a disability, the worker representative, the supervisor, and healthcare providers** includes:
- Promote shared responsibility for safe and timely return to work plans and placements among supervisors, worker representatives, ill/injured workers, occupational health nurses and the disability management practitioner, if applicable
- Provide education sessions to all stakeholders regarding principles of early intervention and the responsibility of the workplace team
- Develop regular review process to ensure early intervention is achieving its aims including key stakeholders (healthcare providers, if relevant)
- Develop organizational policies and procedures to ensure early intervention is part of the workplace culture

6.7 **Facilitate rehabilitation interventions and return to work coordination with short-term and long-term disability insurance representatives** includes:
- Understand rehabilitation provisions under the benefit plan and know the local rehabilitation providers
- Meet regularly to review workers on rehabilitation and to contribute to relevant rehabilitation programming (including benefit representatives, if necessary)
- Monitor the process from rehabilitation to workplace and suggest modifications as necessary

6.8 **Develop methods to ensure engagement among supervisors and managers with respect to return to work practices** includes:
- Have clear policies and procedures set out with accountabilities and roles and responsibilities detailed
- Provide education sessions as needed (i.e. tools, forms)
- Review communication system and, if not effective, ensure one is developed that facilitates the accountability process
- Establish regular case review meetings and monitor whether the system is being responsive and accountable

6.9 **Identify systemic barriers to return to work or employment** includes:
- Know whether disability insurance plans are barriers or facilitators
- Know culture of workplace and the barriers or facilitators that exist there
- Establish system for identification of worker barriers to return to work/employment (assessment/interview)
- Identify whether medical/rehabilitation process is responsive and timely
- Identify whether workplace job tasks have changed
- Identify operational arrangement (human resource management barrier), i.e. policy, procedure, financial, recruitment

6.10 **Develop guidelines and procedures for transitional work program** includes:
- Ensure that policies and procedures reflect definition of transitional work program and define roles and responsibilities of key parties, e.g. managers/supervisors, unions, external resources (healthcare providers), human resources, etc.
- Establish eligibility criteria for return to work program
- Provide examples of return to work programs that can be used in education sessions
- Develop mechanism for reviewing return to work programs and making changes if needed

6.11 **Facilitate job modification, accommodation, workplace redesign and assistive technology** includes:
- Ensure that the worker's functional capabilities have been determined by appropriate persons (occupational health nurse, rehabilitation providers, supervisor, etc.)
- Work with the workplace supervisor/union to ensure that the workplace can provide job modification/job redesign and provide suggestions where appropriate
- Involve worker in decision making wherever possible

- Utilize experts if needed (ergonomists, occupational therapists, etc.)
- Review outcomes of process and establish future goals

6.12 **Provide information to healthcare providers on transitional work or modified work opportunity to gain their "buy-in" to the process** includes:
- Identify transitional work or modified work that is available and the system in place to coordinate this for the employer
- Invite healthcare providers on a tour of the workplace
- Work collaboratively as a team

6.13 **Facilitate ongoing contact between the employee and other support systems** includes:
- Familiarize self with all available resources both at work and in the community
- Identify with the worker whether they need facilitation to occur and how it should be done
- Act as an advocate if necessary to ensure worker needs are met
- Establish a workable communication system to ensure contact occurs and document outcomes
- Review process on a regular basis and identify barriers and make necessary changes as needed

6.14 **Develop a return to work plan with the worker, worker representative, manager and healthcare providers**

6.15 **Implement return to work plan**

6.16 **Monitor and adjust individual return to work plan**

6.17 **Understand alternative dispute resolution (ADR) principles and how to utilize resources to resolve return to work issues** includes:
- Establish policies and procedures for applying ADR and key parties involved in process
- Develop clear guidelines for resources utilized in process (there are ADR experts)
- Establish mechanisms for reviewing ADR process and identified resources

6.18 **Maintain case management records** includes:
- Ensure record keeping policies and procedures are established and communicated to all parties
- Ensure relevant legislation applied to development and maintenance of records of above (information privacy act, workers compensation guidelines, ethical guidelines, etc.)
- Ensure reports from other providers (healthcare) are filed and noted
- Establish what the record should contain: results of interview, assessments, discussions with workplace parties, return to work plan, outcomes changes to plan, etc.
- Establish annual review process/audit of records

6.19 **Identify service providers, e.g. rehabilitation facilities, physiotherapy services and Employee and Family Assistance Program providers** includes:
- Identify what providers can offer: range and type of services, location, whether prepared to deliver in the workplace, cost, etc.
- Establish a service provision evaluation process that relates to whether services that are provided appear to have met the needs of workers, employer, union, etc., and whether it is called an audit or external provider review, ensure results are discussed with all parties
- Maintain a list of preferred providers

Domain Area 7 – Health, Psychosocial, Prevention and Functional Aspects of Disability

7.1 **Utilize physical, cognitive, and functional capacity evaluations in disability management planning** includes:
- Conduct job task analysis to access specific duties, job demands, environment, external pressures in consultation with management, workers, unions
- Review all relevant healthcare information and identify restrictions and capabilities
- Compare and eliminate or modify job to accommodate restrictions in consultation with management, workers, unions
- Recommend assistive devices as necessary
- Understand Canadian Medical Association and other relevant guidelines

7.2 **Demonstrate understanding of cultural issues to injury, disability, rehabilitation, and work** includes:
- Need to understand the social support and the involvement of other people in the recovery process
- Understand diversity

7.3 **Demonstrate understanding of prominent causes of physical and cognitive disability risk factors** includes:
- Poor work design (environmental factors, ergonomics, etc.
- Job orientation, training
- Job stress models

7.4 **Relate physical and cognitive restrictions and limitations to the functional demands of job** includes:
- Carry out and analyze employee job requirements
- Obtain relevant information relating to the illness/disability as it relates to the job duties
- Develop and understand the consequences of major medical illness such as heart disease, stroke, diabetes mellitus, epilepsy and non-psychotic mental illness
- Involve key stakeholders including worker

7.5 **Utilize information from medical examinations to coordinate treatment plan** includes:
- Including information on physical state – swelling, pain, limitations, etc., which might need to be communicated to workplace supervisor or be monitored (visible disabilities)
- Including psychiatric evaluation which would include mood, treatment regime (medication) this might need to be factored into the return to work plan and monitored (invisible disabilities)
- Understand treatment ordered

7.6 **Evaluate worker's adjustment to disability** includes:
- Seek worker's opinion
- Seek input from those close to worker
- Identify drivers/barriers to return to work
- Provide support to worker to return to work

7.7 **Assess personal and work adjustment needs** includes:
- Discuss needs with the worker
- Discuss needs for work adjustments with management and union
- Formulate solutions and seek agreement
- Implement and evaluate solutions

7.8 **Promote worker health and wellness** includes:
- Assess worker wellness needs
- The impact of health, safety and wellness programs and their success
- Endeavour to have "buy in" from all stakeholders
- Establish health, wellness and prevention programs
- Measure health outcomes (e.g. smoking cessation program)

7.9 **Demonstrate a sound understanding of accident prevention processes and practices**

Domain Area 8 – Development of Program Management and Evaluation Activities

8.1 **Perform quantitative and qualitative evaluations to measure disability management program outcomes** includes:
- To effectively manage and measure the program by capturing, analyzing, evaluating and reporting on relevant workers, benefits, costs, services and interventions and outcome data
- Overall performance management/outcome address:
  - ➢ Frequency/incidence rates
  - ➢ Costs of claims (direct/indirect, STD, STD, WCB, lost workdays paid, costs per number of hours worked)
  - ➢ Utilization of the program (new cases, ongoing, resolved)
  - ➢ Duration
  - ➢ Outcomes (return to work in regular position, modified, alternate, etc.)
  - ➢ Costs and benefits of the program (cost-benefit analysis)
  - ➢ Premium/assessment costs and annual trends

- Disability profiles (types of disabilities, which employees are most often disabled, areas with higher incidence rates, characteristics of high risk/duration cases)
- Annual trends (are lost days going down? are total costs and costs per case doing down? is duration declining? most prevalent injuries/illnesses, average cost per case, etc.)
- Stakeholder/client satisfaction
- Regular reporting to stakeholders
- Performance standards for disability management professionals (time from onset to initial contact/assessment, intervention is effective, economical and efficient)
- Key outcomes include:
  - Rate of successful return to work for workers absent for any reason regardless of insurer
  - Decrease in duration and costs
  - Measurable decline in overall costs
  - Worker satisfaction
  - Cost-benefit analysis including the cost of delivering the program
- Program management and evaluation is precipitated by a needs analysis when the program is being developed includes:
  - Disability profile (kinds of conditions, accidents, trends)
  - Assessment of current intervention and assistance provided to workers
  - Current status (frequency of absence, history of lost time injuries/illnesses, insurance costs)
  - Current outcomes (return to work data, cost-benefit of existing approach)

8.2 **Demonstrate awareness of direct and indirect costs of disability management programs** includes:
- Overall, this competency focuses on the costs of delivering the program and should include the cost-savings produced by the program
- The costs to be tracked include:
  - Type of insurance (sick leave, STD, LTD, WCB)
  - Annual costs of insurance
  - Lost days/productivity
  - Indirect costs) costs of replacing injured/ill employees, production shutdown, equipment loss/damage, etc.)
  - Annual budget for disability management professional and/or practitioner
  - Workplace-initiated referrals to allied healthcare providers (medical or rehabilitative assessments)
  - EFAP costs attached to injury/illness
  - Workplace modifications, assistive devices, etc.
- Tracking cost savings covered in 8.1:
  - Reduction in insurance costs
  - Reduced duration and costs
  - Cost of claims without program versus with program including the cost of delivering the program

8.3 **Identify and implement realistic cost containment strategies** includes:
- Access needs and set priorities
- Assign budget according to priorities
- Establish criteria for purchasing services
- Establish preferred provider list and negotiate favourable fee rate
- Maximize use of free community and public services
- Set benchmarks for ROI

8.4 **Conduct qualitative evaluations** includes:
- Use for evaluating programs, processes, successes and failures
- Instruments include interviews, questionnaires and direct observation
- Information relates to experience, opinions, feelings, suggestions
- Focus groups, interview an/or survey of stakeholders to determine values, attitudes, barriers, successes, additional information

8.5 **Conduct quantitative evaluations** includes:
- Establish a methodology for determining the cost-benefit of a return to work program (costs and cost/benefit analysis)
- Determine the return on investment for a particular case and the program as a whole
- Determine trends and impact based on hard data
- Use as input in program planning

8.6 **Evaluate worker/supervisor satisfaction with the program** includes:
- Obtain information from stakeholder:
  - Determine tool to be used, e.g. questionnaire, interviews
  - Establish objectives
  - Design evaluation tool
  - Validate tool
  - Perform evaluation
  - Establish baseline/benchmarks
  - Analyze results and formulate conclusion
- Include periodic survey of all stakeholders
- Include satisfaction of individuals when cases are resolved

8.7 **Assess effectiveness of healthcare provider services and resources** includes:
- Assessment should include costs of services/resources and analysis of the ROI for this investment
  - Costs of service
  - Impact on duration
  - Stakeholder satisfaction
- Reach agreement with service provide on services to be provided, timeline, reports, fees, performance standards, etc.
- Measure service against contract

8.8 **Identify key elements of an effective data management/program management system** includes:
- Accurate and relevant information is the cornerstone of an effective disability management database; key elements include:
  - Establish baseline
  - Support prevention and case coordination activities
  - Enhance management of insurance claims
  - Measure and analyze corporate disability frequency, outcomes, costs and trends
  - Establish baseline data and assess needs
  - Identify opportunities to more effectively address disability and costs
  - Project human and financial costs
  - Evaluate the impact of the program measurement, monitoring and improvement of the disability management program
- A comprehensive system should include the following:
  - Basic information (name, address, SIN, PIN, claim identification number, supervisor, department, etc.)
  - Demographics or workers characteristics (age, gender, marital status, education, salary, length of service/seniority, regular full-time/regular part-time/casual part-time, work history, dependants, current occupation, etc.)
  - Case information (cause of injury/illness, area of body, nature of injury, time, location, month, type of insurance, history, time duration of services, duration of case, participation in program, healthcare assessments, return to work outcome, costs of return to work, etc.
  - Performance management/outcomes (frequency/incidence, time from onset to reporting to initial intervention, costs utilization, duration, return to work by category, etc.)

8.9 **Demonstrate basic computer literacy** includes:
- Office productivity tools includes:
  - Windows
  - Word processing
  - Spreadsheet
  - Presentation software
  - Internet and other public databases for research
  - Know how to use a computer; turn it on, use software programs, e.g. Microsoft Office, word processing software
  - Able to use email, use web and correspond with others; use data software (with assistance if needed)

8.10 **Implement confidentiality safeguards around disability management data storage** includes:
- Develop a policy that deals with the confidential management of worker medical data; this should comply with applicable legislation and accepted standards for management of healthcare information
  - Federal privacy legislation
  - Provincial privacy legislation
  - Provincial management of healthcare information legislation
  - Record authority schedules for workplaces covered by government legislation and procedures
  - Align with IT security policies and procedures (e.g. firewalls, restricted access/password, backup servers)
  - Assign accountability
- Develop a protocol for the retention, maintenance, release and disposal of medical documentation following legislative requirements and accepted standards
- Ensure security of information (locked files, restricted access, storage, etc.)
- Ensure written consent of worker is on relevant documents

8.11 **Incorporate accident and illness reporting system into disability management information system** includes:
- Refer to 8.8 above
- Interface or integrate with Occupational Health and Safety system

Domain Area 9 – Demonstrate Ethical and Professional Conduct

9.1 **Develop and implement a plan to maintain own wellness** includes:
- Set personal priorities on a daily basis
- Establish support systems
- Establish network of professional support
- Establish professional boundaries
- Maintain fitness regime psychological and physical
- Attend conferences and seminars to strengthen this area

9.2 **Demonstrate ethical and professional conduct to workers, employers, healthcare providers and other stakeholders** includes:
- Respect the integrity and protect the rights and welfare of the individuals with whom professionals work
  - Maintain optimum standards of practice
  - Follow code of practice
  - Primary obligation for confidentiality
  - No discrimination, biases or attitudinal barriers; maintain objectivity
  - Promote equitable treatment of diverse individuals
  - Be truthful
  - Report professionals who violate codes of practice
  - Do not recommend professionals who violate codes of practice
- Maintain objective and professional standard
  - Provide services within scope of competency
  - Ensure stakeholders understand limitations and the extent and range of available services
  - Discontinue service where no further benefit to be attained
- Ensure return to work plans are consistent with worker's abilities and have reasonable chance of success
  - Collaborate and cooperate with key players
  - Address needs and abilities of the worker and employer
  - Advocate and promote worker's participation in developing return to work plans
  - Ensure return to work plans are safe for the worker, co-workers and the workplace
- Provide services in the framework of a professional relationship
  - Avoid dual relationships
  - Cooperate with members of other professions
  - Ensure common understanding of objectives, etc., by all involved parties
  - Observe ethical standards in interactions with other professionals including codes established for various allied healthcare professionals

9.3 **Promote equitable access to services** includes:
- Promote and adhere to human rights principles (Charter, provincial Human Rights legislation, Employment Equity)
- No biases
- Encourages education and understanding of program for all stakeholders including equity and diversity principles and practices
- Sets policy so that everyone is treated fairly and equitably, including objective criteria for asses eligibility
- Makes sure that program is delivered in a way to meet the needs of staff with a variety of learning needs (literacy levels, language, etc.)

9.4 **Respect confidentiality of information under the guidelines of ethical code, laws and regulations** includes:
- Primary obligation regarding confidentiality of information about individuals except where conflicts with the law or it could result in harm
- Know legislative and professional requirements (federal Privacy Act, provincial legislation, etc.)
- Restrict and safeguard information
- Ensure consent and understanding of consent provided by workers

9.5 **Understand reasonable course of action when confronted with ethical dilemmas**

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https://www.workplacestrategiesformentalhealth.com/resources/resolving-conflict

Answers to Sample Questions

Question One:

Correct Response: 4

Rationale:
  A   This is a key principle of the Privacy Act.
  B   This is a provincial employment legislation.
  C   This is not a key principle of human rights legislation
  D   This is a key principle of human rights legislation in the disability management context.

Reference:
Disability Management: Theory, Strategy, and Industry Practice Author: Dyck, Diane E.G. Publisher:
Butterworths: Markham, ON, 2000 pp 1

Question Two:

Correct Response: 2

Rationale:
A   Might be useful but is not a good indicator of how effective the clinic is because there may be subjective issues interfering with the employees' return to work.
B   The DMP needs more detail in order to do a fair comparison of services (e.g. turnaround times, type of service provided, etc.)
C   Doesn't provide a good indicator of the effectiveness of the clinic.
D   While cost seems to be high, it is not possible to determine if this is inappropriate without further information of type of services provided as different services have different cost levels.

Reference:
Disability Claims Management Author: Leckie, A. Publisher: Butterworths: Toronto, ON 1998
pp 276-280

Question Three:

Correct response: 1

Rationale:
A   Recognizes limitations and treatment needs while implementing return to work plan.
B   At the present time, this would place the employee at risk of re-injury.
C   Premature.
D   Not proactive.

References:
Disability Management: Theory, Strategy, and Industry Practice Author: Dyck, Diane E.G.   Publisher:
Butterworths: Markham, ON, 2000 pp 122-124