EXAMINATION PREPARATION GUIDE

Essential Skills and Competencies for the
Certified Return to Work Coordinator (CRTWC)

The certification process for the Return to Work Coordinator 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 discrete 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, Ryerson 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 John Wickett of Wickett Measurement Systems of Montreal, who was the senior lead on the development of these examinations at ASI.

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	20 – 30% 45 – 55% 20 – 30%
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	5 – 15% 5 – 15% 5 – 15% 5 – 15% 10 – 20% 15 – 25% 5 – 15% 1 – 10% 5 – 15%
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 Return to Work Coordinator 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.

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

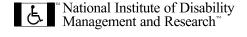1.1 **Key components of effective disability management** include:
- Integrated approach (occupational and non-occupational managed in the same way)
- Early intervention, regular follow up with monitoring and evaluation of the process
- Effective Return to Work Coordinator
- Workplace based or focused
- Interdisciplinary disability management team
- Joint labour-management support and worker support
- Interventions directed at worker and workplace
- Case management services
- Prevention of injury and/or re-injury

1.2 **Rationale and objectives for disability management practice** include:
- Injury prevention and reduction
- Cost savings (employer, insurance, societal)
- Ensure employability of disabled workers
- Compliance with legislative requirements
- Retain employees

1.3 **Economic and social benefits disability management in the workplace** include:
- Protect the employability of the worker
- Facilitate direct worker involvement in planning the return to work
- Facilitate internal control of disability issues
- Decrease incidence of accidents and magnitude of disability
- Promote early involvement, preventative interventions and optimal health outcomes
- Maximize use of internal (employer) resources
- Reduce human cost of disability
- Enhance morale by valuing employee diversity
- Reduce adversarial nature of disability and litigation
- Improve labour relations
- Promote joint labour-management collaboration
- Improve corporate competitiveness
- Reduce illness and disability duration (and costs)
- Improve management of external service providers
- Reduce work disruptions and unacceptable lost time

1.4 **Principles of effective disability management programs** include:
- Early intervention; early return to work
- Joint labour-management involvement, support and accountability
- Case management services
- Injury prevention and health promotion
- Duty to accommodate
- Integrated approach
- Ongoing evaluation: qualitative and quantitative of disability management program
- Proactive interventions at worker and work environment levels
- Interdisciplinary disability management team
- Occupational bonding (attachment to the workplace)
- Employer based transitional work programs

1.5 **Disability management service delivery process (model programs) for large and small worksites** includes:
- Identify resources
- Assess abilities
- Coordinate resources
- Collaborate with key stakeholders (internal and external)
- Implement return to work plan
- Monitor
- Evaluate program using internal tracking system
- Dedicate resource to champion the process

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

1.6.1 **Occupational Therapist/Physiotherapist**
- ➢ Definitive diagnosis
- ➢ Acute – specific to injury
- ➢ Specialist consultations
- ➢ Sub acute – further remediation
- ➢ Assess treatment to present
- ➢ Address secondary changes (e.g. chronicity)
- ➢ Further diagnostic testing
- ➢ Further treatment – rehabilitation
- ➢ Functional work capacity assessments
- ➢ Maximum medical improvement
- ➢ Recommends special equipment and aids
- ➢ Performs work station evaluations
- ➢ Recommends job modifications
- ➢ Provides education/prevention strategies to prevent re-injury

1.6.2 **Ergonomist**
- ➢ Uses techniques for analyzing, designing, predicting interactions and matching the individual's work capacity with specific job demands
- ➢ Understands general information about the company, the work and the worker
- ➢ Conducts a job analysis
- ➢ Understands requirements for successful performance

1.6.3 **Physician**
- ➢ Provides outline of medically related issues affecting ability to work including prognosis
- ➢ Provides appropriate medical treatment
- ➢ Provides return to work letter to workplace including global restrictions
- ➢ Acts as advocate for worker re health, safety and return to work
- ➢ Has basic knowledge of workplace issues affecting worker's health and safety
- ➢ Supports rehabilitation plan as appropriate
- ➢ Communicates with other service providers in the rehabilitation process
- ➢ Determines clinical impairment
- ➢ Considers the worker's and the employer's rights and obligations
- ➢ Considers job demands and the workplace environment
- ➢ Assess the potential hazard

1.6.4 **Occupational Physician** (as opposed to family physician)
  ➢ Is familiar with the work environment and disability management general principles
  ➢ Understands the importance of the occupational handicap assessment as a basis for the individualized disability management plan
  ➢ Is able to perform basic disability evaluation
  ➢ Advises on the need for and referrals required to complete the medical disability evaluation (e.g. orthopaedic specialist consultation)
  ➢ Helps formulate specific questions directed to the treating physician, specialist or other healthcare providers
  ➢ Ensures that necessary background information is provided to the consultant(s)
  ➢ Reviews, analyzes and interprets information contained in the consultation reports
  ➢ Acts as the link between the disability management intervention team and outside healthcare providers
  ➢ Participates in the elaboration of a medically sound individualized disability management plan by assuring the appropriateness and timeliness of medical and rehabilitation interventions
  ➢ Emphasizes that reaching maximal medical recovery does not preclude the initiation of vocational rehabilitation efforts and that medical management can be done concurrently with vocational rehabilitation interventions. A worker may participate in a transitional return to work program while taking part in a physiotherapy program.
  ➢ Conveys genuine interest in the worker's integration into a suitable and safe work environment

1.6.5 **Occupational Health Nurse**
  ➢ Knowledgeable about worker and family
  ➢ Accident and illness prevention and health promotion programs and education
  ➢ Understanding of job and personal stressors
  ➢ Familiar with job assignments, organizational structure and job tasks
  ➢ Understanding of job modification / accommodation process
  ➢ Is able to recommend job modifications
  ➢ Acts as liaison between healthcare community and employee as well as between worker, supervisor, union, human resources
  ➢ Collaborates on treatment and rehabilitation plans
  ➢ Assists employee with treatment choices
  ➢ Facilitates access to healthcare providers
  ➢ Provides job task / job demands information to healthcare providers / physicians
  ➢ Facilitates claims processing for insurance and workers compensation for uninterrupted medical/wage benefits
  ➢ Documents progress and/or lack of in return to work process
  ➢ Creates written return to work plans and documents progress
  ➢ Recommends changes as progress indicates
  ➢ Promotes early intervention
  ➢ Pre-placement exams and periodic physicals
  ➢ Episodic care of minor illnesses and injuries

1.7 **Scope of the disability manager's caseload** includes:
  • Contacts injured workers as soon as possible following injury/illness to determine their rehabilitation needs and advise them about the vocational rehabilitation program including their rights and responsibilities
  • Arranges appropriate assessments to determine the worker's functional limitation and capacities
  • Identifies appropriate return to work duties which match worker's functional capacities in consultation with workers, treating specialists, line management and labour organizations
  • Organizes worksite modifications as required
  • Arranges vocational evaluation if worker is unable to return to their previous job; develops suitable retraining program in consultation with worker, management and claims agents
  • Arranges and coordinates external rehabilitation services necessary to assist workers to return to work and to their communities
  • Develops and documents a return to work plan in consultation with workers, their families, line management, treating specialists, labour representatives and claims agents
  • Provides support to workers and their families while workers are away from work, during the transition back to normal or alternative duties or during the retraining process

- Prepares and distributes progress reports and convenes case conferences to ensure all parties are involved in and informed of the worker's progress in the rehabilitation program; modifies the return to work program as required in consultation with relevant parties
- Develops and conducts education programs for all company employees about workers compensation laws and regulations, the rehabilitation process and company policies and schemes covering these areas

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:
- Employer's responsibility
- Union responsibility
- Employee's responsibility
- Federal Human Rights Act: *"all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and **to have their needs accommodated**, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices…"*
- Bona fide occupational requirement
- Undue hardship
  - ➢ The financial costs of the method of accommodation
  - ➢ The relative interchangeability of the workforce
  - ➢ The possibility of substantial interference with the rights of other employees
  - ➢ Safety
  - ➢ The size of the operation
  - ➢ The morale of other employees
- Ongoing review of case law / legislative changes
- Define the prohibited grounds for discrimination

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:
- Definitions
  - ➢ Temporary total disability
  - ➢ Temporary partial disability
  - ➢ Permanent partial disability
  - ➢ Permanent total disability
- Understanding of long-term and short-term disability, compensation plans (e.g. workers compensation, automobile insurance, etc.)
- Eligibility requirements for benefits (e.g. did the injury/illness arise out of and in the course of employment)
- Limits of benefits – stress, psychological impairment, length of long-term disability benefits, "return to own occupation", etc.
- Canada Pension Plan

2.3 **Demonstrate knowledge of public and private disability benefit schemes related to return to work** includes:
- Primary / secondary
- Long-term disability
- Canada Pension Plan
- Government insurance (e.g. automobile insurance)
- Conduct research into government funded benefits and/or assistance

2.4 **Interpret health and safety regulations** includes:
- Determine jurisdiction (workers compensation, occupational health and safety, Canada Labour Code Part 2, Mines Act, Marine Act, Railway Safety Code, etc.)

2.5 **Communicate implication of medical review/plateau decisions** includes:
- Disability, impairment
- Hurt versus harm

- Medical restrictions (specific and accurate)
- Medical restrictions and its relation to the worksite
- Clear understanding of "maximum medical improvement"
- Ability to identify permanent versus temporary disability in conjunction with healthcare professionals
- Benefits end; pension may begin

2.6 **Apply policy and legislation in arriving at decisions**
- Collective agreement
- Corporate safety policy

Domain Area 3 – Labour-Management Relations

3.1 **Analyze workplace disability experience** includes:
- Lost time days
- Modified duty days
- Workers compensation costs
- Weekly indemnity benefit costs
- Review of grievances filed related to disability management or return to work
- Creation of surveys to assess worker-management concerns
- Formal and informal surveys

3.2 **Understand differences and similarities between union and non-union worksites with respect to disability management program implementation** includes:
- Role of collective agreement in disability management
- Value of joint labour-management collaboration in both union and non-union worksites
- Favoritism
- Gaining labour support
- Understanding of implications of working within a collective agreement and without one
- Identifies importance of gaining labour support whether union or non-union employer

3.3 **Demonstrate knowledge of inter-related workplace systems, i.e. union, employer, human resources, benefit carrier, healthcare systems, etc.** includes:
- Gains understanding of organizational culture of the workplace
- Clarifies the role of each department / group and their impact on disability management
- Review of past and current practices and identification of those directly involved in disability management and return to work versus those who are somewhat involved but not responsible

3.4 **Collaborate in the development of a joint labour-management disability management committee** includes:
- Not a negotiating table
- Identification of purpose of committee and role of committee members
- Working with committee members to develop policies and procedures related to return to work and disability management
- Develop terms of reference

3.5 **Establish workplace-oriented disability management mission and goal statements** includes:
- Definition of mission statement
- Elements found in a mission statement
- Difference between mission statement and goal statement
- "Who" will do "what" by "when"
- Identify goals of management and labour related to disability management
- Gain consensus on goal statements from both management and labour
- Ensure that "employability of disabled workers" is promoted in mission statement
- Provide education of management and labour to promote disability management mission and goals
- Promote the implementation of an integrated workplace based approach
- Identify elements of mission statement

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

- Hours worked
- Vacation and holiday pay
- Notice of termination
- Ensure return to work plans and disability management program complies with legislation
- Define key elements of employment standards act
- Hours of work and overtime
- Family responsibility leave
- Maternity leave

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:
- Definition of conflict / mediation
- Types of conflict
- Understanding of the elements involved in conflict resolution
- Development of dispute resolution language in Letter of Understanding and/or Policy Manual
- Understanding the functions of conflict (i.e. informs when there is a problem, serves to clarify needs, values, etc.)
- Ability to define terms such as negotiation, arbitration, mediation and conciliation
- Understanding of "win-lose", "win-win", the issue, interests of parties at the table and positional negotiation
- Four types of conflict: interpersonal, intrapersonal, intragroup, intergroup
- Thomas Kilman conflict modes: avoidance/withdrawal, power/competition, accommodating/capitulation, compromising/bargaining, collaborative/confrontation (Thomas Kilman developed the Thomas Kilman Conflict Mode Instrument [TK1] in 1974 to measure ways of handling conflict)
- Knowledge of consensus based decision making

4.2 **Negotiate/facilitate return to work agreements** includes:
- Steps:
  - Define issues
  - Define parties
  - Get parties to table
  - Define interests
  - Brainstorm
  - Test options
  - Finalize plan
- Coordination of return to work meeting with employee and labour and management representatives in attendance
- Demonstrate a focus on employee's abilities / restrictions in planning the return to work and accommodation and not on medical model
- Development of written return to work plan with time limited goals
- Respect collective agreements
- Develop template for consistency
- Identify job demands

4.3 **Utilize leadership strategies to influence organizational change including workplace communication, team building and conflict or dispute resolution** includes:
- Styles of group facilitation
- Developing group relationships
- Have a process defined
- Identification and understanding of various leadership styles
- Understanding of group and/or team development
- Be proactive
- Be a champion of the cause and show how disability management can be a win-win situation

4.4 **Intervene effectively in crisis** includes:
- Identify the problem
- Utilize external and internal resources to assist in crisis management
- Deal with injured/ill worker and family in stressful situations
- Intervene or deal with hostile situations

4.5 **Provide leadership to return to work team at the workplace** includes:
- Ability to explain the principles of disability management
- Ability to explain barriers to employment
- Ability to explain the role of disability management practitioners
- Understanding the benefits of the disability management program for all stakeholders
- Set standards for contractors and providers
- Identify training required to support the disability management process

4.6 **Demonstrate effective team meeting leadership skills** includes:
- Understand types of groups
- Role of members participating in team meeting
- Agenda development
- Allow all participants the ability to voice concerns, opinions, etc.
- Set action plans for team members
- Assure follow through on actions agreed to
- Define the chairperson's role
- Ensure proceedings are recorded in writing and are distributed

4.7 **Promote active participation in the disability management program** includes:
- Hierarchy of employee participation
- New hire orientation
- Development of promotional materials and events for the disability management program (i.e. benefit program)
- Conduct educational sessions to inform management and labour about the process
- Identify and describe benefit programs

4.8 **Establish rapport with workers and families** includes:
- Basics of interpersonal communication
- Understand the importance of the worker and their family in the disability management process
- Use of employee and family assistance programs or other similar programs
- Fitting the return to work program to the needs of the worker, not trying to fit the worker to the program
- Active listening
- Use of directive and non-directive interventions
- Communicate directly to families (e.g. mail-out)
- Scheduling of meetings with the worker, family members as needed to promote return to work

4.9 **Communicate and relate to persons from different ethnic and cultural backgrounds** includes:
- Understand cultural and ethnic differences
- Participate in sensitivity awareness and training
- Review and analyze existing employee demographics
- Include translator / advocate when required

4.10 **Demonstrate sensitivity to family coping strategies** includes:
- Understand worker role
- Understanding "family dynamics"
- Use of communication skills, listening and oral communication to reiterate understanding of family issues
- Ability to identify resources to assist with family adjustment to disability
- Knowledge of states of reaction to loss / grief (denial, bargaining, acceptance, etc.)
- Understanding of the change process (Kurt Lewin's Change Theory)
- Understand the stages of an interview (Allan Ivey's 5-stage interview structure: rapport and structuring, gathering information, defining the problem and identify assets, determine the outcome, exploring alternatives, closure)

4.11 **Assist worker in adjusting to the impact of injury or disability** includes:
- Ability to identify the individual concerns and needs of disabled workers
- Provide assistance to the worker to identify their concerns and to seek assistance
- Ability to listen and restate worker concerns, using effective oral communication strategies and interviewing skills
- Introduce worker to others with similar disability
- Offer ongoing technical support
- Refer to resources, support groups within the community
- Understanding of stages of grief / adjustment to loss (anger, denial, why me, bargaining, acceptance – Kubler Ross)

4.12 **Demonstrate ability to lead groups, to understand group dynamics** includes:
- Facilitator training
- Identify strategies to refocus a group when conflict occurs
- Demonstrate ability to delegate tasks and follow up
- Understand stages of group development (storming, norming, forming, performing, adjourning)

4.13 **Prepare written reports** includes:
- Elements of written report
  - Background
  - Issue to be addressed
  - Follow up on past recommendations / actions
  - New actions to be taken
- Remember confidentiality
- Ability to communicate effectively in writing
- Content should be objective rather than subjective
- Report must be signed and dated
- Ability to read and summarize complex reports
- Recognize the medical / legal requirements for all documentation / reports

4.14 **Make oral presentations** includes:
- Introduce yourself
- Detail your credentials
- Tell them why you're here
- Provide an agenda
- List expected outcomes
- Tailor presentation to the audience
- Use appropriate audio visual equipment

4.15 **Present disability management process and accomplishments to broader community** includes:
- Forms; explanation letters
- Seminars; community "open houses"
- Participate in formal seminars; present program successes, limitations
- Develop articles for journals, etc.
- Creation of materials for distribution to healthcare professionals, etc.

4.16 **Promote disability management programs and best practices to worker and employer representatives as well as to external providers** includes:
- Aware of sources of information regarding disability management (e.g. library, Internet, journal articles, conferences, seminars, workshops)
- Development of communication plan to provide ongoing updates, education

4.17 **Utilize adult learning strategies in developing an oral presentation** includes:
- Lesson plan and development
- Use of group dynamics to teach
- Demonstrate understanding of adult learning principles (e.g. visual, oral, touch, demonstrate, observation, smell, hearing)
- Identify needs of groups prior to presentation
- Evaluate all presentations through feedback from attendees

Domain Area 5 – Disability Case Management

5.1 **Understand the roles and functions of multidisciplinary healthcare providers in diagnosing and treating injury or impairment** includes:
- Understanding of scope of practice for each professional group (e.g. Occupational Therapist, physician, massage therapist, chiropractor, Occupational Health Nurses, etc.)
- Understanding of regulated and unregulated health professionals
- Understand treatment and diagnostic tool

5.2 **Utilize early timed intervention for return to work** includes:
- Demonstrate understanding of the importance of early intervention / worker contact through use of evidence, research
- Contact the disabled employee within 24 hours of the reported illness or injury
- Obtain medical information in a timely manner to guide future actions

5.3 **Apply physical and functional (work) capacity evaluations** includes:
- Understand functional capacity evaluation report
- Compare functional capacity evaluation report to job demands analysis

5.4 **Evaluate worker adjustment to disability** includes:
- Ability to use interviewing techniques when meeting employee
- Ongoing communication with healthcare providers
- Establish regular contact with worker
- Build employee reporting into return to work plan
- Reactions to loss and disability
  - Denial
  - Anger
  - Depression
  - Resignation
  - Acceptance
  - Action

5.5 **Assess return to work needs of the worker** includes:
- Review functional information in relation to worker abilities / restrictions for job demands
- Ability to interview worker and supervisor and develop return to work plan to meet specific worker needs
- Physical, psychological, cognitive, social needs
- Medical needs
- Workplace job accommodation availability

5.6 **Assess workplace factors that impact disability management outcomes** includes:
- Job satisfaction
- Management and co-worker reaction
- Budget
- Dedicated return to work coordination
- Job dissatisfaction
- Worker conflicts
- Potential layoff and/or change
- Safety hazards
- Failure of employer to accommodate
- Unclear return to work policies
- Supervisor inflexibility, strict seniority provisions, labour-management conflict
- Fear of poor performance and/or re-injury
- Limited return to work options

5.7 **Assess factors that contribute to motivation and readiness to participate in disability management program** includes:
- Relationship between worker, supervisor, co-workers
- Financial issues, benefits available
- Job satisfaction and past experiences

- Type, severity or injury
- Age
- Work history
- Length of time away from work
- Attitude

5.8 **Identify incentives and disincentives to involvement in disability management planning** includes:
- Availability of meaningful and productive work
- Employee's whole identity revolves around being a sick or disabled person (why early intervention is important)
- Money (benefits, not paying for child care)
- Economic conditions (impending layoffs make employee less likely to want to return)
- Benefit plan design, economic conditions, problems in the workplace, or personal concern such as re-injury
- Social role
- Shift scheduling
- Union and management support
- Anxiety, fear
- Preferred access to treatment
- Occupational bonding (i.e. attachment to the workplace)

5.9 **Develop goals and plans with the worker** includes:
- Identify needs and barriers to return to work with worker
- In transitional work, an outline of how the job activities and job schedule will change over time
- Prepare a written plan for worker / supervisor review and support based on objective and subjective data
- Develop follow-up, review dates
- Develop review and end date

5.10 **Coordinate internal and external resources to implement disability management plans** includes:
- Know internal resources (e.g. human resources, shop steward, employment and family assistance program, return to work committee, etc.)
- Know external resources (e.g. family, physician, Occupational Therapist, Physiotherapist, etc.)
- Effective communication of return to work plans to all involved stakeholders
- Build into plan, time off work to attend appointments

5.11 **Consider positive and negative characteristics of "outsourcing" case management services when developing disability management programs** includes:
- Access to services on a timely basis
- External third party provider may be considered less biased (objective)
- Internal provider has better understanding of workplace, more buy-in
- Cost analysis

5.12 **Establish collaborative relationships with multidisciplinary healthcare providers** includes:
- Get priority status to see specialists (usually have to pay for this service)
- Smaller communities – meet with doctors, medical community to educate about disability management program at the workplace and their role in it
- Send a letter with employees who see physicians explaining the disability management program
- Develop preferred provider network with ongoing review and evaluation of each provider
- Invite the multidisciplinary healthcare provider

5.13 **Develop criteria to assess effectiveness and quality of provider services** includes:
- Client satisfaction
- Key indicators of effectiveness and quality (e.g. availability, location, accessibility, accuracy of reports, timeliness of reports, professional fees, etc.)
- Professional credentials, accreditation

5.14 **Describe assistive technology options and typical costs** includes:
- Job aids such as talking calculators, telephone adaptation, replacing knobs with handles and using footrests

- Large screen for vision impairment
- Desk heights moveable for wheelchair access
- Speech recognition software
- Automatic door opener
- Wheelchair rental
- Specialized keyboards
- Ramp
- Special chair

5.15 **Identify and access funding programs** includes:
- Insurance funding programs (long-term disability carrier, workers compensation)
- Government funders
- Private funders (foundations and agencies)

5.16 **Build and maintain local community resource network** includes:
- Identify key stakeholders in community such as physicians
- Plan communication strategy to promote disability management program
- Provide access and contact information for community contacts for each access to the disability management program
- Promote benefits of disability management program for employee, physician, etc.

5.17 **Establish relationships with advocacy organizations** includes:
- Knowledge of local provincial, national and international organizations
- Request information from groups to provide to employees as needed
- Offer to talk at group functions

5.18 **Utilize cost containment strategies** includes:
- Prevention programs
- Employee wellness programs to reduce absenteeism
- Safety program
- Research product and service providers to ensure best price for quality service
- Develop strategy for tracking and measuring costs of lost time versus cost of reintegration
- Develop relationship with maintenance department so assistive devices can be fabricated rather than purchased

5.19 **Establish priorities within caseload** includes:
- Get to cases as early in the process as possible
- Follow up after appointments and/or changes
- Develop "triage" system to identify cases that require immediate attention
- Emphasize safety first
- Adherence to principles of fairness, consistency and equitability

Domain Area 6 – Return to Work Coordination

6.1 **Assess personal and work adjustment needs** includes:
- Worker's needs including medical, social, psychological, support, etc.
- Arranges meetings with employee to identify needs, abilities, restrictions and concerns with return to work
- Compares worker's abilities and/or restrictions to job demands

6.2 **Coordinate assessment of functional capacity of worker** includes:
- Rationale for assessment
- Use physical demands analysis for comparison
- Report back to multidisciplinary team
- Identify appropriate assessment provider for functional assessment evaluation
- Obtain worker consent if medical information is being released
- Ensure assessment is based on recognized criteria (e.g. Arcon, etc.)

6.3 **Analyze job duties and requirements** includes:
- Components of a job analysis

- Physical requirements
- Cognitive and psychological requirements
- Supervisory requirements
- Length of day, task
- Physical location
- Assistance at the worksite
- Quality and/or quantity of work required (task, cycle, time)
- Review job demands with employee, supervisor, labour representative
- Include information on equipment required
- Include information on hours of work, breaks, etc.
- Outline where work is completed, i.e. indoors, outdoors, etc.
- Observe more than one worker

6.4 **Conduct detailed functional job analyses** includes:
- General information that should be included in the functional job analysis are:
  - Hours of work
  - Shift length
  - Shift rotation and changeover frequency
  - Overtime schedules
  - Break times and lengths
  - Presence of unscheduled breaks and recovery periods
  - Work process and methods with standard operating procedures as a reference
  - The postures of each of the joints of the body, both descriptive and quantitative
  - Force requirements of each task
  - Number of times a task or subtask is performed
  - Nature of the workload on the working muscles
  - Duration of time for tasks, subtasks, postures and other physical demands
  - Description of the object being worked on
  - Description of the equipment and tools being used
  - The workplace and work environment
  - Organization of the work
  - The essential and non-essential demands of the job
- Observation of worker performing job
- Interview co-workers and supervisor
- Pictures and videos

6.5 **Demonstrate working knowledge of functional ergonomics** includes:
- Understanding of ergonomic interventions to improve the performance of specific job tasks through redesign of office, work processes, etc.
- Knowledge of assistive aids or devices available to assist disabled workers
- Define ergo risk factors: force, repetition, posture, contact stress, vibration

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:
- Policies and procedures
- Work with management and union to develop workplace accommodations
- Build early notification of injury/illness by worker, supervisor to disability management practitioner
- Reinforce the desire to help before the problem gets serious

6.7 **Facilitate rehabilitation interventions and return to work coordination with short-term and long-term disability insurance representatives** includes:
- Policies and procedures
- Develop relationship with insurance representatives to assist them in understanding the return to work process
- Provide short-term and long-term disability providers with information about return to work program
- Offer to share costs on large rehabilitation cases

6.8 **Develop methods to ensure accountability among supervisors and managers with respect to return to work practices** includes:

- Work with company to develop system where supervisors / managers are not penalized for bringing a disabled worker back to the worksite
- Develop incentives and penalty for departments to promote accountability
- Develop tracking system to identify when action was taken by supervisors, i.e. first notification, first employee contact
- Lobby to make return to work part of performance measurement

6.9 **Identify systemic barriers to return to work or employment** includes:
- Productivity push
- Co-workers having to carry a heavy load
- Review of corporate policies regarding return to work
- Degree of commitment at all levels
- Review:
  ➢ Past practices / experience
  ➢ Culture of the workplace
  ➢ Collective agreements

6.10 **Develop guidelines and procedures for transitional work program** includes:
- Hierarchy of return to work options
- Time limited
- Progressive
- Documented in policy manual
- Develop step by step process for employees entering, participating in and completing transitional work programs
- Define action if the program ends without success

6.11 **Facilitate job modification, accommodation, workplace redesign and assistive technology** includes:
- Provide resources
- Understand principles of ergonomics
- Knowledge of suppliers of assistive technology or other accommodations
- Development of accommodation process
- Make management and labour aware of cost savings resulting from accommodations

6.12 **Provide information to healthcare providers on transitional work or modified work opportunity to gain their "buy-in" to the process** includes:
- "The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness. The purpose of this statement, however, is to address the role of the attending physician in the patient's return to work…The CMA supports a shift away from complete reliance on physician certification for work absences to cooperation between the employee and his or her employer with the use of medical input, advise and support from the employee's attending physician and other involved healthcare professionals."
- "Prolonged absence from one's normal roles, including absence from the workplace is detrimental to a person's mental, physical and social well-being. Physicians should therefore encourage a person's return to function and work as soon as possible after an illness or injury, provided that return to work does not endanger the patient, his or her co-workers or society…The role of the physician is to incorporate a timely return to work into the care plan for their patients. The treatment or care plan should be evidence-based…"
- "Successful return to work involves primarily the employee and his or her employer and requires the assistance of the attending physician. When appropriate, patient care and outcomes may be improved through a coordinated multidisciplinary approach involving other healthcare professionals, including other physicians, rehabilitation specialists, nurses, physiotherapists, occupational therapists, psychologists, case managers, vocational specialists and personnel employee assistance programs."
- Need a communication line – company doctor to doctor/nurse to doctor
- An example might be to use a form to advise the doctor that the workplace has a disability management program
- Provide information to employees to take to their physicians, should transitional work be considered
- Develop communication plan to send out information
- Follow up to clarify any questions

6.13 **Facilitate ongoing contact between the employee and other support systems** includes:
- Schedule regular meetings with employee / supervisor
- Review employee progress with recovery and ongoing contact with external providers
- Provide employee and family program contact

6.14 **Develop a return to work plan with the worker, worker representative, manager and healthcare providers** includes:
- The plan must be evidence-based
- The return to work plan will include information on:
  - Ongoing treatment
  - Limitations and restrictions
  - Support services to be provided
  - The timing of the return
  - In a transitional work process, an outline of how the job activities and job schedule will change over time
  - Any accommodation to be made such as assistive technology or special equipment
  - Any retraining that is necessary
- Consult all stakeholders for input into the plan
- All parties sign plan as an indication that they understand it and they support it

6.15 **Implement return to work plan** includes:
- Policies and procedures
- Finalize details of return to work plan with employee and supervisor
- Schedule regular follow up with employee and supervisor to ensure progress is taking place
- Communicate details of plan to healthcare providers for input

6.16 **Monitor and adjust individual return to work plan** includes:
- During the return to work, it is important to stay in touch with the returning employee to:
  - Answer questions
  - Find out if there are any problems
  - Determine whether the person is improving as expected
  - Change or adapt elements of the plan if there are problems or no improvement
- Obtain update from supervisor
- Update written return to work plan as needed
- Regular contact with care provider

6.17 **Understand alternative dispute resolution (ADR) principles and how to utilize resources to resolve return to work issues** includes:
- Mediation
- Arbitration
- Understanding of consensus based decision making to resolve / mediate issues of conflict
- Read "Getting to Yes"

6.18 **Maintain case management records** includes:
- Information to be maintained
- Physical placement of files
- Freedom of information
- Dates
- Times
- Names
- Confidential (physical and electronic)
- Documentation to be completed following all meetings to record, reiterate discussion and plans agreed to
- Track costs

6.19 **Assess service providers, e.g. rehabilitation facilities, physiotherapy services and Employment and Family Assistance providers** includes:
- Review credentials of staff, location of facilities, accessibility
- Obtain feedback from those you have referred
- Interview service providers

- Obtain references
- Conduct assessment periodically

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

7.1 **Utilize medical, physical and functional capacity evaluations in disability management planning** includes:
- Identification of restrictions related to limitations in comparison to job demands
- Clarification of functional limitations and/or restrictions and obtain treatment opinions
- Workplace accommodations
- Identification of physical, mental and cognitive limitations related to medical condition

7.2 **Demonstrate understanding of cultural issues to injury, disability and work** includes:
- Knowledge of the impact of culture, religion, social status on adjustment to disability
- Demonstrate sensitivity to diversity of worker population when developing return to work programs

7.3 **Demonstrate understanding of prominent causes of disability including repetitive strain injuries and workplace stress** includes:
- Understanding of medical issues including:
  - ➢ Back pain remains the most common cause of workplace disability management, accounting for roughly 25 percent of cases
  - ➢ New categories of disability are emerging including chronic fatigue syndrome (CFS), carpal tunnel syndrome, repetitive strain injuries, fibromyalgia, stress and anxiety-related disabilities and chemical sensitivities
- List causes of workplace stress (high demand, low control, etc.)
- List causes of repetitive strain injuries and multiple strain injuries

7.4 **Relate medical and physical information or acute and chronic illness and disability to functional demands of job** includes:
- Understanding of temporary versus permanent disability
- Ability to relate medical information to the occupational demands (e.g. headaches from heat in a boiler room, asbestosis/silica sand – lunch disease, vibrating tools/computers – carpal tunnel, jumping off moving trains/bad knees)
- Compare limitations to critical job demands
- Understand the impact of acute medical conditions (e.g. heart disease, cancer, depression, stroke)

7.5 **Utilize information from medical examinations to coordinate treatment plan** includes:
- Understand treatment components (passive versus active)
- Understand treatment modalities
- Discuss findings with worker

7.6 **Evaluate worker's adjustment to disability**

7.7 **Assess personal and work adjustment needs** includes:
- Ergonomic
- Schedules, shifts, days off, graduated
- Build needs into return to work plan
- Make necessary referrals to gain assistance for worker

7.8 **Promote worker health and wellness** includes:
- Examples of worker health and wellness initiatives could include:
  - ➢ Stop smoking program
  - ➢ Employee and family assistance program
  - ➢ Assistance with gym costs
  - ➢ Blood pressure and cholesterol testing programs
- Provide educational session on workplace health and wellness
- Conduct surveys to allow employees to identify their health concerns
- Access community service providers to promote health wellness

7.9 **Analyze home and work environments** includes:
- Home analysis which would include such areas as: accessibility, ability to use appliances (e.g. stove, etc), ramps, home repair and maintenance, etc.

- Review of home design, safety either through external provider or internal provider
- Review of work environment, design and safety through internal / external service provider

7.10 **Demonstrate a sound understanding of accident prevention processes and practices** includes:
- Monitor worksite accidents, injuries and "near misses"
- Understand role of the joint health and safety committee
- Detail hazard identification and control
- Define the desired outcome of accident investigations
- Differentiate between immediate causes and basic causes

Domain Area 8 – Development of Program Management and Evaluation Activities

8.1 **Perform evaluation to measure disability management program outcomes** includes:
- Identification of key indicators of success and outcome criteria based upon program goals and objectives (e.g. reduction in time lost, reduction in long-term disability costs, measure costs, expenditures and cost savings associated with the disability management program; determine normal cost of typical disabilities and compare to benchmark, etc.)
- Develop information gathering methodology
- Database development
- Note trends/fluctuations at end of cycles
- Recommend program modification, enhancement based on evaluation of results
- Get input from all stakeholders for evaluation purposes (e.g. survey client satisfaction, survey workplace satisfaction, etc.)
- Determine baseline and select appropriate comparison groups for measurement

8.2 **Track costs of disability management programs** includes:
- Identify ways to track hard costs of disability for organization such as workers compensation, short-term and long-term disability, etc.
- Identify ways to track other costs (direct/indirect, tangible/intangible, fixed/variable) such as employee replacement costs, overtime due to absences, etc.
- Track salaries of disability management staff, administration costs for program, cost of independent examinations, treatment, referrals, etc.
- Identify ways to track cost savings related to return to work / disability management programs

8.3 **Identify and implement realistic cost containment strategies** includes:
- Workplace accommodation / early return to work including predetermined accommodation or modified work options for immediate access for worker
- Negotiate lower insurance rates with carriers based upon reduced time loss
- Utilize internal resources whenever possible
- Share resources with other companies
- Bulk discounts from preferred providers
- Prevention strategies (e.g. back care programs)
- Wellness programs for workers (exercise / stop smoking programs)
- Tie in safety programs with disability management program
- Calculate savings in wage payout due to reduced absences
- Charge lost time expenses directly to department and hold manager accountable for costs

8.4 **Conduct qualitative evaluations** includes:
- Define qualitative versus quantitative evaluation
- Determine key qualitative indicators
- Design system for gathering and analyzing
- Determine client satisfaction / other stakeholder satisfaction (including satisfaction with service providers) through questionnaires, focus groups, surveys, etc.

8.5 **Conduct quantitative evaluations** includes:
- Define quantitative evaluation
- Determine key quantitative measurements and indicators, e.g. number of lost days saved due to return to work program
- Design system for gathering and analyzing data

- Do cost benefit analysis by comparing pre and post program costs and performance from year to year
- Compare to other similar industries

8.6 **Evaluate worker/supervisor satisfaction with the program** includes:
- Design and conduct surveys, focus groups, interviews for workers and supervisors who have had experience with the program, to assess satisfaction / areas of improvement
- Analyze results
- Use information to improve and promote the program

8.7 **Assess effectiveness of healthcare provider services and resources** includes:
- External service audits to assess timeliness – how long to get information, how long to see specialist, how long to have corrective surgery, duration of program
- Measure outcomes; reporting style, quality, frequency; understanding of return to work / disability management process by service provider; professionalism of staff; etc.
- Benchmarking
- Follow up with each client to request feedback from workers who accessed these services
- Feedback from supervisor regarding reported readiness for work and preparation for the return to work program

8.8 **Identify key elements of an effective data management/program management system** includes:
- Identify strategies for collecting, organizing, analyzing and using information in various situations, i.e. presentation, individual planning and types of systems (operations information, decision support systems, expert systems)
- Database should encompass occupational health, accident reports, WCB claims, weekly indemnity benefits, staff actions (HR)
- Key elements could be:
  ➢ Number and severity of injuries
  ➢ Average absenteeism per full time worker
  ➢ Overtime and relief staffing
  ➢ Average time from a specific injury or illness to return to work following involvement in a return to work program
  ➢ Cost of insurance and insurance claims
  ➢ Cost of income lost by employees off work
  ➢ Implementing a case management system that allows tracking of employees involved in the disability management program
- Able to measure cases, incidence, current status, healthcare professionals involved and costs, as well as differentiate between occupational versus non-occupational disability
- Ability to generate a number of customized reports for evaluation / management review such as measure program costs, days lost, insurance costs, track trends / make queries
- User friendly, computer-based system
- Personal information protected

8.9 **Demonstrate basic computer literacy** includes:
- Know how to use a word processing program
- Know how to use a database program such as Excel
- Know how to use a presentation software such as PowerPoint
- Know how to use the Internet
- Know company's system
- Ability to use email

8.10 **Implement confidentiality safeguards around disability management data storage** includes:
- Limitation of access to those who need to know
- Signing of Confidentiality Agreement by all individuals who have access to information
- Define type of information to be kept (type, length of time, etc.)
- Criteria regarding storage of information
- Release of information agreement to be signed prior to releasing information
- Secure records by appropriate means such as password protection
- Limit the amount of confidential information collected
- Respect defined length of time to preserve documents

- Take necessary measures to ensure shredded material does not compromise confidentiality (e.g. select a bonded shredding company)
- Explain to participants what confidentiality means and the limits to confidentiality (i.e. when information will be released without client consent)
- Understanding of confidentiality issues related to computer generated emails, reports, etc.

8.11 **Incorporate accident and illness reporting system into disability management information system** includes:
- System to track incidence and type of injuries/illness by department, occupational group and other demographics, on a corporate basis
- Development of system for data collection, reporting and analysis
- System to be used to develop integrated worksite disability management system
- Identify priority areas and focus on them for maximum impact

Domain Area 9 – Demonstrate Ethical and Professional Conduct

9.1 **Develop and implement a plan to maintain own wellness** includes:
- Plan to maintain wellness
- The return to work coordinator serves as a model to the other workers regarding their wellness
- Well being (spiritually)
- Be aware of causes of stress and health effects of constant stress

9.2 **Demonstrate ethical and professional conduct to workers, employers, healthcare providers and other stakeholders** includes:
- Understanding of ethical decision making process
- Understanding of code of practice ethical code for practitioners

9.3 **Contribute to the development and ongoing quality improvement of the disability management process** includes:
- Understand workplace dynamics
- Quality and quantitative evaluation process for program
- Regular reporting of disability management outcomes, surveys, costs to management and labour
- Research best practices

9.4 **Promote equitable access to services** includes:
- Equitable access to all employees no matter the source of their injury or illness
- Call / address parties if unequal treatment (favoritism)
- Entrench process in policy

9.5 **Respect confidentiality of information under the guidelines of ethical code, laws and regulations** includes:
- Knowledge of Canada health Act, Mental Health Act, regulated health professionals legislation and provincial relevant legislation
- Follow guidelines for confidentiality (i.e. special circumstances to prevent harm to self or others) and consent (informed)
- Good note taking and record keeping practices

9.6 **Understand reasonable course of action when confronted with ethical dilemmas** includes:
- Demonstrate understanding of ethical decision making process
- Understanding of limitations of ethical codes

Listing of Resources / References

Adell, B. (1999). Human Rights: Disability Issues. Vancouver, BC: The Continuing Legal Education Society of BC

Ahlstrom, L., Hagberg, M., Delive, L. (2013). Workplace rehabilitation and supportive conditions at work: A prospective study. Journal of Occupational Rehabilitation

Akabas, S.H., Gates, L.B. & Galvin, D.E. (1992). Disability Management: A Complete System to Reduce Costs, Increase Productivity, Meet Employee Needs, and Ensure Legal Compliance. New York: AMACOM

Amann, M.C. (2000). Combining Technology and Skill to Ensure Effective Meetings. AAHON Journal

American College of Occupational and Environmental Medicine (2006). Preventing Needless Work Disability by Helping People Stay Employed – ACOEM Guidance Statement. USA: Journal of Environmental Medicine

American College of Occupational & Environmental Medicine (2005). Preventing Needless Work Disability by Helping People Stay Employed: A Report from the Stay-at-Work and Return-to-Work Committee. USA: ACOEM

Bird, F.E. and Germain, G.L. (1996). Loss Control Management. Practical Loss Control Leadership (Rev. ed.). Loganville, Georgia: Det Norske Veritas Inc.

Black, C., et al. (2000). Injury/illness and return to work/function. Toronto, ON: Workplace Safety and Insurance Board (WSIB)

Bloswick, D.S., Villnave, T. and Joseph, B. (1998). Ergonomics. In Phyllis M. King (Ed.), Sourcebook of Occupational Rehabilitation. New York, NY: Plenum Press

Canadian Center for Occupational Health and Safety. Mental Health - Psychosocial Risk Factors in the Workplace. CCOHS: https://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html

Canadian Human Rights Commission. (2006). A Place for All - A guide to creating an inclusive workplace. CAN: Canadian Human Rights Commission

Chaykowski, R.P. (2005). The structure and process of collective bargaining. In M. Gunderson and A.Ponak (Eds.), Union-Management Relations in Canada (Rev. Ed.). Don Mills, ON: Addison-Wesley

Conroy, M. (2007). Managing the return to work of an injured worker. In Supporting an Injured Worker Return to Work

Corry, D., Bouwmeester, L., & Sabat, C. (2010). Disability Management Compliance. ON: Gowlings

Council of Canadians with Disabilities (2009). An Overview of the Duty to Accommodate and Undue Hardship in Human Rights Jurisprudence. Retrieved from: http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/legal-protections/duty-accommodate-undue-hardship

CRNHQ. The Conflict Resolution Network (2001). 12 Skills: A Summary https://www.crnhq.org/12-skill-powerpoint/

D'Andrea, J.A., Correy, D.J., & Forrester, H.J, (2000). Illness and disability in the workplace: How to navigate through the legal minefield.

Diller, J.V. (1999). Cultural Diversity: A Primer for the Human Services. From Chapter Two: What it means to be culturally competent. Toronto, ON: International Thompson Canada

Dyck, D. (2009). Disability Management: Theory, Strategy and Industry Practice (4th Ed.). Toronto, ON: Butterworths

Employment Law in Canada: Federally Regulated Employers, pdf retrieved from:
https://mcmillan.ca/insights/addressing-unique-challenges-faced-by-federally-regulated-employers/

Government of Canada – Employment Insurance Act.
https://laws-lois.justice.gc.ca/eng/acts/E-5.6/index.html

Government of Canada. Disability Benefits under the Canada Pension Plan
https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit.html

England, G., (2005). The individual employment contract and employment legislation in Canada. In M. Gunderson, A.Ponak, & D.G. Taras, (Eds.), Union-Management Relations in Canada (Rev.ed). Don Mills, ON: Addison-Wesley

Fisher, R. and Ury, W. (1991). Getting to Yes. Negotiating Agreement Without Giving In (2nd ed.). New York, NY: Penguin Group

Genesove, L. (1998). Confidentiality and Return to Work. Journal of Ontario Occupational Health Nurses Association

Gilbert, M. and Bilsker, D. (2012). Psychological Health & Safety: An Action Guide for Employers. For Mental Health Commission of Canada

Giles, A. and Starkman, A. (2005). The collective agreement. In M. Gunderson, A.Ponak, & D.G. Taras, (Eds.), Union-Management Relations in Canada (Rev.ed). Don Mills, ON: Addison-Wesley

Grandjean, E. (1997). Fitting the Task to the Man: A Textbook of Occupational Ergonomics. London, England: Taylor & Francis

Granger, L. (2010). Best Practices in Occupational Health, Safety, Workers Compensation and Claims Management for Employers. Universal Publishers.

Harder, H., Hawley, J., & Stewart, A. (2010). Disability Management Approach to Job Accommodation for Mental Health Disability. In I. Schultz & S. Rogers (Eds.) Work Accommodation and Retention in Mental Health. New, NY: Springer

Hatfield, R. (2005). Duty to Accommodate. Just Labour: A Canadian Journal of Work and Society. Toronto, ON: York University

Health and Safety Executive UK Work Related Stress: Together we can tackle it. Retrieved from:
https://www.hse.gov.uk/stress/standards/step2/surveys.htm

Humphrey, B.G. (2002). Human Resources Guide to The Duty to Accommodate. Aurora, ON: Canada Law Books

Iles, R.A., Davidson, M., Taylor, N., & O'Halloran, P. (2009). Systematic Review of the Ability of Recovery Expectations to Predict Outcomes in Non-Chronic Non-Specific Low Back Pain. In: Journal of Occupational Rehabilitation

International Labour Organization (2011). Canadian Human Rights legislation. Disability Management at the Workplace: Overview and Future Trends. Encyclopedia of Occupational Health and Safety. Geneva

Ison, T. (1989). Workers Compensation in Canada. Toronto, ON: Butterworths

Job Accommodation Network (2013). Employees with Post Traumatic Stress Disorder: Accommodation and Compliance Series. Morgantown, WV: Job Accommodation Network

Jodoin, S. and Harder, H., (2004). Strategies to Enhance Labour-Management Cooperation in the Development of Disability Management Programs. In: International Journal of Disability, Community & Rehabilitation

Johns, G. and Saks, A.M. (1996). Understanding and managing life at work: Organizational behaviour (5th ed.). Toronto, ON: Addison Wesley Longman

Leckie, A.D. and Grewal, M.K. (Eds.) (2002). Disability Claims Management, 2nd Edition. Toronto, ON: Butterworths

Leka, S., Griffiths, A, & Cox, T. (2004). Work Organization and Stress. Protecting Workers' Health Series No. 3. Geneva: World Health Organization

Levy, B.S. and Wegman, D.H. (2000) Occupational Health. Recognizing and Preventing Work-Related Disease and Injury (Fourth Ed.) (Eds.). Philadelphia, PA: Lippincott Williams & Wilkins

Miller, F.J., (1992). Coping with chronic illness: Overcoming powerlessness (2nd Ed.). Philadelphia, PA: F.A. Davis Company

Moser, R. (1999). Effective Management of Occupational Environmental Health and Safety Programs (2nd Ed.). Beverly Farms, MA: OEM Press

National Institute for Clinical Excellence (2011). Generalized anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care. Retrieved from: https://www.nice.org.uk/guidance/cg113

National Institute of Disability Management and Research (2003). Disability Management in the Workplace: A Guide to Establishing a Joint Workplace Program. Port Alberni, BC: NIDMAR

National Institute of Disability Management and Research (1999). Ethical standards and professional conduct. Occupational Standards in Disability Management. Port Alberni, BC: NIDMAR

National Institute of Disability Management and Research (2004). Code of Practice for Disability Management, 2nd edition. Victoria, BC: NIDMAR

Office of the Privacy Commissioner of Canada. Findings Under PIPEDA. https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/

Ontario Human Rights Commission. Policy and Guidelines on Disability and the Duty to Accommodate. Retrieved from: https://www.ohrc.on.ca/sites/default/files/attachments/Policy_and_guidelines_on_disability_and_the_duty_to_accommodate.pdf

Organization for Economic Cooperation and Development (2011). Sick on the Job? Myths and Realities about Mental Health and Work. Paris: Organization for Economic Cooperation and Development

Plog, B. (2002). Fundamentals of Industrial Hygiene (5th ed.). USA: National Safety Council

Rankin, N. (2001). An Employers Guide to Disability Management. Aurora, ON: Canada Law Books

Ranney, D. (1997). Chronic Musculoskeletal Injuries in the Workplace. Philadelphia, PA: W. B. Saunders

Riessner, S., Shrey, D. & Zimmermann, W (Eds.) (1997). Strategies for Success: Disability Management in the Workplace. Port Alberni, BC: National Institute of Disability Management and Research

Shain, M. (2000). Best Advice on Stress: Risk Management in the Workplace. Ottawa, ON: Health Canada

Shain, M. (2010). Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace. CAN: Mental Health Commission of Canada

Shrey, D.E. and Lacerte, Michel (1994). Principles and Practices of Disability Management in Industry. Winter Park, FL: GR Press, Inc.

Shrey, D.E. (1998). Effective Worksite-Based Disability Programs. In Phyllis M. King (Ed.), Sourcebook of Occupational Rehabilitation. New York, NY: Plenum Press

Spector, R.E. (2000). Cultural Diversity in Health and Illness (5th ed.). Upper Saddle River, NJ: Prentice Hall Health

Standards Council of Canada (2013). Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation. CAN: Standards Council of Canada

Thomas, K.W. and Kilmann, R.H. Thomas-Kilmann Conflict Mode Instrument (38th printing). XICOM.

Tompa, E. et al. (2008). A Systematic Review of Disability Management Interventions with Economic Evaluations. In Journal of Occupational Rehabilitation

Turner, J. et al. (2007). Early Predictors of Chronic Work Disability Associated with Carpal Tunnel Syndrome: A Longitudinal Workers' Compensation Cohort Study. USA: American Journal of Industrial Medicine

UN Convention on the Rights of Person with Disabilities (2006). Geneva: United Nations

Watson Wyatt (2000/2001). Staying at Work: Improving Workforce Productivity Through Integrated Disability Management

Williams-Whitt, K., (2007). Impediments to disability accommodation. Relations industrielles/Industrial Relations

Wiskow, C. (2003). Guidelines on Workplace Violence in the Health Sector. Geneva: International Labour Office, International Council of Nurses, World Health Organization, Public Services international

Workers Rights in Canada (2007). Ottawa, CA: Service Canada

Workplace Mental Health Strategies. Formerly Great West Life Centre for Mental Health in the Workplace, Compliments of Canada Life. Retrieved from: https://www.workplacestrategiesformentalhealth.com/resources/resolving-conflict