

Practice Guideline: Patient/Client-Centred Care

Introduction

Kinesiologists work with people of all ages and physical abilities in many settings, applying their knowledge of human movement and performance to help improve health and quality of life. Kinesiologists' practice should always consider patient/client needs, safety and well-being. The *Code of Ethics* of the College of Kinesiologists of Ontario includes the following principles of ethical conduct, which kinesiologists are expected to demonstrate:

- Respect
- Excellence
- Autonomy and Well-being
- Communication, Collaboration and Advocacy
- Honesty and Integrity

These principles, and many of the performance indicators included in the *Essential Competencies of Practice for Kinesiologists in Ontario*, are consistent with the principles of what is known as patient/client-centred care¹. Patient/client-centred care may be summarized by the phrase: “nothing about me without me”. Patient/client-centred care emphasizes open and transparent communication between the professional and the patient/client (and, in some cases, their advocates, allies and substitute decision makers). This improved communication can enhance patient/client participation in making decisions regarding their care based on their own needs and values. Improvements in these two areas (communication and participation/decision-making) may enhance access to treatment, care and services. Patient/client-centred care may also improve outcomes (including patient/client experience).

Kinesiologists may use the following four core concepts, which are consistent with the *Code of Ethics*, to guide them in providing patient/client-centred care:

- Patients/clients are treated with respect and dignity
- Patients/clients are invited to participate in clinical decision-making at the level they choose
- Patients/clients are invited to collaborate with professionals as partners
- Patients/clients have access to information so they can be involved in their care

Kinesiologists can also make sure that their practice is patient-/client-centred by:

- Complying with legislation and regulations (particularly those that are in place for the protection or benefit of patients/clients);
- Respecting patients/clients;
- Encouraging patient/client involvement and direction in decision-making;
- Advocating with and for patients'/clients' needs; and
- Recognizing patients'/clients' experience and knowledge

Scope of this Guideline

¹ Due to the broad scope of practice and diverse practice environments for kinesiologists in Ontario, the College uses "patients/clients" as an inclusive term to describe those receiving kinesiology treatment, care and services.

The purpose of this Practice Guideline is to provide some guidance to kinesiologists seeking to apply the principles of patient/client-centred care in their practice in a manner consistent with the College's *Code of Ethics*, the *Essential Competencies of Practice of Kinesiologists in Ontario* and the College's Practice Standards.

Legislation and regulations relevant to patient/client-centred care

In some practice environments, applying the principles of patient/client-centred care may be required or facilitated by legislation. Some laws in Ontario that may govern or require the application of patient/client-centred principles by kinesiologists include, but are not necessarily limited to:

- *Human Rights Code, R.S.O. 1990*: forbids discrimination based on specified “protected grounds”²
- *Regulated Health Professions Act, 1991 (RHPA, 1991)*: includes the requirement that regulatory Colleges have a Patient Relations program, which includes measures to prevent and address sexual abuse of patients.
- *Health Care Consent Act, 1996*: includes the requirement that no treatment shall be provided without the informed consent of a patient or their substitute decision-maker (SDM). More information can be found in the College's Practice Standard – Consent and Practice Guideline – Consent.
- *Personal Health Information Protection Act, 2004*: sets out the requirements for collection, use, storage and disclosure of personal health information.
- *Personal Information Protection and Electronic Documents Act (“PIPEDA”)*: sets out the requirements for collection, use, storage and disclosure of personal information. May apply to situations where personal information that is not health information may be collected, used, stored or disclosed.

² As of 2024, the protected grounds, as described in the *Human Rights Code* include:

- Age
- Ancestry, colour, race
- Citizenship
- Ethnic origin
- Place of origin
- Creed
- Disability
- Family status
- Marital status (including single status)
- Gender identity, gender expression
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sex (including pregnancy and breastfeeding)
- Sexual orientation

- *Consumer Protection Act, 2002*: Applies to kinesiologists who may be providing “personal development services”³. Sets requirements regarding agreements for these services.
- *Access for Ontarians with Disabilities Act, 2002 (AODA, 2002)*: requires that workplaces in Ontario meet accessibility, customer service and staff training standards regarding accessibility.
- *Excellent Care for All Act, 2010*: requires patient/client engagement and quality assurance processes in certain prescribed health care settings, such as hospitals.
- *Insurance Act, R.S.O. 1990*: establishes the regulatory framework for the insurance industry in Ontario. Includes regulations such as the Statutory Accident Benefits Schedule (SABS) (O.Reg. 34/10) and O.Reg. 90/14 regarding Service Providers – Standards for Business Systems and Practices and Other Prescribed Conditions.
- *Occupational Health and Safety Act, R.S.O. 1990*: sets out the legal framework to protect workers from health and safety hazards on the job.
- *Workplace Safety and Insurance Act, 1997*: establishes a legislative framework for the policies for entitlements to benefits and services for injured workers in Ontario.

Legislative requirements protect patients/clients by ensuring that kinesiologists fulfil their legal responsibilities. These responsibilities may include the kinesiologist having a duty to put the interests of their patient(s)/client(s) ahead of their own interests. This is known as a fiduciary duty.

It is important for kinesiologists to understand how legislation may apply to them in their practice environment. As legislation may be subject to change, kinesiologists are advised to seek their own legal advice regarding which laws may apply and how such laws may be correctly interpreted. The College’s Practice Standards and Guidelines are intended to assist kinesiologists to some extent. Kinesiologists should note that in cases of any discrepancy between legislation and the College’s relevant Practice Standard(s) and/or Practice Guideline(s), the legislation governs.

Kinesiologists should be aware that non-compliance with legislation may result in prosecution and penalties set out in the legislation. Non-compliance with legislation may also involve conduct or behaviour that the College could investigate, which may result in a finding or findings of Professional Misconduct and associated penalties (up to and including suspension or revocation of the kinesiologist’s certificate of registration).

Respect for patients/clients

³ “Personal development services” are defined in s. 20(1) of the *Consumer Protection Act, 2002* as:

“(a) services provided for,

- (i) health, fitness, diet or matters of a similar nature,
- (ii) modelling and talent, including photo shoots relating to modelling and talent, or matters of a similar nature,
- (iii) martial arts, sports, dance or similar activities, and
- (iv) other matters as may be prescribed”, and

(b) facilities provided for or instruction on the services referred to in clause (a) and any goods that are incidentally provided in addition to the provision of the services”

Kinesiologists are expected to demonstrate their commitment to patient-/client-centred care by practising in a manner consistent with the *Essential Competencies of Practice for Kinesiologists in Ontario* and the College's Practice Standards and Guidelines. Some examples include:

- Building appropriate professional trust and rapport with patients/clients while following the expectations of College's Practice Standards and Guidelines regarding **Professional Boundaries**.
- Only providing treatment, care and services with the informed consent of patients/clients or, where appropriate and necessary, their SDM(s), in keeping with the College's **Practice Standard – Consent**.
- Promoting continuity of care and protection of patient/client personal health information and personal information through documentation and record-keeping practices that are consistent with the College's **Practice Standard and Practice Guideline for Record Keeping**.
- Providing treatment, care and services in a manner that is respectful of health system and patient/client resources and consistent with the College's **Practice Standard – Fees and Billing** and **Practice Standard – Professional Collaboration**.
- Ensuring patient-/client-facing and public-facing materials, policies and practices are appropriate and aligned with the *Code of Ethics* and the College's Practice Standards and Practice Guidelines (for example: **Practice Standards and Guidelines regarding Advertising and Fees and Billing**)
- Acknowledging patient/client individuality by taking a collaborative approach to treatment, care and services (including goal-setting and recommendations/treatment planning) that actively engages the patient/client (and/or their SDM, if necessary and appropriate)
- Engaging with patients/clients and, where appropriate, their families, SDMs, advocates and allies to help evaluate treatment and/or program effectiveness and identify and work towards overcoming barriers to participation.
- Working with patients/clients and, where appropriate, their families, SDMs, advocates and allies to understand a patient's/client's individual preferences and needs based on their individual circumstances and history.
- Ensuring that the kinesiologist only provides treatment, care and services for which the kinesiologist has appropriate knowledge, skill and judgement, and that fall within the kinesiologist's scope of practice and personal sphere of competence (see: **Practice Guideline – Scope of Practice, Controlled Acts and Delegation** and **Practice Guideline – Complementary Alternative Therapies** for more information).

Consideration of and advocacy for patients'/clients' individual needs

Consideration of patient(s)/client(s) individual needs may include an awareness and understanding of how patients'/clients' unique needs may affect their health and wellness. This may also include an understanding of the dimensions of wellness, which may include physical, intellectual, emotional, social, spiritual, environmental, occupational and lifestyle factors. These dimensions, alone and in combination, may influence patient/client ability or motivation to participate in kinesiology treatment, care and services. Kinesiologists should therefore be prepared to advocate for and work with patients/clients in a way that considers these demographic, lifestyle, socio-psychological and socio-economic factors. At the same time, kinesiologists are required to practice within their scope of practice and make appropriate referrals to other health care professionals where the needs of patients/clients are beyond the kinesiologist's scope of practice and/or personal sphere of competence.

Virtual Treatment, Care and Services

Kinesiologists may support patients/clients individual needs and preferences by providing treatment, care and services virtually. Virtual methods may include, but are not limited to, telephone, email correspondence and/or videoconferencing applications. In all circumstances, kinesiologists should:

- Ensure that virtual treatment, care or services (including assessment) are appropriate, safe and effective based on the needs and preferences of the patient(s)/client(s)
- Have plans in place to manage potential adverse events, including failure of the communication technology used for virtual treatment, care and services
- Ensuring positive identification of the patient/client and/or their substitute decision- maker
- Take steps to protect any personal information or personal health information that may be collected, used, stored and/or disclosed using virtual means
- Seek, receive and document patient/client informed consent to virtual treatment, care and services
- Maintain patient/client records to the same standard as in-person services
- Ensure that invoices and patient records accurately represent the nature of virtual treatment, care and services provided

In some circumstances, kinesiologists may choose to offer virtual treatment, care and services for patients/clients outside Ontario. In such circumstances, the expectation is that kinesiologists will comply with regulations and rules (for example, privacy and confidentiality laws) that apply in the non-Ontario jurisdiction(s). Kinesiologists providing out-of-province treatment, care and services should also confirm that their professional liability insurance covers out-of-province services.

Equity⁴, Diversity⁵ and Inclusion⁶ (EDI) and patient/client-centred care

Kinesiologists should be prepared to engage with and provide treatment, care and services to all, including those who identify as members of equity-seeking groups⁷.

Individuals may identify as being part of multiple equity-seeking groups at the same time. This is known as “intersectionality”⁸. Awareness of intersectionality may promote meaningful conversations with patients/clients and others regarding needs, preferences, and goals.

⁴ The term “equity” acknowledges that different groups and individuals face different barriers to success. The principle of equity is intended to honour and accommodate the specific needs of individuals and groups by acknowledging that economic, social and political fairness cannot be achieved by treating individuals in exactly the same way. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁵ “Diversity” is often used to describe the psychological, physical, and social differences that occur among any and all individuals. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁶ “Inclusion” is used to describe an environment in which all people are respected and have access to the same opportunities. Inclusion requires the identification and removal of barriers that inhibit participation and contribution. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁷ “Equity-seeking” usually refers to groups or individuals who are actively working, directly or indirectly, consciously or unconsciously, on attaining economic, political, and social fairness. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁸ For greater specificity, “intersectionality” may be defined as having multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape perspectives, ideologies and experiences. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

Understanding of patient/client diversity may raise awareness of real, perceived or potential barriers to participation and how they may be removed or addressed. This may support patients/clients by helping to reach desired outcomes in an equitable and just manner. When considering the patient/client diversity and how it may play a role in treatment, care and services, kinesiologists may wish to build and maintain an awareness of their unconscious biases and consider steps to reduce/minimize the impact of these biases on their patients/clients.

“Unconscious bias” refers to assumptions, beliefs, attitudes and stereotypes about individuals or groups⁹. These assumptions may be positive, negative or neutral and can affect decision-making in ways in which the decision-maker may not be aware. One example of how unconscious bias may play a role in patient/client care is cross-cultural communication. Miscommunications, perhaps based on misunderstandings, could result in the patient/client feeling uncomfortable/unsafe with the power imbalance between them and the kinesiologist. To promote equitable access to treatment, care and services, a kinesiologist may therefore reflect on their understanding of and ability to practice cultural humility¹⁰, cultural competence¹¹ and work towards creating a culturally safe¹² practice.

Given the importance of equity and diversity, and cultural safety, kinesiologists should maintain an awareness of their own knowledge, skill and judgement regarding these issues. Kinesiologists should be prepared to refine and develop their relevant knowledge, skill and judgement through a self-reflective approach to their practice, including consultation with and learning from others with suitable experience or expertise.

Conclusion

A patient/client-centred approach to care may promote patient safety, well-being, access to care and engagement. As kinesiologists practice in a wide range of settings, the best approach to patient/client-centred care may vary depending on the circumstances. Many appropriate, evidence- and expert-informed resources for personal and professional growth and learning exist. Kinesiologists seeking to empower their patients/clients by applying the principles of patient/client-

⁹ Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

¹⁰ “Cultural humility” may be defined as “a process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

¹¹ “Cultural competence” may be defined as including the “ability to assess and respect the values, attitudes and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

¹² “Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

centred care should engage in personal reflection, self-directed learning, mentorship and may consider more formal training and continuing professional development.