



COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



Essential Competencies of Practice for Kinesiologists in Ontario

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Introduction

The College of Kinesiologists of Ontario is the regulatory body for the kinesiology profession in Ontario, Canada. The College is committed to promoting excellent professional practice by registered kinesiologists. By establishing practice requirements and providing continuous practice support, the College ensures that registered kinesiologists deliver competent, safe and ethical services.

The *Essential Competencies of Practice for Kinesiologists in Ontario, 2014* define the knowledge, skill, judgment and attitude requirements of kinesiologists in the province. Competencies are overarching, validated standards of practice for the profession. They provide a structure that helps identify, evaluate and develop the behaviours that ensure competent, safe and ethical practice.

The College recognizes that the practice of kinesiology is broad and that kinesiologists work in clinical and non-clinical roles. Consequently, competencies that define professional behaviours for a variety of responsibilities have been developed and validated broadly by the profession.

Purpose of the essential competencies

The College has a legislated obligation under the *Regulated Health Professions Act, 1991* to define practice standards for the profession and to communicate these standards to the public. Registered kinesiologists have a legislated obligation to meet the standards and demonstrate ongoing competence.

Kinesiologists use the essential competencies to:

- understand practice expectations at initial registration and throughout their career;
- plan continuing professional development and ongoing competence;
- ensure that they meet the profession's minimum expectations;
- assist in career progression; and
- communicate their role and standards of practice to other health care professionals and stakeholders, such as employers, government agencies, external accreditation bodies and the public.

The College uses the essential competencies to:

- communicate the minimum expectations and standards of practice for kinesiologists to members, employers, government officials and the public;
- recognize the important role kinesiologists play in a broad range of practice settings and in non-clinical positions, such as health and safety advisor, researcher and educator;
- measure the competence of kinesiologists; and
- hold kinesiologists accountable to the stated minimum expectations.

While created to assist kinesiologists to better understand the College's expectations, the *Essential Competencies of Practice for Kinesiologists in Ontario* also help the public to understand what they may expect from kinesiologists. The public can use this document to understand the broad scope of practice of kinesiology, determine what to expect when receiving kinesiology services and identify the obligations that a kinesiologist has to the College.

The *Essential Competencies of Practice for Kinesiologists in Ontario* is a key College document which informs all regulatory functions. It provides the foundation for the Quality Assurance Program's Self-Assessment, which guides members in reflecting on their practice, and helps them identify those areas of knowledge, skill and judgment that they want to strengthen through continuing professional development. In addition, College Peer Assessors will use assessment tools that include measurable performance indicators when conducting Peer and Practice Assessments to evaluate experienced kinesiologists' continuing competence. Moreover, the competencies provide the basis for and validity to the College's practice standards and guidelines, which describe the College's minimum expectations in areas such as advertising, consent, fees and billing, and record keeping. They are also the basis against which public complaints and mandatory reports can be investigated.

The relevance of particular competencies will depend upon the individual kinesiologist's role and responsibilities. It may not be possible or necessary for a kinesiologist to apply certain competencies in a particular practice setting. However, no matter how infrequently the competency is demonstrated in practice, kinesiologists are expected to demonstrate the level of knowledge, skill, judgment and attitude described in the *Essential Competencies of Practice for Kinesiologists in Ontario*.

Similarly, not all of the performance indicators must be demonstrated to meet the competency. The relevance of a performance indicator will depend on the kinesiologist's patients/clients, practice setting and role.

Project process

The *Essential Competencies of Practice for Kinesiologists in Ontario* builds upon and expands the *Kinesiologist Core Competency Profile*, and is supported by additional competencies and performance indicators that enhance the depth and breadth of the competency. The *Kinesiologist Core Competency Profile* was developed prior to proclamation and defines the expected knowledge and skill for entry-level practice. It provides a guide for curriculum development and the basis for the entry-to-practice examination.

Each competency within the *Essential Competencies of Practice for Kinesiologists in Ontario* is accompanied by performance indicators, which define the level of expected performance for practising kinesiologists. Practice illustrations included are not intended to be an exhaustive list, but rather typical examples of how a kinesiologist may demonstrate the competency in day-to-day practise. Practice demonstration will vary for individual kinesiologists. The *Essential Competencies of Practice for Kinesiologists in Ontario* will be reviewed and revised periodically to reflect developments within the profession and the health care system.

The development and validation of the *Essential Competencies of Practice for Kinesiologists in Ontario* involved six key steps:

- 1) literature review and global environmental scan of essential competencies;
- 2) gap analysis of the *Kinesiologist Core Competency Profile*;
- 2) development of the competency framework and outline;
- 3) competency writing sessions;
- 4) stakeholder consultations;
- 5) province-wide validation of the essential competencies; and
- 6) finalization and approval by the College's Council.

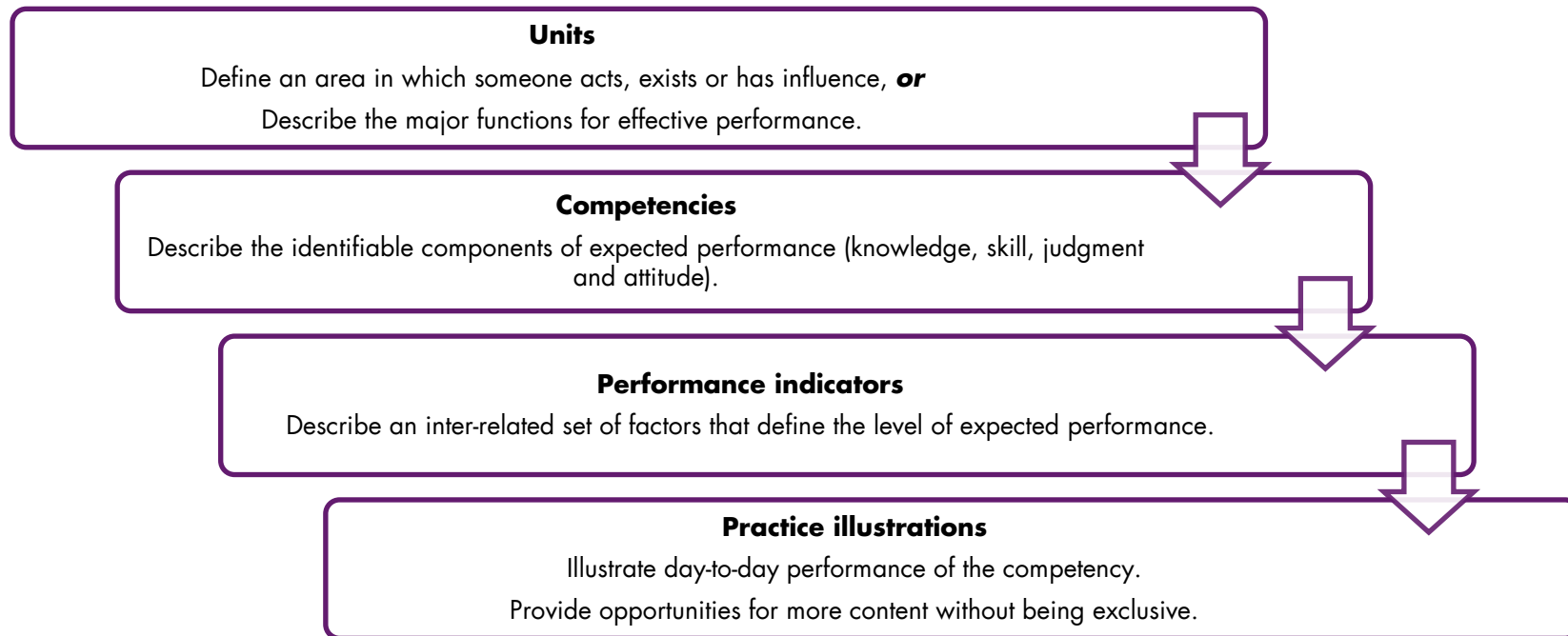
The College conducted a series of webinars to enhance the *Kinesiologist Core Competency Profile*. Four separate webinars were held with 28 kinesiologists from a variety of practice settings. The focus group participants reviewed the *Kinesiologist Core Competency Profile* and discussed each competency in detail, providing examples of how the competencies are applied in practice. The groups also discussed how the competencies could be enhanced and suggested new categories for each unit. Participants recommended that the depth and breadth of several of the competencies focused on knowledge of human movement, assessment and treatment be expanded to align more closely with current practice. Participants also felt that competencies should be developed related to leadership, ethical practice (professional boundaries, confidentiality and

privacy, record keeping), behaviour change and motivation, counselling, wellness, program development, delivery of education and inter-professional collaboration, to name a few.

Following a review of the focus group data, the College's Quality Assurance Committee determined the need to develop essential competencies rather than revising the *Kinesiologist Core Competency Profile*. The *Essential Competencies of Practice for Kinesiologists in Ontario* describe the required knowledge, skill, judgment and attitudes required throughout a kinesiologist's career; are relevant to a variety of practices, clinical and non-clinical; and provide a measure for ongoing competence.

The Quality Assurance Committee approved the proposed changes and adopted a four-tier functional analysis framework (units, competencies, performance indicators and practice illustrations) (Marrelli, 2005) (Ash, 2011) (Ennis, 2008). The Committee believed that the addition of the performance indicators and practice illustrations supported the application of the competencies in practice and provided measurement criteria for assessing the knowledge, skill and judgment.

The Functional Analysis Framework



The College formed a Competency Development Working Group consisting of kinesiologists, educators and public members of the Quality Assurance Committee. College staff provided leadership and content support related to self-regulation and expected professional behaviours.

To write the competencies based on the established outline and framework, 12 kinesiologists and educators volunteering from across Ontario met for a three-day workshop. A standard-setting exercise was conducted to define the required depth and breadth of the competencies. The Quality Assurance Committee provided modifications and approved the competency outline.

Throughout the development process, the College consulted with educators, the Quality Assurance Committee and Council members through webinars and face-to-face meetings to ensure that the competencies were relevant to kinesiologists' practice.

A total of 45 competencies and 301 performance indicators were developed within the following five units:

Unit 1: Foundational Knowledge

Unit 2: Professional Practice

Unit 3: Professionalism and Ethics

Unit 4: Communication, Collaboration and Advocacy

Unit 5: Professional Development

Provincial validation study

A consulting company developed an online survey and circulated it to members of the College to obtain data on the relevance of the competencies and performance indicators, and to assess their importance to practice and the public interest. 480 kinesiologists logged in to the survey, where they obtained general information on the competencies and their intended purpose. Given the length of the survey, the number of respondents progressively decreased in Units 3, 4 and 5. 480 kinesiologists responded to Units 1 and 2; 385 to Unit 3; 104 to Unit 4; and 190 to Unit 5.

The survey exhibited an acceptable confidence level at 0.93 with a 5% margin of error. The competencies and performance indicators ranked high, with an average ranking of 3.13 on a four-point scale for importance, and an average ranking of 2.97 on a four-point scale for frequency.

Based on the survey data, the Quality Assurance Committee convened to make final changes to the competencies. In response to comments from kinesiologists, several modifications were made, and a glossary to explain key terminology was added. Finally, practice illustrations collected from kinesiologists and the Competency Development Working Group item writers were selected to exemplify typical competencies in practice.

Unit 1: Foundational Knowledge

Uses foundational knowledge of human movement, performance, and function to enhance and promote human health and recovery from illness and injury.

Competencies	Performance Indicators	Practice Illustrations
1.1 Demonstrates knowledge of biomechanics in the provision of treatment and services with individuals, groups and populations.	1.1.1 Differentiates, explains and interprets normal and abnormal movement patterns.	Identifies a Trendelenburg sign as an abnormal gait pattern.
	1.1.2 Applies physics and mechanics to human body movement and performance applications.	Describes the influence of static and dynamic forces from different ground cover (e.g. ice, running track) and their effects on the body.
	1.1.3 Explains the interaction between the human and the environment.	Explains how a mechanical interface could predispose an operator to repetitive strain injury.
	1.1.4 Explains the biomechanical principles (e.g. work, power, energy, force) of human action.	Explains how the standard biomechanical mathematical equations help establish power, force, energy, etc.
	1.1.5 Applies biomechanical models to human actions.	Conducts and interprets functional capacity tests.
	1.1.6 Explains the multiple factors that impact biomechanical function in health and disease.	Describes how osteoarthritis affects the knee joint.
1.2 Exhibits knowledge of human anatomy as it pertains to function.	1.2.1 Explains the impact of age, disease and gender on human anatomy and functional capacity.	Explains reasons why functional capacity declines with age.
	1.2.2 Integrates knowledge of the relationship between anatomy and biomechanics and its impact on human movement.	Recognizes the structural anatomical changes that occur with disease states.
	1.2.3 Explains and takes into consideration the relationship between anthropometry and health outcomes in all populations.	Interprets height and weight data and educates patients/clients about the health risks of obesity.

Competencies	Performance Indicators	Practice Illustrations
1.3 Exhibits knowledge of motor learning and control as it changes throughout the lifespan and in health and disease.	1.3.1 Summarizes and takes into consideration the process of skill and movement acquisition at significant developmental milestones.	Identifies stages of locomotor development. Identifies stages of re-education following stroke.
	1.3.2 Explains the effects of neuromuscular disease on motor behaviour.	Explains the pathophysiology of Multiple Sclerosis.
	1.3.3 Explains the process of modification and re-acquisition of motor skills related to the environment, condition, health and performance.	Explains the functional limitations following a stroke and evaluates progress towards re-acquisition of motor skills.
	1.3.4 Summarizes the principles of motor learning.	Explains skill acquisition, retention and skills transfer.
1.4 Demonstrates knowledge of chronic disease as it relates to the performance, rehabilitation, management and enhancement of human movement.	1.4.1 Explains the pathology and progression of chronic diseases.	Describes the pathology and progression of cardiovascular disease.
	1.4.2 Summarizes the impact of chronic disease on functional capacity.	Describes how rheumatoid arthritis impacts functional capacity.
	1.4.3 Summarizes the impact of exercise, lifestyle, behaviour and the environment on chronic disease management.	Explains the therapeutic benefits of exercise for persons with cardiovascular disease.
	1.4.4 Identifies the key factors that influence the prevention and/or treatment of chronic diseases.	Describes how high blood pressure, high cholesterol and obesity can cause metabolic syndrome.
	1.4.5 Describes the epidemiology of chronic diseases.	Understands the epidemiology of diabetes.
1.5 Demonstrates an understanding of physiology.	1.5.1 Describes the biochemical processes of human systems.	Explains how energy is generated from aerobic and anaerobic systems.
	1.5.2 Considers the human life cycle and the impact on the body structure and function.	Explains the influence of aging on the musculoskeletal system.
	1.5.3 Recognizes normal and abnormal physiology, including impact of injury and disease state.	Describes pathophysiology of cardiovascular disease.
	1.5.4 Considers the impact of disease state and injury on different body systems and functions (e.g. energy, healing, impact on physical activity and rest).	Describes how cystic fibrosis affects healing time and limits physical activity.
	1.5.5 Explains how the human system functions.	Explains how the respiratory system functions.

Competencies	Performance Indicators	Practice Illustrations
	1.5.6 Considers the impact of environmental factors on physiology.	Describes how altitude affects pulmonary and cardiovascular systems.
	1.5.7 Considers the physiological effects of medications on human movement and performance.	Describes how beta-blockers may impact functional capacity for a patient/client with angina.
1.6 Applies knowledge of exercise and work physiology in health, disease, injury and recovery.	1.6.1 Explains the body's response and adaptation to exercise and occupational work.	Explains how exercise affects heart rate and blood pressure.
	1.6.2 Evaluates the pathological adaptations and responses to exercise and work inherent in chronic diseases and other pathologies.	Explains how Chronic Obstructive Pulmonary Disease (COPD) influences the normal physiological response to exercise.
	1.6.3 Develops and implements a plan to alter and/or improve function and ability to achieve desired outcomes.	Designs and evaluates an exercise program to improve a patient's/client's flexibility, strength or cardiovascular endurance.
	1.6.4 Considers how body systems respond and function in different environments (e.g. hot, cold, altitude) and with the introduction of stimuli (e.g. caffeine, drugs, medication).	Describes the expected physiological responses to exercise after caffeine consumption.
	1.6.5 Recognizes the impact of age and disease state on activity.	Describes how aging influences the cardiorespiratory responses to exercise.
	1.6.6 Demonstrates how to measure physical and cardiovascular fitness.	Describes and selects appropriate exercise stress testing protocols.
1.7 Demonstrates knowledge of health promotion and prevention for different populations.	1.7.1 Compares the relationship between the determinants of health and wellness (e.g. emotional, environmental, intellectual, occupational, physical, social and spiritual), and the effect on healthy living across the lifespan.	Describes how occupational stress impacts physical health.
	1.7.2 Explains the benefits of exercise on a population and individual level.	Presents to seniors groups about the benefits of exercise and active living.
	1.7.3 Identifies factors that influence exercise adherence and motivation.	Recognizes how socio-economic status creates barriers to participation (e.g. financial, transportation, etc.).
	1.7.4 Applies knowledge of epidemiology related	Presents to groups regarding the impact of exercise

Competencies	Performance Indicators	Practice Illustrations
	to wellness and disease prevention.	on the prevention of type 2 diabetes.
1.8 Demonstrates knowledge of the pathology of disease and injury as they relate to human movement, performance and recovery.	1.8.1 Applies knowledge of pathology of musculoskeletal, neurological, cardiopulmonary, neoplastic, and metabolic disorders and conditions.	Recognizes how the stages of cancer could affect participation and physical activity.
	1.8.2 Considers the reaction of the body to injury (e.g. cellular adaption/tissue responses, neoplasia/anaplasia, cellular degeneration/necrosis, infective agents) and disease.	Explains to patients/clients the healing process based on their particular diagnosis (e.g. inflammatory process vs. infective process).
	1.8.3 Explains and takes into consideration the pathophysiological process of inflammation and repair.	Explains the rationale for a selected modality.
	1.8.4 Considers the impact of the injury and disease state on human movement and performance.	Recommends appropriate gait aids for the level of injury (e.g. walker vs. crutches vs. cane).
	1.8.5 Considers the contraindication(s) of therapeutic treatments during the acute phase.	Describes why an acute supraspinatus tear requires lifting restrictions.
	1.8.6 Applies knowledge of fatigue and the impact of fatigue on physiological changes.	Describes tissue tolerance limitations and how they impact muscle fatigue.
	1.8.7 Applies knowledge of pain theories, pain referral patterns, pain management, fatigue principles and ratings of perceived exertion.	Explains to patient/client why pain can persist by referring to the normal course of healing. Uses rating of perceived exertion to assess exercise intensity.
	1.8.8 Explains the natural progress of musculoskeletal disorders.	Explains the progression of osteoarthritis.
1.9 Demonstrates an understanding of human factors and ergonomics as they relate to human movement and performance.	1.9.1 Describes and considers ergonomic risk factors (e.g. force, awkward postures, repetition, contact stress, duration/time, lighting and population anthropometrics).	Describes how repetitive strain/overuse may contribute to exceeding tissue tolerances and lead to injury.
	1.9.2 Recognizes normal and abnormal adaptation of the individual, group or population	Identifies how an individual adapts to their work station.

Competencies	Performance Indicators	Practice Illustrations
	to the environment and occupation. 1.9.3 Recognizes and analyzes various work environment alterations and accommodations.	Assesses work station ergonomics and recommends adaptations.
1.10 Demonstrates an understanding of the principles of food and nutrition science on human movement and performance.	1.10.1 Considers the impact of food and nutrition on wellness, health promotion, injury and disease.	Counsels patient/client with type 2 diabetes regarding the need to monitor carbohydrate supplementation, particularly during exercise.
	1.10.2 Explains and takes into consideration nutritional requirements and their role in human movement and performance.	Summarizes macronutrient requirements for high intensity prolonged physical activity.
	1.10.3 Explains and takes into consideration how nutrition, supplements, and hydration influence human movement, performance and wellness.	Counsels patient/client on the importance of fluid and electrolyte balance during exercise.
1.11 Demonstrates knowledge of measurement methodologies and equipment use related to assessing human function.	1.11.1 Assesses the appropriateness of score inferences, taking into consideration measurement concepts and methodologies.	Calculates and interprets body mass index scores accurately.
	1.11.2 Demonstrates understanding of statistical properties inherent in standardized measurement (e.g. validity, reliability, normative reference).	Recognizes that intra-tester variability may be a factor when taking and interpreting waist circumference.
	1.11.3 Demonstrates awareness and keeps abreast of industry acceptable standards related to the use of the equipment.	Recognizes weight restrictions for exercise equipment (e.g. bicycle and treadmill).
	1.11.4 Performs an array of measurements and calculates values based on standardized formulas.	Determines range of motion using a goniometer and accurately interprets results.
	1.11.5 Takes into consideration the purpose of the assessment/procedure, patient/client factors and measurement methodologies when selecting appropriate measurement tools.	Selects a six-minute walk test rather than a symptom limited stress test when assessing the functional capacity of frail individuals.
	1.11.6 Uses basic measurement terminology and knows standard abbreviations (e.g. BP, pulse, respirations, calorie).	When assessing oxygen consumption uses VO ₂ as abbreviation.
	1.11.7 Accurately collects quantitative measurements, ensuring calibration of tool.	Calibrates force pressure gauges before completing ergonomic evaluation.

Competencies	Performance Indicators	Practice Illustrations
1.12 Demonstrates knowledge of wellness strategies that contribute to long-term health.	1.12.1 Defines dimensions to wellness (e.g. physical, intellectual, emotional, social, spiritual, environmental, occupational and lifestyle).	Explains how emotional wellness impacts health.
	1.12.2 Explains how demographic, socio-economic factors and ecological issues affect community well-being.	Describes how demographics may present barriers to achieving optimum health status.
	1.12.3 Summarizes how society, media, culture and peer pressures influence wellness.	Explains the influence of the media on body image of young adults.
	1.12.4 Designs wellness activities for varying audiences, considering the demographics, lifestyle risk factors, epidemiology, socio-psychological and socio-economic factors, and ecological issues.	Designs a program to help inner-city youth become more active.

Unit 2: Professional Practice

Applies and integrates knowledge, skills and judgment to provide competent services through the continuum of care.

Competencies	Performance Indicators	Practice Illustrations
<p>2.1 Responds to professional service requests through analysis and synthesis of information.</p>	<p>2.1.1 Confirms reason and scope of referral by reviewing, evaluating, and interpreting available patient/client records and referral documents.</p>	<p>Reads the referral letter and prior history notes and confirms that reason for referral is documented.</p>
	<p>2.1.2 Clarifies and confirms reason for services with patient/client and other stakeholders.</p>	<p>Confirms diagnosis with referral source if needed prior to beginning treatment. Asks patient/client reason for visit.</p>
	<p>2.1.3 Requests further information and/or clarification of medical, treatment and occupational history.</p>	<p>Makes requests to other sources for health records appropriate in scope to the referral.</p>
	<p>2.1.4 Identifies the knowledge, skill and judgment required to provide the appropriate services to the patient/client.</p>	<p>Identifies patient/client needs and refers to another kinesiologist when needs are beyond individual sphere of competence.</p>
	<p>2.1.5 Determines that the services required are within the legislated scope of practice of a kinesiologist.</p>	<p>Identifies when services include performing a procedure that is a controlled act (e.g. performing wound care below the dermis, performing a finger prick to obtain blood glucose levels, administering a medication by injection or inhalation, adjusting the administration of oxygen, etc.).</p>
<p>2.2 Ensures informed consent prior to and throughout service provision, adhering to regulatory, legislated and service requirements.</p>	<p>2.2.1 Obtains informed consent prior to initiating services or change in service plan by communicating the purpose, risks, benefits, disadvantages, alternatives and cost of the proposed treatment plan or contract.</p>	<p>Ensures patient/client reasonably understands the information required to make an informed decision.</p>
	<p>2.2.2 Identifies situations where informed consent may be problematic and takes steps to rectify issues.</p>	<p>Identifies language barriers and arranges for an interpreter to be present. Assesses patient's/client's capability to provide informed consent.</p>

Competencies	Performance Indicators	Practice Illustrations
	2.2.3 Involves substitute decision-maker in the informed consent process when patient's/client's capacity, and/or maturity to fully understand information is problematic.	Refers to the <i>Health Care Consent Act, 1996</i> substitute decision-maker hierarchy to ensure the appropriate person is providing informed consent. Involves patient's/client's parent in the informed consent process only after the maturity of the patient/client is considered.
	2.2.4 Identifies and takes action on communication barriers which may impact the informed consent process and decision-making.	Uses drawings and/or written materials to communicate with patients/clients with receptive aphasia. Involves an interpreter when language barriers exist.
2.3 Organizes and performs an assessment using critical thinking and decision-making.	2.3.1 Collects patient/client history using interviewing skills, observation, and by reviewing clinical records and available data to inform assessment process.	Uses a comprehensive list of interview questions to collect the appropriate amount of health history on the condition. Requests information about prior testing and imaging results.
	2.3.2 Collects relevant information about the patient's /client's prior function, abilities, physical performance, vocational and avocational activities, and their environment.	Obtains information on the Physical Demands Analysis (PDA) from the employer for the specific job description.
	2.3.3 Confirms the patient's/client's vocational and avocational needs and health history.	Attends a work site and observes the physical tasks of a particular job.
	2.3.4 Performs an assessment to determine patient's/client's baseline, including anthropometric measurements, current function, movement, abilities, risks, symptoms and performance, and response to prior treatment.	Performs a general or specific fitness test prior to developing a fitness program.
	2.3.5 Measures the patient's/client's physical characteristics and their responses to activities and environments, with particular reference to health, safety, symptoms and performance.	Measures the patient's/client's blood pressure, respiration and pulse before and after cardiovascular activity.
	2.3.6 Examines physiological function of the patient/client at rest and during prolonged or	Assesses the patient's/client's temperature prior to their participation in a long-distance run at high

Competencies	Performance Indicators	Practice Illustrations
	maximal exercise, and in conjunction with environment stress (heat, cold, altitude, hyperbaric).	ambient temperatures.
	2.3.7 Conducts an assessment of the environment, product or system design to inform treatment plan.	Ascertains the temperature of a work environment to determine if it is problematic to a particular condition (e.g. Raynaud's Disease).
	2.3.8. Collects both subjective and objective data and evaluates the accuracy and relevance of the information.	Interviews a patient/client, obtains test data results and compares findings.
	2.3.9 Adheres to guidelines, protocols and policies when performing assessments.	Follows hospital protocol prior to electromyography (EMG) testing.
	2.3.10 Monitors patient's/client's health status, symptoms and abilities during the assessment process and takes action when needed.	Uses a heart rate monitor during cardiac rehabilitation assessments.
	2.3.11 Respects the patient's/client's cultural beliefs, values and privacy during the assessment.	Respects the patient's/client's cultural beliefs to have a kinesiologist of the same gender conduct an assessment. Ensures the patient's/client's body is not exposed during tests and exercise.
2.4 Recognizes and selects appropriate assessment tools and methodologies.	2.4.1 Selects the appropriate methods, tools and/or environment stressors for investigating performance and issues, taking into consideration the reason for the assessment, patient/client and environmental factors.	Uses a Berg Balance Assessment for an elderly patient/client at risk of falls.
	2.4.2 Considers limitations of evidence-informed practice and/or contraindications in the assessment method and/or tool(s).	Does not utilize static lifts or static lift protocols for patients/clients with disc herniation.
	2.4.3 Applies measurement concepts (reliability, validity, practicality, utility and normative reference) when selecting the assessment method and/or tools, and when evaluating the data.	Evaluates the patient's/client's ability by assessing the intensity, duration and frequency of a particular task beyond minimum exertion. Selects assessment tools that are validated in literature.

Competencies	Performance Indicators	Practice Illustrations
2.5 Analyzes and synthesizes assessment data to inform an impression.	2.5.1 Determines and/or confirms the currency, accuracy and relevance of the assessment data collected.	Considers the normative reference when determining assessment score inferences. Compares patient/client history to current data.
	2.5.2 Recognizes limitations in assessment data, or invalid results, and makes recommendations for re-assessment if necessary.	Establishes that the coefficient of variation is greater than acceptable normative values, thereby invalidating the data collected.
	2.5.3 Identifies the patient's/client's activity, current health status, abilities, impairments and risk/hazards based on the assessment.	Identifies that the patient/client cannot lift weights greater than a specific weight. Assesses the patient's/client's risk of falls and hazards in his/her environment.
	2.5.4 Identifies the patient's/client's strengths and limitations, and environmental factors that may affect his/her well-being, recovery and participation in treatment.	Considers that depression in a patient/client could decrease his/her motivation to exercise.
	2.5.5 Identifies the impact of medical interventions; medication use; psychosocial issues; and vocational, avocational and recreational history on patient/client well-being, recovery and participation in treatment.	Identifies that patient/client is taking medication that will inhibit cardiovascular response, limiting his/her ability to complete tests safely.
	2.5.6 Identifies the availability and limitation of environmental supports and patient/client resources.	Provides community resource list (e.g. area swimming pools, gyms, support groups, etc.) and ensures that resource list is current and provides a variety of choices. Considers the patient's/client's availability and involves personal support network (e.g. family members, friends, colleagues, etc.). Considers the patient's/client's financial limitations when making recommendations and/or referring to other services.
	2.5.7 Identifies normal and abnormal test and diagnostic results (e.g. x-ray, ultra-sound, blood work, imaging), and quantitative assessment data.	Recognizes from lateral stress x-ray report that there are structural deficiencies and limitations. Accurately reads diagnostic written reports and

Competencies	Performance Indicators	Practice Illustrations
	2.5.8 Identifies patient's/client's goals, level of desired participation, and socio-economic strengths and limitations.	applies general understanding of interpretation. Interviews patient/client to determine goals.
	2.5.9 Identifies when a referral to another health professional is required and the level of urgency in making the referral.	Refers the patient/client to the attending physician or emergency department when blood pressure is dangerously high.
	2.5.10 Applies evidence-informed practice and valid, reliable and standardized measurement protocols to inform critical thinking and clinical reasoning.	Administers a Physical Activity Readiness Questionnaire (PAR-Q) test before providing exercise prescription.
2.6 Develops patient/client-centred recommendations, plan of care and/or exercise prescription.	2.6.1 Communicates assessment results and analysis of data to the patient/client, team members and/or relevant others.	Reviews test and evaluation results with the patient/client. Communicates assessment data and findings during inter-disciplinary team meetings.
	2.6.2 Identifies consultation requirements and/or the need for collaboration with others.	Communicates to patient/client how many ergonomic assessments will be required to offer an accurate analysis.
	2.6.3 Considers the patient's/client's cultural values and beliefs.	Provides treatment that accommodates patient's/client's observance of religious practices.
	2.6.4 Takes into consideration the patient's/client's socio-economic factors and disparities (health, availability, finances, access to services) when developing the plan of care.	Provides exercise prescription or treatment plan that can be completed at home rather than having to join a gym.
	2.6.5 Integrates patient's/client's wants and needs in all aspects of planning.	Alters exercise plan based on patient's/client's preferred routine.
	2.6.6 Provides options to the patient/client and considers multi-functional cost-efficiencies.	Provides information on local facilities, the services and the costs.
	2.6.7 Selects interventions that are evidence-informed and consistent with patient/client goals, health status, socio-economic status, functional needs and assessment findings.	Creates an exercise prescription to increase hip strength to improve walking biomechanics that could be performed at home.

Competencies	Performance Indicators	Practice Illustrations
	2.6.8 Develops realistic, relevant, measurable, sustainable, and evidence-informed recommendations and/or goals.	Considers patient's/client's current functional abilities and compares them to program goal of return to previous employment. Develops SMART (specific, measurable, action-oriented, realistic and time-oriented) goals based on gaps in performance identified with reassessment occurring at regular intervals.
	2.6.9 Makes recommendations for task and/or job modification and accommodation based on assessment data and the demands of the workplace.	Recommends elimination of overhead lifting based on assessment findings.
	2.6.10 Designs customized exercise prescription for individuals, including but not limited to flexibility, strength, endurance, balance, cardiopulmonary training and corrective movement patterning.	Develops an exercise prescription program based on individualized assessment findings with consideration of injury type, stage of recovery, program goals, and relevant components necessary to improve physical wellbeing.
	2.6.11 Recommends a service approach that is evidence-informed and consistent with patient/client needs and goals.	Considers current literature and protocols when making recommendations for treatment plan to address patient/client needs.
	2.6.12 Prepares an exercise prescription so the patient/client understands the program and the details.	Writes out an exercise prescription detailing the frequency, intensity, time, type, duration and progression of the exercise.
	2.6.13 Prioritizes recommendations and/or goals and expected outcomes, based on assessment findings and evidence-informed practice, in collaboration with the patient/client and others.	Creates an exercise program that a patient/client can adhere to and which considers the patient's/client's goals and expectations, and personal circumstances.
	2.6.14 Regularly evaluates the plan of care and/or exercise prescription and makes modifications when required.	Modifies exercise prescription when patient/client experiences pain. Extends treatment plan when progression is slower than expected.
	2.6.15 Identifies limitations for treatment within scope of practice and refers to others when required.	Refers to appropriate health professional when the patient/client requests acupuncture, massage or medication.

Competencies	Performance Indicators	Practice Illustrations
2.7 Performs treatments in a competent, safe and ethical manner.	2.7.1 Schedules services and/or allocates resources in a reasonable timeframe.	Considers the urgency of the services and the patient's/client's availability when scheduling.
	2.7.2 Demonstrates respect for the patient's/client's time, financial resources, privacy and involvement of significant others or substitute decision-makers.	Clearly communicates financial implications of treatment.
	2.7.3 Obtains informed consent prior to and throughout the treatment/intervention.	Explains rationale for changes in treatment and the implications of the change.
	2.7.4 Takes into consideration experiential learning when performing the intervention and treatment.	Considers one's own learning and other patients'/clients' response from similar treatments.
	2.7.5 Assesses patient's/client's ability to perform the exercise in a competent and safe manner, and modifies if required.	Supervises and directs the patient/client throughout the performance of a specific exercise to ensure correctness.
	2.7.6 Performs procedures that are within the personal sphere of competence and the legislated scope of practice, or obtains the required knowledge, skill and authorization to perform the procedure.	Obtains appropriate knowledge and skill to perform therapeutic ultrasound on a patient/client.
	2.7.7 Develops and/or provides support tools to facilitate and enable patient/client to complete the treatment (e.g. activity log, instruction sheets, diagrams).	Provides treatment instruction sheets, diagrams and activity log.
	2.7.8 Implements and competently uses therapeutic modalities, aids, equipment, engineering, and administrative and/or personal controls relevant to the needs of the patient/client, the situation and the environment.	Utilizes transcutaneous electrical nerve stimulation (TENS) for pain control. Provides and instructs patient/client on the proper use of a cane.
	2.7.9 Clarifies and sets the patient's/client's expectations during the time of the intervention and/or treatment.	Reconciles the patient's/client's expectations with realistic objectives.
	2.7.10 Presents data and assessment findings to inform future program design solutions.	Provides a report of assessment results to the patient/client.

Competencies	Performance Indicators	Practice Illustrations
2.8 Continuously evaluates the efficacy and safety of treatment plans and/or exercise prescription.	2.8.1 Monitors patient's/client's response to the intervention and/or treatment.	Observes patient's/client's biomechanical functions during lifting exercises.
	2.8.2 Assesses the patient's/client's ability to recreate the intervention and confirms his/her understanding of instructions.	Demonstrates intervention and confirms safe patient/client performance during a return demonstration.
	2.8.3 Measures goals and tracks outcomes against established benchmarks to ensure desired goals are met.	Measures patient's/client's weight and plots changes on a graph.
	2.8.4 Re-assesses the patient's/client's progress and status to determine effectiveness of the intervention and/or exercise prescription.	Administers strength tests throughout an exercise program to determine objective improvements in strength.
	2.8.5 Informs the patient/client of the potential risks, existing contraindications, and when he/she should stop activity and seek further advice.	Explains to a patient/client how to avoid resisted wrist flexion after a flexor tendon repair.
	2.8.6 Engages in risk stratification to determine the level of supervision required during the intervention and to determine required modification to treatment and/or referral to other sources.	Considers additional supervision for patients/clients who are deemed high risk for cardiovascular events during exercise.
	2.8.7 Identifies risk factors associated with patient/client non-adherence and addresses these concerns with the patient/client.	Demonstrates awareness that exercise participation may be challenging for patients/clients who live in rural areas with limited access to facilities.
	2.8.8 Follows infection prevention and control measures, and established protocols and policies.	Implements universal precautions to remove risk of spreading blood borne diseases (e.g. wears gloves when exposed to blood or open skin). Collaborates with team to develop infection control and prevention policies. Keeps abreast of current infectious diseases.
	2.8.9 Confirms accuracy and safety of the equipment prior to use and regularly monitors and reports unsafe or potential risk situations.	Regularly inspects exercise equipment. Ensures electrical cords are fastened and not a fall hazard. Removes and/or repairs faulty equipment.

Competencies	Performance Indicators	Practice Illustrations
	2.8.10 Implements treatment plan in collaboration with the patient/client, inter-professional team and other stakeholders.	Discusses patient/client progress with team members and at case management conferences.
2.9 Demonstrates professional responsibilities and accountabilities when performing procedures that are beyond the scope of practice for the profession.	2.9.1 Identifies activities that are considered a controlled act as listed in legislation.	Declines from communicating a diagnosis (e. g. insurance claim form, patient/client questioning).
	2.9.2 Adheres to practice standards, regulations and legislation when performing procedures.	Obtains the appropriate authority (i.e. medical directive and/or patient/client specific order) to perform a controlled act when appropriate.
	2.9.3 Identifies and obtains the required knowledge, skill and judgment before performing procedures beyond scope of practice.	Understands and accepts medical directives only when competent to perform the act.
	2.9.4 Ensures appropriate authorizing mechanisms (patient/client order or medical directive) are in place prior to accepting delegation.	Ensures that a medical directive is in place, which includes the kinesiologist, prior to blood glucose testing.
	2.9.5 Demonstrates knowledge, skill and judgment to manage potential negative outcomes.	Engages in cardiopulmonary resuscitation (CPR) training when working in a stress-testing clinic/lab.
	2.9.6 Obtains informed consent from the patient/client and advises that the procedure has been delegated by another regulated health professional.	Obtains consent from the patient/client to perform blood glucose testing, indicating that this has been delegated by the physician.
	2.9.7 Demonstrates understanding of when a controlled act can be performed without authorization.	Performs a controlled act during an emergency situation (e.g. uses an external automatic defibrillator).
	2.9.8 Informs referral source and relevant others that he/she is unable to perform a procedure.	Refers patient/client to alternative provider for a service outside of personal scope of practice (e.g. provision of orthotics).
	2.9.9 Records the controlled act that has been delegated, any specific instructions related to the delegation, acceptance of the delegation, and the name, date and designation of the person delegating the controlled act.	Records in the patient/client chart when enacting a medical directive.

Competencies	Performance Indicators	Practice Illustrations
	2.9.10 Seeks consultation and referral when required.	Refers back to family physician for follow-up when patient/client expresses sentiments of depression.
2.10 Plans for follow-up and discharge of services in collaboration with the patient/client and stakeholders.	2.10.1 Conducts an assessment to guide discharge planning, to determine patient's/client's condition and if goal(s) is met.	Completes a discharge check list. Reviews plan of care with patient/client to determine if goals have been met.
	2.10.2 Reviews and discusses with the patient/client the intervention/treatment plan to determine process and readiness for follow-up/discharge.	Conducts a family conference in a community care setting for elderly patients/clients.
	2.10.3 Carefully considers the need to refer to other health professionals and/or services.	Recommends an occupational therapist to conduct a home visit to assess bathroom safety.
	2.10.4 Develops a follow-up/discharge plan in collaboration with the patient/client and stakeholders.	Holds a family conference with family and other treating professionals.
	2.10.5 Meets terms and conditions of the contract with regard to terminating services.	Patient/client is informed that the terms of the contract have been met.
	2.10.6 Reviews with the patient/client the maintenance plan and ongoing need for self-management.	Reviews discharge plan and offers post-discharge follow-up.
	2.10.7 Educates patient/client on the availability of services to support transition to the community.	Provides information on community programs.
	2.10.8 Discontinues services in situations where one determines services should not be continued and notifies the patient/client and stakeholders.	Discontinues services or places program on hold until medical assessment is conducted.
2.11 Uses a systematic approach to record keeping consistent with the practice standards of the profession.	2.11.1 Maintains clear, accurate and comprehensive records of all patient/client encounters, recommendations, and plans to demonstrate professional accountability and to support continuity of patient/client care.	Has a unique patient/client identifier on every page of the patient/client health record. Ensures records include signature and dates.
	2.11.2 Records information, ensuring legibility, in either official language of Canada (English or French).	Produces health records in one of the official languages that can be read by another individual.

Competencies	Performance Indicators	Practice Illustrations
	2.11.3 Prepares records and reports in a timely and systematic manner.	Produces a report within the stated timelines agreed upon with the patient/client.
	2.11.4 Maintains and keeps updated equipment logs (calibration, safety inspections).	Produces equipment service records for an ultrasound machine.
	2.11.5 Documents critical incidents and errors as a component of quality control and improvement.	Uses reporting protocols and forms to record negative patient/client outcomes.
	2.11.6 Documents the informed consent process and the patient's/client's understanding of the information provided, including if consent was obtained, refused or withdrawn.	Records the circumstances surrounding the patient's/client's consent and indicates his/her understanding of the information presented.
	2.11.7 Documents involvement of and the patient's/client's consent to involve unregulated professionals and/or support personnel in the services provided.	Records the patient's/client's consent to involve unregulated health professionals in his/her care and that he/she clearly understands the roles, responsibilities and the limitations of the service provided by the unregulated professional.
	2.11.8 Documents information on all delegated controlled acts that one performs.	Documents who delegated the act, when, for which patient/client and the parameters of the delegation.
	2.11.9 Documents assessment findings, including subjective and objective findings, the assessment method and type of assessment tools used.	Uses SOAP (subjective, objective, assessment, plan) notes to chart.
	2.11.10 Ensures documentation is accurate and complete before applying his/her signature/attestation.	Reviews the notes and makes necessary changes to ensure accuracy and that accountability is properly documented prior to signing.
In addition, kinesiologists may:		
2.12 Assesses the need to develop and implement a community wellness, exercise and/or health program.	2.12.1 Identifies determinants of health and their influence on the population's health status.	Develops questionnaires for specific patient/client population (e.g. geriatric patients/clients).
	2.12.2 Identifies and reviews relevant literature and evidence-informed research to create a program plan and justify needs and/or actions.	Includes references to support claims and direction of the program plan in the reports.

Competencies	Performance Indicators	Practice Illustrations
	2.12.3 Identifies available resources and prepares proposal for a range of funding opportunities.	Conducts needs analysis prior to completing government funding proposals.
	2.12.4 Collaborates with stakeholders to determine level of support, resource implications, opportunities and risks.	Facilitates meetings with stakeholders to develop a new program for an identified community need.
	2.12.5 Utilizes applicable databases to analyze and assess variables associated with the target population.	Uses Canadian Institute for Health Information (CIHI) database to obtain data for program development.
	2.12.6 Synthesizes assessment data to determine and prioritize program goals and objectives.	Collects data on overuse injuries to eliminate hazardous, systematic work processes.
	2.12.7 Designs programs based on needs assessment and evidence-informed literature.	Develops a falls prevention program for a seniors' community living facility.
	2.12.8 Identifies individual, public/private organizations, and government roles and responsibilities within the systems.	Describes insurance payment schemes.
2.13 Develops and implements a wellness, exercise and/or health program to meet the needs of the organization and/or community.	2.13.1 Prioritizes goals and objectives based on level of importance and changeability of the health problem.	Determines that a weight loss program is needed for a population of individuals with metabolic syndrome.
	2.13.2 Applies community and population-based models and theories in the development of the programs and/or interventions.	Uses wellness methodologies in designing programs for specific populations.
	2.13.3 Applies wellness strategies that contribute to long-term health in planning and delivery of programs and services.	Develops a smoking cessation program.
	2.13.4 Considers population and environmental disparities (health, availability, finances, access).	Develops programs for isolated northern communities.
	2.13.5 Adapts program to respect the cultural and social trends of the population.	Adapts a program for an aboriginal community.
	2.13.6 Collaborates with community partners and organizations to design programs.	Works with the Arthritis Society to develop a program for the community.

Competencies	Performance Indicators	Practice Illustrations
	2.13.7 Develops, implements, monitors and evaluates strategies for efficient workflow.	Attends management/labour meetings to obtain feedback.
	2.13.8 Utilizes appropriate behavioral change theories, social marketing, behavior economics and communication strategies in the delivery of programs.	Targets community support agencies to participate in falls prevention strategies for seniors.
	2.13.9 Implements community and population-based programs and/or interventions in collaboration with stakeholders.	Works with the local health integration networks (LHINs) to create appropriate programming for the region.
2.14 Conducts an evaluation of program outcomes and effectiveness of the program.	2.14.1 Identifies program evaluation indicators by applying best practices in evaluation processes.	Creates a logic model for program evaluation.
	2.14.2 Develops a variety of tools and implements methods for evaluating effectiveness of the program to determine whether objectives and goals are met.	Creates a survey to address evaluation questions in the logic model.
	2.14.3 Conducts the evaluation through the application of evaluation methodology.	Conducts the survey using appropriate methodology (e.g. online survey vs. mailed survey vs. person-to-person interviews).
	2.14.4 Analyzes evaluation results to draw inferences and reach conclusions.	Analyzes results of survey using appropriate quantitative or qualitative methods.
	2.14.5 Develops recommendations for change based on evaluation.	Develops recommendations for change based on analysis of data gathered.
	2.14.6 Presents evaluation findings, outcomes and recommendations to stakeholders.	Writes a report that describes the evaluation, data, analysis and recommendations.
2.15 Participates in and/or leads research initiatives, following ethical and professional research methodology to advance kinesiology practice.	2.15.1 Applies suitable research methodology to appropriately address research questions.	Develops research protocol based on standard ethical principles.
	2.15.2 Demonstrates critical analysis in selecting and developing research instruments and tools.	Selects research tools and methods appropriate to the research subject and project goals.
	2.15.3 Conducts research following ethical principles and established policies.	Completes research ethics board process successfully.

Competencies	Performance Indicators	Practice Illustrations
	2.15.4 Uses critical thinking to determine data collection methods, measurements and evaluations.	Formulates a rationale for data collection methods selected.
	2.15.5 Engages in knowledge transfer activities to promote improvements and/or changes in practice.	Participates in knowledge transfer exchange program.

Unit 3: Professionalism and Ethics

Assumes professional responsibility to provide safe, ethical and effective kinesiology services.

Competencies	Performance Indicators	Practice Illustrations
<p>3.1 Adheres to the code of ethics and practice standards for the profession.</p>	<p>3.1.1 Accepts responsibility and accountability for actions and decisions.</p>	<p>Reports an incident of unprofessional, unsafe or unethical behaviour. Reports near-miss events or occurrences of medical errors or incidents. Reflects on and evaluates own actions and decisions.</p>
	<p>3.1.2 Practises in a manner that respects diversity and avoids prejudicial treatment of an individual, group or population.</p>	<p>Treats all patients/clients, regardless of sexual orientation, gender expression, religious beliefs or nationality. Provides accommodation for nursing mothers when requested.</p>
	<p>3.1.3 Recognizes the impact that one's own values and beliefs, and those of the patient/client, have on practice.</p>	<p>Respects patient's/client's request to participate in prayer or religious events and schedules treatment sessions accordingly. Demonstrates trust and respect for individuals who are culturally different. Seeks guidance when personal beliefs and values affect professional judgment and/or conflict with professional obligations.</p>
	<p>3.1.4 Recognizes and reports unsafe, unethical and/or incompetent practice or behaviours.</p>	<p>Reports to the organization and the College, elder abuse, child abuse, sexual abuse by a health professional, negligent practitioners, insurance fraud and unauthorized use of title.</p>

Competencies	Performance Indicators	Practice Illustrations
	3.1.5 Recognizes, manages and declares real, potential, and perceived conflicts of interest.	<p>Is pro-active in foreseeing and preventing situations that may present a conflict of interest.</p> <p>Understands and readily identifies conflicts of interest.</p> <p>Discloses when actions present a personal gain or interest, or if a decision directly or indirectly affects professional judgment.</p> <p>Discloses to the patient/client that a profit will be made when recommending products and services.</p> <p>Complies with practice standards regarding recommending and working with vendors.</p>
	3.1.6 Identifies and manages conflict with professional obligations and organizational policies.	<p>Reports to manager when organization's policies conflict with College practice standards and regulations.</p> <p>Recommends to patient/client the purchase of a support cushion and provides the option to purchase from the organization or other suppliers.</p>
	3.1.7 Upholds professional image that is becoming of the profession.	<p>Maintains professional dress code/work attire, language and behaviours.</p> <p>Upholds professional image when using social media.</p>
	3.1.8 Maintains ethical and transparent fees and billing practices according to regulations and standards.	<p>Maintains consistent and transparent fees and billing practices with all patients/clients through standardized and clearly defined invoices.</p> <p>Creates and makes available to patients/clients a standardized fee for service schedule.</p>
	3.1.9 Respects patient's/client's rights and choices, and acts in the best interest of the patient/client.	<p>Accepts patient/client decision to decline aspects of the treatment and/or recommended services.</p> <p>Empowers patient/client to make own decisions about their health related to quality of life and physical functioning.</p>

Competencies	Performance Indicators	Practice Illustrations
	3.1.10 Manages dual practice by separating one's practice and not holding oneself out to be a kinesiologist when performing procedures not authorized to the profession.	Provides clarity to the patient/client and others about the services provided as a kinesiologist and those performed under a different title (e.g. massage therapist, chiropractor). Maintains separate documentation entries, invoicing and financial records when providing services under two professional titles. Claims only the time worked practising as a kinesiologist as practice hours for registration currency requirements with the College of Kinesiologists of Ontario.
	3.1.11 Accurately and consistently communicates professional title and designation.	Accurately and consistently, verbally and in writing, communicates professional title (i.e. Registered Kinesiologist, R. Kin.). A kinesiologist with a PhD does not use the title 'Doctor' during clinical encounters.
3.2 Applies patient/client-centred principles in practice.	3.2.1 Builds rapport and trust within professional relationships, while respecting boundaries.	Encourages patient/client to discuss issues, risks, concerns, expectations, goals and priorities. Uses language and terminology that the patient/client will understand. Confirms understanding with the patient/client.
	3.2.2 Develops and implements culturally sensitive approaches.	Respects and attempts to make allowances for patient's/client's choice of practitioner gender. Provides periods in which patient/client may rest, eat or pray. Enquires whether patient/client has any special needs to comply with assessment and treatment plans. Enquires and manages the need for religious and cultural clothing.
	3.2.3 Recognizes the limits of one's own knowledge, skills, and abilities related to managing diversity and equity issues, and consults when necessary.	Consults with appropriate experts regarding cultural approaches for Aboriginal populations. Refers to a registered dietician when culture impacts dietary requirements.

Competencies	Performance Indicators	Practice Illustrations
	3.2.4 Takes into consideration the diversity (e.g. age, gender, sexual orientation, religion, ethnicity, cultural beliefs) of the patient/client.	Provides recommendations for treatment options with a context that respects the patient's/client's culture.
	3.2.5 Assesses the need for, develops, and implements accessible service and delivery strategies, adhering to relevant legislation and regulations.	Has a wheelchair accessible facility. Develops a clinic accessible service policy and procedure manual in accordance with legislation and regulations. Conducts a regular accessibility review.
	3.2.6 Respects the individuality of patients/clients and applies strategies that engage the patient/client in a collaborative approach.	Is non-judgmental in approach and strives to achieve a mutual understanding of expectations of services. Gives the patient/client alternatives to the proposed interventions, if applicable, including benefits and consequences. Allows for and encourages patients/clients to ask questions and make suggestions for treatment plan.
3.3 Adheres to confidentiality and privacy legislation, practice standards, and organization's policies regarding patient/client information.	3.3.1 Maintains confidentiality and security in the collection, sharing, storing and releasing of personal health information.	Ensures that data is transmitted through encrypted email or through secured internet site. Ensures files are locked in filing cabinets after use. Engages the services of a record management company for destruction of files.
	3.3.2 Obtains consent for the collection, storage, use and disclosure of information.	Obtains consent before sending information by email. Ask patients/clients or substitute decision-makers to sign a "consent to release" form, indicating who may receive reports/information (e.g. other regulated health professionals, employers, insurance companies, etc.) Obtains verbal and written consent from patient/client or substitute decision-maker.

Competencies	Performance Indicators	Practice Illustrations
	3.3.3 Takes action to anticipate and minimize foreseeable risks to privacy and confidentiality.	Includes privacy and confidentiality disclaimer in email signature. Adheres to legislation, regulatory requirements and facility/employer guidelines regarding protection of privacy, management and security of information. Reports risk of breach of confidentiality to appropriate authorities. Maintains awareness of private and confidential conversations and risks of disclosure in public or shared spaces. Maintains confidentiality and privacy within IT systems and communication devices by using encryption and appropriate security processes.
	3.3.4 Demonstrates an understanding of when information can be withheld and/or released without patient/client consent.	In cases where threat of patient/client self-harm or harm to others exists, discloses relevant information to health professionals or police (duty to report). Releases information at the direction of a court order or subpoena.
3.4 Recognizes and maintains appropriate relationships and boundaries, adhering to the College's practice standard and organizational policies.	3.4.1 Recognizes warning signs of potential and/or actual boundary crossing and takes action to manage the situation.	Refrains from engaging in close personal relationships with patients/clients or their family members. Refrains from accepting and giving gifts out of proportion to the professional relationship and patient/client situation. Refrains from voicing personal opinions about personal values, lifestyles, politics, etc. where the patient/client may feel one is judging or trying to influence the patient/client.
	3.4.2 Recognizes and manages inequalities (real or perceived) in balance of power between the patient/client, staff, students and self.	Creates policies and procedures for students and staff to help minimize inequalities of power. Recognizes that a power differential exists and that patients/clients, staff and students may not feel free to say no to specific invitations.

Competencies	Performance Indicators	Practice Illustrations
	3.4.3 Maintains professional boundaries when using social media.	<p>Applies and monitors appropriate privacy settings on all social media platforms.</p> <p>Declines friend requests from patients/clients and students on personal social media accounts.</p> <p>Creates separate accounts for personal and business use, maintaining appropriate privacy settings.</p> <p>Demonstrates good judgment in managing social media content.</p>
3.5 Applies critical thinking and decision-making in practice.	3.5.1 Demonstrates effective problem-solving and professional judgment.	<p>Integrates patient/client issues, needs and goals with kinesiology services.</p> <p>Integrates relevant information with previous learning, experience, professional knowledge and current practice methods.</p> <p>Refers to practice standards when necessary.</p> <p>Synthesizes and analyzes information to inform kinesiology services.</p> <p>Seeks assistance when needed.</p>
	3.5.2 Interprets and integrates evidence-informed practice, research and literature in decision making.	<p>Determines that information is accurate, current and applicable to situation.</p> <p>Implements changes to practice based on evidence-informed literature and research.</p>
	3.5.3 Recognizes situations where services should be adjusted, limited, modified or discontinued.	<p>Suggests cost-effective alternatives to products and services.</p> <p>Discontinues services that are ineffective.</p>
	3.5.4 Demonstrates effective, appropriate, and timely consultation with experts and others.	<p>Involves inter-professional team members, staff and other stakeholders.</p> <p>Consults with others as appropriate.</p> <p>Recognizes the stage of a situation and uses this information to govern urgency of consultation.</p>
	3.5.5 Identifies potential or real problems, issues or challenges.	<p>Critically evaluates risk to others and recognizes when actions are required.</p>

Competencies	Performance Indicators	Practice Illustrations
	3.5.6 Reflects, integrates and evaluates using critical thinking when faced with problems, issues and challenges.	Considers how actions or inactions and decisions impacted or will impact patient/client care.
	3.5.7 Demonstrates insight into personal expertise and limitations.	Declines to treat patients/clients who present with a condition beyond one's own personal sphere of competence and makes appropriate referrals. Gains and maintains knowledge and skill to meet the needs of the populations served.
	3.5.8 Considers alternative methods and provides justification for selected option(s).	Monitors and evaluates interventions and proposes changes as appropriate. Considers alternative assessment methods and the benefits and disadvantages to each option. Weighs the benefits, disadvantages and risks of alternative approaches to managing a situation or problem.
	3.5.9 Analyzes and synthesizes information and identifies new information, patterns and findings.	Continually reviews new information provided by the patient/client. Conducts a SWOT (strengths, weaknesses, opportunities, threats) analysis and/or environmental scan. Shares experiences with and obtains professional opinions from others. Recognizes patterns and considers reason(s) for change in behaviours and/or actions.
	3.5.10 Integrates relevant information with previous learning, experience, professional knowledge and current practice models.	Incorporates into practice learning from engagement in continuing education. Considers past experiences and outcomes and reflects on what to do differently in the future.
	3.5.11 Identifies and implements a plan to address the problem, issue or challenge.	Creates a treatment plan, operational plan or business plan. Collects sample plans and modifies based on needs.
	3.5.12 Evaluates the effectiveness of the plan and identifies what to do differently next time.	Establishes measureable indicators to evaluate the impact of the plan and outcome. Obtains stakeholder feedback. Tracks progress and makes modifications as required.

Competencies	Performance Indicators	Practice Illustrations
3.6 Demonstrates and applies leadership skills.	3.6.1 Takes an active role in sharing information and knowledge.	Provides presentations or shares conference materials with inter-professional team to increase knowledge. Leads case conferences.
	3.6.2 Engages in active discussions with others to establish a method to best meet and serve the needs of the individual, group and the population.	Participates in professional meetings, patient/client rounds, staff meetings. Participates on organizational or professional boards or committees.
	3.6.3 Educates the employer and the public on the role of, and the benefits of, receiving care from kinesiologists.	Promotes and participates in the development of job descriptions and performance reviews. Educates inter-disciplinary team members on the role of kinesiologists.
	3.6.4 Pursues and embraces opportunities to advance practice.	Participates in workshops, conferences, courses. Writes articles and presents at conferences. Seeks opportunities to conduct research.
	3.6.5 Encourages others to engage in personal and professional development activities for career growth and skill enhancement.	Seeks funding opportunities for staff education. Coordinates and promotes continuing education offerings.
	3.6.6 Enables others to openly communicate and to consider other opinions.	Operates in a non-judgmental manner. Poses questions and seeks opinions of others.
	3.6.7 Manages differences, misunderstandings and limitations that may contribute to inter-professional tensions in an effective and diplomatic manner.	Manages conflict and uses non-judgmental due process. Seeks reasons for differences and concerns noted by all parties involved in the situation.
3.7 Contributes to a safe practice and work environment.	3.7.1 Applies infection prevention and control procedures, policies and guidelines.	Promotes and uses good hand-washing techniques. Keeps abreast of current and emerging infectious diseases and prepares for potential outbreak. Maintains a current infection prevention and control policy.

Competencies	Performance Indicators	Practice Illustrations
	3.7.2 Leads and/or participates in quality assurance and improvement initiatives.	Takes part in quality assurance programs. Reviews incident reports and patient/client, staff and student feedback surveys, and implements required changes. Participates in organization accreditation processes. Implements processes to monitor number of patient/client visits and/or length of service, and tracks progress and length of time to meet goals.
	3.7.3 Identifies risk and safety issues in the work environment, and takes action to manage or mitigate risk and/or safety issues.	Reports critical incidents. Conducts risk assessments and reviews safety policies and procedures on a regular basis. Develops emergency and disaster planning policies. Maintains policies and procedures to ensure patient/client safety. Maintains equipment maintenance records.
	3.7.4 Takes action to ensure organizational policies align with professional obligations, regulations and legislation.	Advocates for policy development and revisions within organization to ensure compliance with College practice standards. Conducts regular staff meetings to review policies and procedures. Advocates for the representation of kinesiologists in organizational committees and working groups.
3.8 Responsibly applies the principles of financial stewardship and/or management.	3.8.1 Considers the financial implications when making decisions or recommendations.	Investigates cost of equipment and services prior to recommending to patients/clients. Utilizes various sites to provide services to enhance access (e.g. local community centre). Reviews and considers budget implications when recommending changes to program, staffing, equipment purchases, etc.
	3.8.2 Prioritizes goals in order to effectively manage time and workload.	Prioritizes work when faced with multiple patients/clients and competing needs. Books appointments at appropriate intervals.

Competencies	Performance Indicators	Practice Illustrations
	3.8.3 Employs principles of productivity to optimize efficient resource utilization.	Assigns competent staff to optimize skills and interests. Implements and/or engages in workload measurement tools and tracking.
	3.8.4 Maintains professional and ethical financial practices.	Provides clear and transparent invoices. Charges a consistent rate for services among patients/clients.

Unit 4: Communication, Collaboration and Advocacy

Uses effective communication and collaboration with others to achieve common goals and enhance relationships in the provision of kinesiology services.

Competencies	Performance Indicators	Practice Illustrations
<p>4.1 Communicates in a timely, accurate and effective manner with patients/clients and stakeholders.</p>	<p>4.1.1 Assesses the communication needs of the individual, patient/client or population.</p>	<p>Determines audience readiness to receive information. Determines the objectives of the communications/messaging and audience's interest. Assesses how the intended audience prefers to receive information (e.g. email, intranet, verbally, formal written communications, PowerPoint, lecture, community event, etc.). Determines limitations and/or specification of the distribution method (e.g. publication policies, conference speaker requirements).</p>
	<p>4.1.2 Identifies barriers to effective communication.</p>	<p>Identifies language barriers. Considers age, maturity and capacity of the patient/client or student. Considers the readability and literacy level of the audience. Takes time to prepare messaging. Considers budget limitations. Considers restrictions and/or limitations to the mode of communications (e.g. privacy laws, limited internet access or speed, lack of audio visual equipment).</p>
	<p>4.1.3 Adapts messages and modes of delivery to meet the needs of the target audience.</p>	<p>Selects the appropriate terminology based on the audience's level of understanding. Seeks translation and/or assistance from an interpreter when required. Uses all types of media, including social media, e-mail, computer software programs (e.g. Microsoft Office), paper-based documents and standardized</p>

Competencies	Performance Indicators	Practice Illustrations
		templates.
	4.1.4 Observes non-verbal cues and responds appropriately.	Reads and responds to body language and social cues.
	4.1.5 Evaluates the effectiveness of the communication.	Confirms understanding of information presented and if key messaging is relevant and of interest to the audience. Distributes feedback surveys and determines impact of information presented (e.g. decrease in re-admissions, high test scores). Confirms documentation is supporting continuity of care.
	4.1.6 Fosters open and honest communications.	Listens to all parties in a non-judgmental manner. Engages in active listening and delivers appropriate responses (e.g. challenges, re-phrasing). Gathers information and encourages others to contribute to the dialogue.
	4.1.7 Verifies accuracy of verbal communications and written information.	Confirms information obtained from patient/client with information contained in the medical record. Reviews reference material cited in written information.
	4.1.8 Communicates clearly, concisely, comprehensively, accurately, and using correct grammar and spelling.	Uses approved standardized abbreviations. Documentation is presented in a logical sequence.
4.2 Collaborates with others to achieve common goals and to optimize kinesiology services.	4.2.1 Identifies the need for and assesses the congruence of interests and goals in collaboration with patients/clients, inter-professional team members and other stakeholders.	Distributes surveys to evaluate services related to patient/client needs. Engages the team in discussion.
	4.2.2 Acknowledges and respects the opinions, creativity, values, beliefs and perspectives of others.	Gives credit to team members for their contributions. Adapts personal approach to each team member and situation. Engages others in decision-making and problem solving.

Competencies	Performance Indicators	Practice Illustrations
		Leads and/or engages in team-building activities.
	4.2.3 Identifies opportunities for shared benefit and/or vision.	Enlists volunteers to participate in working groups or on a committee. Explores partnership opportunities with other organizations, departments, agencies.
	4.2.4 Collaborates with others when the required skill is beyond one's own competence.	Seeks opinions of other health professionals. Organizes team meetings to discuss situations. Seeks and obtains input from external peers.
	4.2.5 Promotes inter-professional collaboration when making decisions, problem solving and/or engaging in conflict resolution.	Engages a variety of team members in the planning and development of strategic and operational plans, and department projects.
	4.2.6 Knows and supports the full scope of practice of team members.	Demonstrates awareness of the specific controlled acts other health professionals are authorized to perform. Is aware of team members' job descriptions and operational policies.
	4.2.7 Builds partnerships based on respect for the unique and shared competencies of each team member.	Communicates an appreciation for work completed. Provides positive and constructive, formative feedback. Appropriately assigns tasks based on competence of individual.
	4.3 Manages assignment of service to support personnel and students under one's supervision.	4.3.1 Demonstrates understanding of the role and approved responsibilities of support personnel and students.
4.3.2 Assigns tasks according to the individual's personal sphere of competence and organization's policies.		Confirms experience and understanding of role with the support personnel or student. Confirms roles described in the job description. Observes competence when teaching and assigning tasks for first time.
4.3.3 Anticipates and takes responsibility for managing potential negative outcomes.		Monitors the kinesiology service components assigned to the support personnel and/or students to ensure patient/client safety, and competent and ethical

Competencies	Performance Indicators	Practice Illustrations
		<p>practice.</p> <p>Identifies risk of fall or injury when assigning support personnel to a supervised exercise regime and ensures support personnel have the knowledge and training to safely assist patient/client.</p> <p>Re-assigns task if lack of skill by support staff or student is identified and reports concerns to the appropriate supervisor.</p> <p>Intervenes if patient/client health is unstable and requires assessment and/or supervision by another health professional.</p>
	<p>4.3.4 Provides regular feedback and evaluation to improve practice and to ensure positive patient/client outcomes.</p>	<p>Conducts performance reviews.</p> <p>Provides positive re-enforcement and constructive feedback.</p> <p>Provides opportunity for learning (e.g. recommends internet resources, provides current research articles, invites to in-services).</p> <p>Establishes processes for communications with the support personnel or student when one is not present or available for consultation.</p>
	<p>4.3.5 Obtains informed consent from the patient/client for the direct involvement of support personnel and students in patient/client care.</p>	<p>Ensures the patient/client understands the professional status and/or qualifications of the support personnel or student.</p> <p>Transparently communicates the billing structure when services are performed by a support personnel or student.</p> <p>Follows the <i>Healthcare Consent Act, 1996</i> when obtaining informed consent for the involvement of the support personnel or student.</p> <p>Documents informed consent for the involvement of the support personnel or student.</p>
<p>4.4 Uses technology to enable and enhance secure</p>	<p>4.4.1 Obtains consent to communicate electronically with patients/clients.</p>	<p>Ensures there is a form that patients/clients must sign to opt-in to electronic communication and provides</p>

Competencies	Performance Indicators	Practice Illustrations
communication and collaboration.		<p>future opportunities to opt-out. Ensures the patient/client is aware of the risk associated with communicating electronically (e.g. breach of confidentiality).</p>
	4.4.2 Demonstrates professional behaviours and professional boundaries when using social media.	<p>Does not send/accept any Facebook friend requests to/from patients/clients. Creates a separate business social media account, free from personal information and personal contacts. Ensures that profile pictures are appropriate and professional. Follows organizational policies when using social media.</p>
	4.4.3 Adheres to privacy legislation and practice standards when using technology.	<p>Implements proper encryption for emails and password protection when transmitting information electronically. Ensures proper destruction of electronic files prior to discarding an old computer. Implements secure password practices (e.g. regular password changes, complexity requirements). Ensures data stored on USB devices are encrypted and password protected. Logs off computer when it is not in use. Installs and regularly updates antivirus software. Obtains informed consent for the collection, disclosure, maintenance and use of personal information and personal health information.</p>
	4.4.4 Seeks guidance from technology advisors or experts when requirements are beyond personal competence.	<p>Obtains an IT assessment to ensure system is in compliance with privacy legislation. Obtains professional advice when purchasing privacy and antivirus software.</p>
	4.4.5 Advocates for and monitors security and data protection practices.	<p>Ensures staff adhere to duties and protocols for changing passwords. Ensures appropriate storage and disposal of records.</p>

Competencies	Performance Indicators	Practice Illustrations
		<p>Provides and/or allocates resources to support staff in ensuring privacy of records (e.g. locked filing cabinets, computer software applications). Communicates to supervisor professional obligations for ensuring the protection of personal and/or health information.</p>
	<p>4.4.6 Takes appropriate action in response to unauthorized access, use and disclosure of information.</p>	<p>Contacts patients/clients to inform them of unauthorized disclosure. Communicates breach to appropriate authorities (supervisor, privacy officer, Information and Privacy Commissioner), what has been done to mitigate the situation, and their right to complain to the College or the Information and Privacy Commissioner.</p>
<p>4.5 Advocates for the patient/client, self and the profession.</p>	<p>4.5.1 Advocates for the professional involvement of kinesiology services.</p>	<p>Discusses treatment plans with other professionals in an inter-disciplinary clinic to incorporate kinesiology exercise programs, along with therapeutic treatment of injuries. Participates in organizational planning meetings, committees and government advocacy groups.</p>
	<p>4.5.2 Advocates for the patient/client to support access to services, resources and programs.</p>	<p>Facilitates communication with a community care access centre (CCAC) to obtain home care services.</p>
	<p>4.5.3 Educates patient/client to self-advocate.</p>	<p>Encourages patients/clients to speak to their doctor about on-going issues.</p>
	<p>4.5.4 Advocates for, and participates in, activities that support advancement of the profession.</p>	<p>Participates in professional association committees.</p>
	<p>4.5.5 Educates the employer and the public on the role of kinesiologists and the benefits of receiving care from kinesiologists.</p>	<p>Explains the educational and training background of kinesiologists and the types of common conditions kinesiologists treat.</p>
	<p>4.5.6 Advocates for the development and implementation of programs that support health, wellness, function and movement.</p>	<p>Makes a proposal to management at a community centre to start an aqua fitness class.</p>

Competencies	Performance Indicators	Practice Illustrations
<p>4.6 Develops educational materials and/or delivers education to meet the needs of the patient/client, student, staff and/or others.</p>	<p>4.6.1 Recognizes and applies education and learning theories and principles in practice.</p>	<p>Utilizes adult education principles in workshop delivery (e.g. modular learnings). Identifies and uses opportunities for adult learners to be self-directed (e.g. learning modules with hyperlinks) and to express personal history and experiences. Uses age-appropriate learning experiences, quizzes and games to support application of knowledge. Provides timely feedback and/or results of learning outcomes.</p>
	<p>4.6.2 Assesses current knowledge and skills of the individual or target group.</p>	<p>Develops a needs assessment questionnaire. Identifies environmental, social and economic factors, as well as illness and learning disabilities, which foster or hinder learning.</p>
	<p>4.6.3 Determines and takes into consideration the literacy level and readability needs of the individual or target group.</p>	<p>Uses plain language and visual aids for treating recent newcomers to Canada from non-English/French speaking countries.</p>
	<p>4.6.4 Evaluates learning needs of the individual or target group and modifies education methods when required.</p>	<p>Interviews patient/client or group and appropriate support persons to ascertain their level of understanding. Observes and corrects patient/client performance of exercise or task using diagrams, when necessary. Tests students' knowledge, skill and judgment using a variety of assessment methods (e.g. factual and case-based multiple choice questions, demonstration, reflective practice exercises).</p>
	<p>4.6.5 Takes into consideration special needs and disabilities and provides accommodations.</p>	<p>Uses hands-on demonstrations for non-verbal patients/clients. Allows for accommodation when administering tests according to organizational policies and applicable laws.</p>

Competencies	Performance Indicators	Practice Illustrations
	4.6.6 Critiques and selects appropriate, current, evidence-informed, practice-based reference materials to support the development of educational resources.	Confirms cited references are current and credible to ensure reliability of literature. Determines materials are in keeping with current kinesiology practice and terminology. Incorporates culturally appropriate pictures in educational materials specific to the population served.
	4.6.7 Implements an individualized teaching plan in order to promote, maintain and enhance health, wellness, function and movement.	Incorporates patient/client or student goals in the learning plan. Obtains a completed self-evaluation of the patient's/client's or student's level of knowledge and/or performance and adjusts plan accordingly.
	4.6.8 Develops a variety of learning activities based on a plan and the needs of the individual, group, community and population.	Develops an exercise program for children using simple instructions and diagrams, and which incorporates their daily routines such as school recess activities.
	4.6.9 Develops culturally sensitive materials that are appropriate to the individual or target group.	Creates an exercise instruction video for seniors using seniors in the video to demonstrate the exercises.
	4.6.10 Uses a variety of socially acceptable and culturally sensitive, evidence-informed educational materials.	Uses pictures and diagrams in a non-invasive way e.g. having basic nutrition guides posted on the walls, brochures available for patients/clients.
	4.6.11 Evaluates learning, including teaching style and delivery, using appropriately designed instruments for data collection.	Conducts surveys to collect feedback on the effectiveness of educational initiatives.
4.7 Uses effective counselling, and coaching skills and strategies in practice.	4.7.1 Determines and applies counselling theories and strategies that empower the patient/client to make changes.	Conducts counselling, behaviour modification and motivational sessions. Modifies teaching strategy in consideration of patient's/client's stage of change.
	4.7.2 Assesses patient's/client's readiness to change when applying specific counselling strategies.	Interviews the patient/client about past, present and future goals.
	4.7.3 Develops counselling and/or coaching goals	Discusses with the patient/client what types of tools

Competencies	Performance Indicators	Practice Illustrations
	in collaboration with the patient/client.	and activities motivate them (e.g. patient/client identifies that they would like daily reminders to exercise).
	4.7.4 Assists with resolution of barriers to achieving goals of counselling and coaching.	Sets aside an appropriate amount of time to coach in-person. Identifies barriers to effective counselling and coaching (past experience with a counsellor, misconceptions, emotional status).
	4.7.5 Refers to other professionals when counselling needs are beyond the professional scope of practice and/or personal sphere of competence.	Refers a patient/client to a physician if he/she suspects that the patient/client may be suffering from depression.
4.8 Develops marketing/promotional materials relevant to the audience.	4.8.1 Adheres to advertising legislation, regulations and organizational policies.	Ensures advertising does not contain any testimonials.
	4.8.2 Ensures advertising information is balanced, accurate and is in the public interest.	Ensures advertising does not contain false claims or guarantees. Discloses limitations of the services (time, age group, membership).
	4.8.3 Collaborates with others to develop materials and messaging when the required skills exceed abilities.	Develops a privacy policy, which has been reviewed by an expert. Develops privacy policies for public consumption in collaboration with the privacy officer.

Unit 5: Professional Development

Engages in self-reflection, continuing education and development for ongoing competence.

Competencies	Performance Indicators	Practice Illustrations
5.1 Uses reflective approach to practice.	5.1.1 Demonstrates continuous self-awareness by critically evaluating one's own knowledge, skill and judgment, patient/client outcomes and feedback from others.	<p>Uses reflection in analyzing practice and selecting areas for ongoing learning.</p> <p>Considers what one would do differently next time.</p> <p>Critically evaluates if standard protocol or procedures apply to the situation.</p> <p>Seeks feedback on practice from others and adjusts one's self-assessment accordingly.</p> <p>Critically evaluates formal feedback surveys and identifies required changes to practice.</p>
	5.1.2 Analyzes the impact of one's own professional behaviours and actions on others.	<p>Recognizes that level of professional dress may affect professional respect among colleagues.</p> <p>Recognizes that personal conversations audible to patients/clients may impact professional image.</p> <p>Reflects on how delivery and tone of voice may impact perceived image and respect.</p>
	5.1.3 Critically analyzes consequences of actions prior to, during and after action is taken.	Recognizes that being late for an appointment impacts the relationship with the patient/client.
	5.1.4 Obtains feedback and demonstrates a willingness to consider opinions of others.	<p>Uses a multi-source feedback survey or patient/client or student satisfaction form to obtain feedback regarding communication skills and professional behaviours.</p> <p>Asks colleagues to conduct a record review of one's own documentation.</p> <p>Makes changes to practice and behaviours based on feedback obtained.</p>

Competencies	Performance Indicators	Practice Illustrations
	5.1.5 Considers and incorporates own experiences and learning in practice.	Reflects on an interaction with a colleague and identifies strategies to avoid or resolve conflict. Reviews patient/client records and outcomes to identify how modifying plan could adjust potential outcomes. Reviews student test results and feedback and makes adjustment to teaching materials and or program content.
	5.1.6 Calibrates self-assessment based on experiential learning and feedback from patients/clients and others.	Compares College self-assessment results with performance review feedback.
	5.1.7 Provides constructive feedback to others.	Recommends to a colleague an alternative exercise prescription program and provides rationale for change, without inferring inferior competence. Encourages others to review current literature and/or materials to support change in practice.
	5.1.8 Actively engages in the College's Quality Assurance Program.	Completes the College self-assessment in a timely manner. Participates in the College's peer and practice assessment when selected, considers results and incorporates feedback into practice. Participates in ongoing learning and professional development, and reflects on how learning has impacted patient/client care and/or practice.
5.2 Engages in continuous learning and professional development.	5.2.1 Develops a plan to address learning needs, including measureable goals and anticipated outcomes.	Documents learning plan using College online learning plan.
	5.2.2 Engages in learning activities relevant to identified needs.	Attends courses relevant to the learning plan developed. Communicates with peers to discuss current and new practice. Reviews current, evidence-informed literature. Engages in product demonstration.

Competencies	Performance Indicators	Practice Illustrations
		Engages in research and presents findings to peers.
	5.2.3 Keeps abreast of current evidence-informed practice, research, practice standards, changes in the practice environment and technology to inform practice.	Reads journal articles related to current area of practice. Frequently visits the College's website to review new and revised practice standards.
	5.2.4 Demonstrates skills in critical appraisal of the literature to inform practice.	Determines whether a journal article is of sufficient caliber to implement the recommendations in practice and reads other resources on the subject matter to compare and inform evaluation.
	5.2.5 Evaluates the effectiveness of the learning on practice and increasing knowledge, skill and judgment.	Identifies the impact of new knowledge on practice and patient/client care, program and organization.
	5.2.6 Applies new knowledge in practice and evaluates how learning impacts patient/client care and professional practice.	Makes changes in practice based on learning from courses or readings (e.g. updates methods to assess body fat composition, incorporates new information in classroom exercises and materials, updates website content and/or patient/client education materials).
	5.2.7 Shares new knowledge and experiences with others.	Provides in-service session to colleagues following attendance at a course. Publishes findings in articles, on websites and/or blogs. Presents information at conferences and/or during staff meetings/in-services.

Glossary

Term	Definition
Anthropometry	The study concerned with the measurements of the proportions, size, and weight of the human body.
Avocation	An activity taken up in addition to one's regular work or profession, usually for enjoyment; a hobby.
Biomechanics	The study of the mechanics of a living body, especially of the forces exerted by muscles and gravity on the skeletal structure.
Client	A client is the direct recipient of services provided by the kinesiologist. The client includes an institution, population, group or individual (i.e. patients, family members, classroom, participants, organization, institution, agency, contractor, employer).
Competent	<p>Demonstrating the necessary knowledge, skill, judgment and attitudes required to perform a role or procedure safely and ethically.</p> <p>Competent practice depends on three elements:</p> <ol style="list-style-type: none"> 1. Context of practice; 2. Capability of individual (e.g., physical, cognitive, affective); and 3. Competencies demonstrated by an individual. <p>In relation to a Discipline proceeding, Subsection 52(1) of the <i>Health Professions Procedural Code</i> defines incompetence as, “professional care of a patient [that] display[s] a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member’s practice should be restricted”.</p>
Demographic	A section of the population sharing common characteristics, such as age, sex, class, etc.
Ecological	The relationship between organisms and their environment.
Epidemiology	The branch of medicine dealing with the incidence and prevalence of disease in large populations and with

	detection of the source and cause of epidemics.
Evidence-informed practice	Ensuring practice and decisions are guided by the best research, literature, information and practice knowledge available.
Foundational knowledge	Education in the fundamentals of a field of knowledge; the basis on which a thing stands, is founded, or is supported.
Informed consent	Consent is informed if, before voluntarily agreeing to the intervention, the person making the intervention decision received the information that a reasonable person in the same circumstances would require in order to make a decision about the intervention. This information would also include responses to requests for additional information, including information about the nature, benefits, material risks, and side-effects of the intervention, alternative courses of action, and the likely consequences of not having the intervention.
Normative	Relating to a <i>typical</i> standard or model.
Patient	A person who is receiving health care or services to address wellness, health and/or healing.
Patient/client-centred	A value demonstrated through respect for patients/clients; patient/client involvement and direction in decision-making; advocacy with and for patients'/clients' needs; and recognition of patient's/clients' experience and knowledge.
Physiology	The branch of biology that studies the functions and vital processes of living organisms.
Principles	A fixed or predetermined policy or mode of action.
Psychosocial	Involving aspects of social and psychological behavior.
Socio-economic	The social science that studies how economic activity affects social processes.
Stakeholders	Person or system who affects or can be affected by an action; i.e. family member, other healthcare team members, physicians, insurance company, legal representative, etc.

Substitute decision-maker	A person who makes decisions for someone who is incapable of making his/her own decisions, and who is authorized to give or refuse consent to an intervention on behalf of a person who is incapable with respect to the intervention.
Vocation	An occupation to which a person is specially drawn or for which he or she is suited, trained or qualified.

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