

# College of Occupational Therapists of Nova Scotia

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Continuing  
Competency  
Program

**Assessment of  
Current Practice  
& Professional  
Development Plan**



## **Note to members**

The contents of this Guide, and the Assessment of Current Practice and Professional Development Plan, for the most part, reflect materials found in the Essential Competencies of Practice for Occupational Therapists in Canada, 2nd Ed (ACOTRO, 2000) which was adopted by the College of Occupational Therapists of Nova Scotia (COTNS) as the Standards of Practice of Occupational Therapists in Nova Scotia. Please ensure that you are familiar with this document.

This Guide provides step-by-step information to assist you in filling out the Assessment of Current Practice and the Professional Development Plan. These tools are part of the COTNS Continuing Competency Program (CCP) requirements. Contact the COTNS office or visit COTNS website ([www.cotns.ca](http://www.cotns.ca)) for resources.

**You are required to retain all mandatory completed continuing competence documents in your portfolio for five years.**

## **Acknowledgement**

COTNS wish to acknowledge the members (past & present) of the Continuing Competency Committee who worked on the development of the CCP. We also thank the members who have contributed valuable feedback through pilot projects, focus groups, meetings and consultation to the success of this important program.

Most importantly, COTNS would like to acknowledge the College of Occupational Therapists of Ontario (COTO) for granting us permission to adopt concepts from their Quality Assurance Program and adapt portions of their Continuing Competency documents.

We also recognize the Continuing Competency documents from the College of Occupational Therapists of British Columbia (COTBC) and Alberta College of Occupational Therapists (ACOT) that have also assisted the development of our Assessment of Current Practice and Professional Development Plan.

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# Continuing Competency Program

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# Continuing Competency Program

## Introduction

### Legislated Requirement

In 1998, the Nova Scotia government proclaimed the Occupational Therapists Act. This legislation requires the College of Occupational Therapists of Nova Scotia [COTNS] Board of Directors, with approval of the Governor in Council, to make regulations respecting continuing competency requirements of all members (section 6(3) (b)) and to establish a Peer Assessment Program (Sections 64 and 65). In June 2007, a regulation was made under section 6 of the Act that all members shall maintain a Continuing Competency Portfolio. Based on the above, all registered and practicing occupational therapists in Nova Scotia must participate in and fulfill the requirements of the Continuing Competency Program (CCP) and demonstrate that they are continuing to be competent in their practice.

### Overview of Continuing Competency Program (CCP)

Overview of Continuing Competency Program

The CCP is designed to ensure regulated therapists remain competent and provide safe, effective, and ethical services that meet or exceed established professional standards. The CCP provides the structure whereby therapists demonstrate they have the knowledge, skills, and judgment required to practice in any given role or setting.

The CCP is made up of two related components:

#### Component 1: The Continuing Competency Portfolio:

This Portfolio provides structure and tools for members to keep themselves current and competent through assessment and professional development activities. The Portfolio is divided into the following sections:

- Section 1 - Professional Practice Overview
- Section 2 - a) Assessment of Current Practice and  
b) Professional Development Plan  
c) Supporting Documents
- Section 3 - Personal Additions
- Section 4 - College Documents

#### Component 2: Peer Assessment:

This is the evaluative component of the Continuing Competency Program. It provides an audit process to ensure that members maintain their competency. It involves the selection and training of peer assessors and a yearly mandatory random audit.

On the annual registration renewal application form, you will declare your completion of the required components of the Continuing Competency Program for that year.

A Peer Assessor will review your Continuing Competency Portfolio if you are selected for participation in the random Peer Assessment audit.



# Continuing Competency Program

## Key Definitions

### **Assessment:**

An ongoing process of collecting, analyzing and interpreting information obtained through observation, interviews, record review and testing (CAOT 2002).

### **Client:**

May be individuals with occupational performance problems arising from medical conditions, transitional difficulties or environmental barriers, or may be organizations that influence the occupational performance of particular groups or populations (CAOT 2002).

*Note: When completing your assessment, consider who your clients are. The primary focus of your practice/role will influence your definition of clients, whether you are an educator, researcher, direct care provider or administrator.*

### **Competency:**

A behaviour statement that reflects the combined knowledge, abilities, skills, attitudes and judgment expected of occupational therapists in the context of their practice (CAOT 2002).

### **Continuing Competency:**

The ongoing ability to integrate and apply the knowledge, skills, and judgment required to practice safely, effectively and ethically in any given role or setting.

### **Peer:**

Peer, as it is used in the peer/colleague feedback refers to a co-worker, colleague or someone who does a similar role or is very familiar with your current role and practice area and is able to provide you with constructive feedback on how you function in your current role. The person could be an occupational therapist or another health professional.

**The focus of this Guide is on Section 2 of the Continuing Competency Portfolio - Assessment of Current Practice and Professional Development Plan**



# Continuing Competency Program

## **Overview: Assessment of Current Practice & Professional Development Plan**

(Section 2 of Continuing Competency Portfolio)

The main purpose of this section is to provide you with structure and tools to help you to assess your current practice, identify strengths and areas for improvement, and design your Professional Development Plan. Section 2 of the Portfolio is divided into three sub-sections:

### **1) Assessment of Current Practice (Section 2a)**

Assessment of your current practice helps you to reflect on your practice on an annual basis and establish a learning plan to maintain and improve your competence. There are three assessment tools provided for your use in this section:

#### **i) Self-Assessment of Essential Competencies of Practice (mandatory):**

This assessment is based on the Essential Competencies of Practice for Occupational Therapists in Canada (ACOTRO, 2000). It enables you to reflect on your practice by evaluating your current work performance against the criteria set for each domain in the Essential Competencies of Practice. All occupational therapists should demonstrate they are competent in each of the seven broad categories of competencies in order to practice safely, effectively and ethically. This assessment is mandatory and is **completed annually**.

#### **ii) Assessment of other Specific Competencies (supplementary/optional):**

You may use this tool to identify and assess the competencies that are specific and important to your role or setting, but are not covered under the Self-Assessment of Essential Competencies of Practice.

#### **iii) Peer/Colleague Feedback (mandatory)**

Peer/colleague Feedback provides you with additional insight into your practice and also validates the assessment of your performance on the Essential Competencies of Practice. A peer/colleague can assist you to identify strengths or gaps in your practice that you may not identify yourself. At least one feedback must be **completed annually**.

### **2) Professional Development Plan (PDP) (Section 2b)**

The form for the Professional Development Plan enables you to prioritize and address the areas for improvement by identifying and participating in learning activities, and evaluating how the learning activities impact your practice. This is to be completed **biannually**.

### **3) Supporting Documents Section (Section 2c)**

This is where you store information/documents that support your professional development activities. The Professional Development Log is provided for tracking and recording your learning activities.



# Continuing Competency Program

## Completing your Assessment of Current Practice (Section 2a)

*Note: You are not required to submit your completed documents to COTNS with annual registration renewal. However, if selected, you will be asked to submit your information and documentation as part of the random audit.*

### Rating Scale

The following scale is used in the self-assessment process.

- |                      |  |
|----------------------|--|
| 5 – Proficient:      | I am able to demonstrate, apply, and integrate knowledge and skills with the highest degree of consistency and effectiveness in a variety of routine and complex situations. In addition, I may engage in routine teaching, mentoring and supervision activities in this area.   |
| 4 – Competent:       | I am able to demonstrate, apply, and integrate knowledge and skills with consistency in a variety of routine situations and responsibilities. I am able to meet the requirements and expectations of my job.   |
| 3 – Developing:      | I am able to integrate knowledge and skills with a limited degree of consistency in a specific routine situation and responsibility. I use the skill or practice infrequently, but should be applying it to all situations in my practice. I am a new therapist to this practice area and will get better with experience. |
| 2 – Area for Growth: | I am able to explain and discuss key issues and concepts in general, but have little or no practical experience. I do not presently do well with this skill and should refine it in order to meet the expectations of my job.  |
| 1 – Not Applicable:  | A skill or practice that does not apply to my current role or responsibility.  |

### Setting Priorities

In the “Priority” column of the Self-Assessment Tool, decide on a priority level for those indicators with ratings of “2 - area for growth” and/or “3 - developing”, using the following definitions as guide.

- **High Priority** – Your current practice requires immediate improvement or growth in this area and you need to plan strategies that will allow you to gain knowledge and/or acquire skill in that area.
- **Medium Priority** - Growth in this area would be very helpful, but it is less urgent. If the opportunity arises, you will act. Otherwise you may address it in the future
- **Low Priority** - While you wish to grow or have some interest in this area, it is not critical for your current role. You will pursue it only after higher priorities are addressed.



# Continuing Competency Program

## When to Complete your Assessment of Current Practice

You will complete your Assessment of Current Practice annually within the registration year. It is suggested that you work on your Assessment of Current Practice between June and February of a registration year, so you can declare on the annual registration form that you have complied with the Continuing Competency requirements.

The Assessment of Current Practice Forms will be available for download from the COTNS website ([www.cotns.ca](http://www.cotns.ca)) or by calling the College to have them mailed to you.

## Steps for Completing your Assessment of Current Practice

The assessment may take about 6 to 8 hours in total to complete. You have about a year to complete it. We suggest you spend several shorter sessions rather than one long one. Allow some time to consult with your colleagues and complete the peer/colleague feedback.

The following steps will assist you in completing your Assessment of Current Practice:

### **Step 1:** Review Previous Assessment of Current Practice & Professional Development Plan

If you have completed the process before, gather previously completed Self-Assessment Form(s), Peer/colleague Feedback Form and Professional Development Plan(s). New registrants will skip this step.

- Review previously completed Self-Assessments and Peer/Colleague Feedback
- Review your last Professional Development Plan

### **Step 2:** Complete Self- Assessment of Essential Competencies on your current practice Reflect on your current practice and complete the Self-Assessment of Essential Competencies of Practice.

The process of self-assessment involves using the five-point scale to rate your overall level of competence for each of the performance indicators. Complete the assessment as follows:

- Complete the cover page of the Assessment of Current Practice to describe the services you offer in your present practice setting.
- Read each statement carefully and assess yourself honestly.
- Place a check  in the appropriate box to rate your level of competence.
- Place a check  in the appropriate box to indicate priority level for indicators requiring improvement (rating of 2 and/or 3).
- Provide specific practice examples in the spaces provided to support your demonstration of required competency.



# Continuing Competency Program

## **Step 3:** Complete the Self-Assessment of Other Specific Competencies (optional)

- This section is supplementary and may not apply to you.
- Write down other specific performance indicators that are important in your area of work, specialty, role and responsibility that are not covered in the Essential Competencies of Practice.
- Place a check  in the appropriate box to rate your level of competence.
- Place a check  in the appropriate box to indicate priority level for indicators requiring improvement.
- Provide specific practice examples in the space provided to support your demonstration of required competency.

## **Step 4:** Seek and obtain Peer/Colleague Feedback

Peer feedback should be an opportunity for learning and growth as a professional. Every year you are expected to obtain feedback from at least one peer/colleague.

- Choose someone whose opinion and judgment you respect and trust.
  - You can select a co-worker(s), another health professional, or someone who does a similar role.
  - Inform the peer/colleague that his or her participation is completely voluntary.
  - Provide the person you have selected with a Peer/Colleague Feedback form.
- Receiving feedback
  - Take time to reflect on, understand and consider the feedback you receive.
  - Thank your peer/colleague for the feedback provided
  - Decide how you will use it to create your professional development plan.
  - File the copy of the peer/colleague feedback in Section 2a of your portfolio after the Self -Assessment Tool.

## **Step 5:** Complete the Current Practice Assessment Summary

- Record your professional strengths based on self-assessment and peer feedback.
- List areas for improvement based on self-assessment and peer feedback.
- Formulate your learning objectives starting with areas for improvement assigned high or medium priority.
- You will be required to transfer your professional development goals to the Professional Development Plan Form (See Section 2b-Creating your PDP).



# Continuing Competency Program

## **Completion Checklist for Assessment of Current Practice:**

Please ensure the following are completed as they apply to you.

- Description of My Current Practice Area (Mandatory)
- Self-Assessment of Essential Competencies of Practice (Mandatory)
- Self-Assessment of Other Specific Competencies (Supplementary/optional)
- Peer/Colleague Feedback (Mandatory)
- Current Practice Assessment Summary (Mandatory)
- File your completed tools in Section 2a of your Continuing Competency Portfolio

*Note: You are required to retain your completed assessment for 5 years. You will be required to submit documentation of completed assessments if you are selected for review through the random audit process.*



# Continuing Competency Program

## Creating your Professional Development Plan (Section 2b)

Your Professional Development Plan (PDP) provides a tool to help you achieve your professional development goals. It is a systematic approach that translates goals into concrete action steps, and helps you stay on track to achieve these goals. Once you have completed your self-assessment, peer/colleague feedback, and prioritized the areas for improvement, you are ready to create your Professional Development Plan.

## When to complete your Professional Development Plan

You will create and complete your Professional Development Plan at least **once every two years**. You will retain your completed PDP for 5 years. The Professional Development Plan tool will be available for download from the COTNS website ([www.cotns.ca](http://www.cotns.ca)) or by calling the College to have it mailed to you.

## Steps for Completing Your Professional Development Plan

The following steps will assist you in creating your Professional Development Plan:

### Step 1: Review Completed Current Practice Assessment Summary

- Go over your current and previous completed Current Practice Assessment Summary.
- Review to ensure the learning objectives identified on your Current Practice Assessment Summary are still relevant.
- If necessary, refer back to completed Self-Assessment tools and review your prioritized areas for improvement.

### Step 2: Create your Professional Development Plan using the PDP Form

- Transfer your professional development goals from the Current Practice Assessment Summary to Professional Development Plan worksheet.
- Set a Goal: It is important to set professional development goal(s) that are **“SMART”**:
  - **Specific** – Know exactly what you are striving for with enough detail to clearly define what you want to achieve. Is this goal precise and clear?
  - **Measurable** – Establish concrete criteria for measuring progress toward attainment of your goal. How would you know when you have reached your goal?
  - **Action-oriented** – The goal must require you to take action. An action-oriented goal produces results. What do you need to do?
  - **Realistic** – The goal is practical and can be achieved within available resources. The goal represents something you are willing and able to work towards.
  - **Timely** – The goal has a definite deadline/target date.



# Continuing Competency Program

- Choose Learning Activities: Consider how you plan to address the areas for improvement. To help you, think about some of the following:
  - courses/workshops that are available
  - mentors/preceptors who are available
  - self directed learning (training videos, audio tapes, on-line, etc)
  - attending discussion groups or shadowing another therapist
  - your learning style, and resources available to you
- Identify the most effective learning method for the area that you wish to develop
- Select learning opportunities, taking into consideration your personal, professional and external circumstances (resources, learning styles, organization goals and vision, etc)
- Set a target date for completion and monitor and track your progress

### **Step 3:** Participate in Relevant Learning Activities

- Plan and participate in learning activities.
- Keep a record of your learning activities. Obtain and maintain documents to demonstrate your participation and attendance at professional development activities. Use the Professional Development Log (Section 2c) to track your and record your learning activities.
- File supporting documents in Section 2c of your portfolio.

### **Step 4:** Evaluate the Impacts of Learning Activities on Your Practice

- After completing relevant learning activities, assess the impact of the learning activities on your practice. Provide examples of how the learning activities:
  - Validated your practice
  - Enhanced your practice
  - Expanded your knowledge
  - Increase your awareness of existing resources
  - Other impact



# Continuing Competency Program

## Supporting Documents (Section 2 c)

This is where you store information/documents that support your professional development activities. Use the Professional Development Log to keep records of your professional development activities. Ensure that your supporting documents maintain the confidentiality of your clients and significant others.

The following are examples of documents that may be used to support your professional development activities:

- Educational logs
- Reading logs
- Reflective journal
- Course certificates, curricula, pamphlets, outlines
- Plans to obtain supervision, support or mentoring
- Minutes of meetings
- Samples of forms (consent, referral, etc.)
- Sample documentation (reports written, examinations set)
- Protocols for care research or other
- Sample lesson plans, course outlines, client educational materials, etc.
- Outcome measures
- Documentation of processes (e.g. case conference, performance reviews, confidentiality)
- Lists of assessments used
- Screening criteria
- Continuous quality improvement activities
- Course certificates
- Reference lists of relevant research articles
- Needs assessments for new programs
- Market research
- Case studies
- Lists of reference books, articles, web sites or journals reviewed/used
- Policies and procedures
- Service contracts
- Brochures describing service, promotional materials
- Proposals written
- Sample communications (memos, letters, performance reviews)
- Budget plan
- Business plans
- Volunteer activities



# Continuing Competency Program

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# Continuing Competency Program



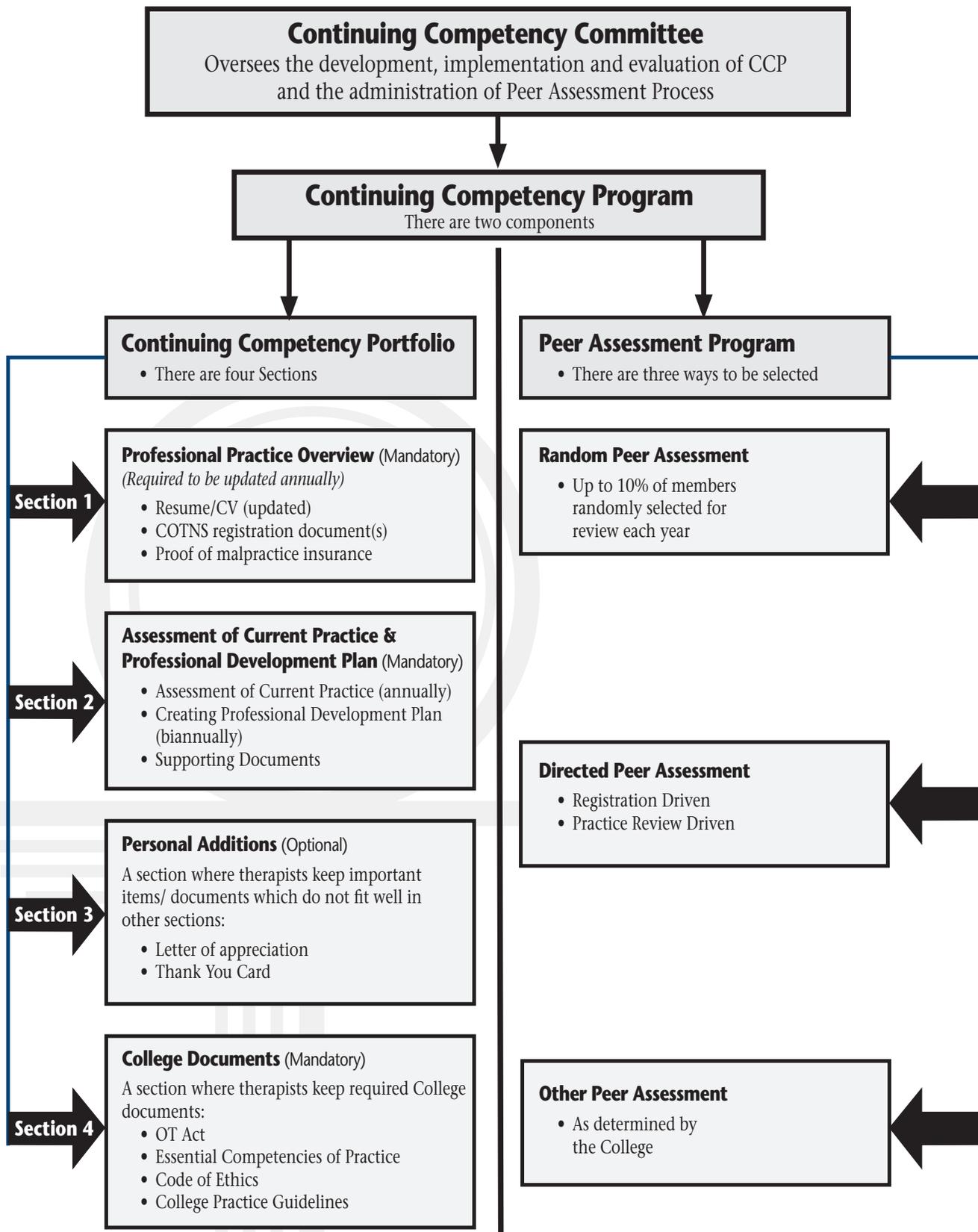
## Notes





# Continuing Competency Program

## Appendix A: Continuing Competency Program (CCP) Structure



Revised April 29, 2009



# Continuing Competency Program

## Appendix B: Processes for Completing Assessment of Current Practice & Professional Development Plan

### Assessment of Current Practice (Completed annually)

**Step 1**

Review Previous Self-Assessment, Peer/Colleague Feedback and Professional Development Plan

*New registrants will skip this step*

**Step 2**

Complete Self-Assessment of Essential Competencies of Practice  
*(Mandatory – completed annually)*

**Step 3**

Complete Self-Assessment of Other Specific Competencies  
*(Supplementary/Optional – completed annually)*

**Step 4**

Seek and obtain Peer/Colleague Feedback  
*(Mandatory – completed annually)*

**Step 5**

Complete Current Practice Assessment Summary  
*(Mandatory – completed annually)*

### Professional Development Plan (Completed once every two years)

**Step 1**

Review Completed Current Practice Assessment Summary

**Step 2**

Create Your Professional Development Plan

- Set SMART goal(s)
- Choose learning activities/resources
- Set target date for completion
- Monitor progress

**Step 3**

Participate in Relevant Learning Activities

**Step 4**

Evaluate the effects/impacts of learning activities on practice

**You are required to keep all Assessment of Current Practice and Professional Development Plan documents for 5 years.**



# Continuing Competency Program

## Appendix C – A Sample of Self-Assessment of Essential Competencies of Practice

Competency Unit 3: Utilize a Practice Process	5-Proficient	4-Competent	3-Developing	2-Area For Growth	1- Not Applicable	Use this to prioritize area for improvement		
						High Priority	Medium Priority	Low Priority
<b>Item 8:</b> <b>Defines and clarifies one's scope and context for practice; identifies clients and other stakeholders in the practice process and negotiates roles and responsibilities.</b>			✓			✓		
I identify the knowledge, skills and abilities that are required in order to provide the appropriate service to the client.								
I identify others involved in service, clarify their expectations and manage competing priorities.  <i>Cues: third party payers, referrers, family members/caregivers, teachers, agencies, advocates</i>		✓						

Competency Unit 3: Utilize a Practice Process	5-Proficient	4-Competent	3-Developing	2-Area For Growth	1- Not Applicable	Use this to prioritize area for improvement		
						High Priority	Medium Priority	Low Priority
<b>Item 10:</b> <b>Demonstrates a systematic client-centred approach to deliver services.</b>								
I identify resources needed to provide occupational therapy service.  <i>Cues: support personnel, time, equipment, etc.</i>		✓						
I refer clients and/or facilitate access to available resources to support their needs.  <i>Cues: equipment, community resources, other services, agencies, funding, etc.</i>				✓		✓		

Specific Practice Examples: record practice examples to demonstrate your competency

- I always explain to my clients what I can and cannot offer them and refer them to other professional services as appropriate. For example working with physiotherapist meet the occupational needs of a client with gait problems.
- I have limited skill in wheelchair assessment and prescription for children. I have limited awareness of funding agencies to support children in need of mobility equipment.



# Continuing Competency Program

## Appendix D - A Sample of Current Practice Assessment (CPA) Summary

**Name:** Tracey The Therapist      **Registration #:** 8888      **Practice Area:** Adult Mental Health

Use this sheet to summarize areas of professional strengths and areas that require improvement based on the result of your Assessment of Current Practice Tool and Peer/Colleague and Client Feedback Tools. Formulate your professional development objectives to address areas rated 2 and/or 3 identified as high/medium priority.

File completed CPA Summary in Section 2a of your Portfolio.

My professional strengths are: *(based on your self-assessment and feedback from your peers/colleague and or client feedback.) Use the space below.*

• Good understanding of the practice and scope of OT	• Able to maintain professional boundaries
• Adhere to regulatory standards	• I am accountable – take responsibility for my actions
• I engage in an on-going learning process	• I provide a safe practice environment for the clients, co-workers and myself
• I use a client-centered approach in my practice	• I relate well to clients and their families
• Maintain good working relationship with co-workers	

My professional areas for improvement are: *(based on your self-assessment and feedback from your peers and or client feedback).* List must include areas with rating of 2 (Area for Growth) that has been assigned high/medium priority)

Competency Unit	Areas for Growth
Unit 3: Utilizes a Practice Process	Limited skills in wheelchair assessment and prescription
Unit 3: Utilizes a Practice Process	Limited awareness of external resources to support client's needs
Unit 4: Thinks Critically	No established framework for evaluating my practice

3. My professional development goals are: *(Transfer these goals to the Professional Development Plan).*

Competency Unit	Professional Development Goal (s)
Unit 3: Utilizes a Practice Process	To increase my understanding and awareness of available employment supports in the community for clients with mental illness by November 2006.
Unit 3: Utilizes a Practice Process	By November 2006, I will be able to independently assess and prescribe wheelchair for children with Cerebral Palsy (CP).
Unit 4: Thinks Critically	To establish quality improvement program for my practice by November 2006

**Name:** Tracey the Therapist      **Signature:** Tracey the Therapist      **Date developed:** May 15, 2006

Please file your completed Assessment of Current Practice (ACP) Tool at Tab 2a of your Continuing Competence Portfolio. You must retain this document for 5 years. You will be required to submit your completed ACP Tool if you are selected for review through the random audit process.



# Continuing Competency Program

## Appendix E – A Sample of Professional Development Plan

### College of Occupational Therapists of Nova Scotia Continuing Competency Program • Professional Development Plan

Name: Tracey The Therapist      Registration #: 8888      Practice Area: Pediatrics

Competency Unit: (check all that apply)	Professional Development Goal: What do I want to Learn?	Learning Activities/Resources: What I have to do/what I need to achieve my goal?	Target Date: What time frame?	Completion of Learning Activities: Have I completed my learning activities?
<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input checked="" type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Unit 5 <input type="checkbox"/> Unit 6 <input type="checkbox"/> Unit 7 <input type="checkbox"/> Other	To increase my understanding and awareness of available funding resources in the community for children with Cerebral Palsy (CP) by November 2008	1. Review community resource guides 2. Consult with colleagues in the field. 3. Attend related workshops/symposiums 4. Put together a list of funding agencies providing supports for children with CP	May 2008 June 2008 Sept 2008 Oct 2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/>
<p><b>The Outcome or Impact on Practice.</b> How did my learning activities impact my practice?</p> <p><input type="checkbox"/> Validated my practice. Describe: _____</p> <p><input checked="" type="checkbox"/> Enhanced my practice. Describe: <i>My practice has been enhanced and I am linking more clients to community resources</i></p> <p><input checked="" type="checkbox"/> Expanded my knowledge. Describe: <i>This process helped me improve my knowledge of the process involved in applying for funding to support client's needs.</i></p> <p><input checked="" type="checkbox"/> Increased my awareness of existing resources. Describe: <i>I have a better awareness of funding resources in the community for children with CP. I now maintain a list of vendors and funding agencies for quick reference</i></p> <p><input type="checkbox"/> Other. Explain: _____</p>				
<p><b>Check all that apply and sign and date below</b></p>				

Signature: Tracey The Therapist      Date: October 28, 2008

Please file your completed Professional Development Plan (PDP) in Tab 2b of your Continuing Competence Portfolio. You must retain this document for 5 years. You will be required to submit your completed PDP if you are selected for review through the random audit process.

# Continuing Competency Program

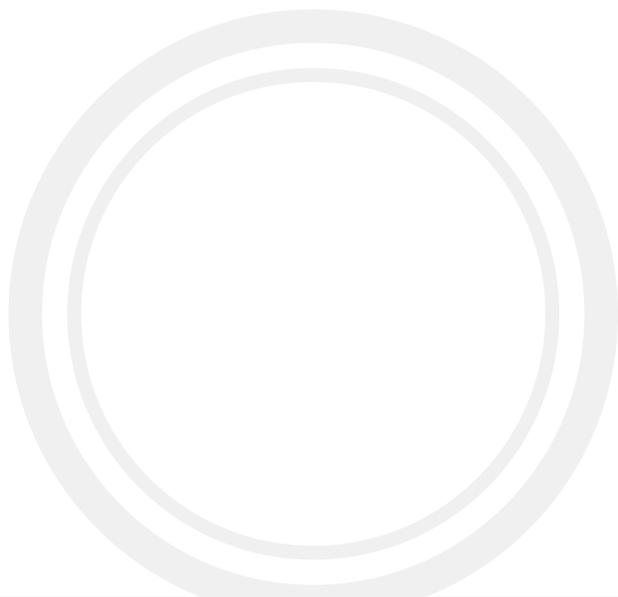


## Appendix E – A Sample of Professional Development Plan

College of Occupational Therapists of Nova Scotia <b>Continuing Competency Program • Professional Development Plan</b>					
Name: <u>Tracey The Therapist</u>		Registration #: <u>8888</u>		Practice Area: <u>Pediatrics</u>	
Competency Unit: (check all that apply)	Professional Development Goal: What do I want to Learn?	Learning Activities/Resources: What I have to do/what I need to achieve my goal?	Target Date: What time frame?	Completion of Learning Activities: Have I completed my learning activities?	
<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input checked="" type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Unit 5 <input type="checkbox"/> Unit 6 <input type="checkbox"/> Unit 7 <input type="checkbox"/> Other	By November 2008, I will be able to independently assess and prescribe wheelchair for a child with Cerebral Palsy (CP)	1. Consult with colleagues in the field 2. Contact equipment/mobility vendors 3. Attend seating and mobility workshop for children 4. Assess a client for wheelchair assessment and complete a wheelchair prescription form	May 2008 June 2008 Sept 2008 Oct 2008	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
<b>The Outcome or Impact on Practice.</b> How did my learning activities impact my practice?  <b>Check all that apply and sign and date below</b>		<input type="checkbox"/> Validated my practice. Describe: _____ <input checked="" type="checkbox"/> Enhanced my practice. Describe: <u>My practice has been enhanced and I am conducting more wheelchair assessment independently</u> <input checked="" type="checkbox"/> Expanded my knowledge. Describe: <u>This process helped me improve my knowledge and skills. I am able to independently perform wheelchair assessment and prescribe the appropriate wheelchair to meet the needs of children with CP</u> <input checked="" type="checkbox"/> Increased my awareness of existing resources. Describe: <u>I have gained better awareness of mobility vendors and potential funding resources available in the community for children with disability</u> <input type="checkbox"/> Other. Explain: _____			

Signature: Tracey The Therapist Date: November 15, 2008

Please file your completed Professional Development Plan (PDP) in Tab 2b of your Continuing Competence Portfolio. You must retain this document for 5 years. You will be required to submit your completed PDP if you are selected for review through the random audit process.



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