

Members Guide to the Peer and Practice Assessment

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Introduction

As per the *Regulated Health Professions Act, 1991*, the College must have in place a Quality Assurance Program that includes a Peer and Practice assessment (PPA) in order to ensure the public of Ontario receive quality, safe and ethical health care services by improving the practice of the profession. The PPA is an educational opportunity designed to assess members' knowledge, skill and judgment based on the [Essential Competencies of Practice for Kinesiologists in Ontario](#) October, 2014 and the College's Practice Standards and Guidelines. The goal is to help members identify areas of strength and opportunities for improvement within their practice.

The PPA is a semi-structured interview conducted by a trained peer assessor. The peer assessor asks the member situation-based questions (relating to a recent event or situation) and/or case-based questions (relating to a recent patient/client case). The member is asked to describe the situation and/or case, his/her actions, and the results and/or patient/client outcomes.

Each year, members registered in the General Class are required to participate in the PPA. You were selected because you met one of the following criteria:

1. You were selected at random, including stratified random sampling;
2. You were previously granted a deferral;
3. You have not practiced at least 1500 hours in the profession within the previous 3 years;
4. You were not compliant with another mandatory requirement assigned by the Quality Assurance program; or
5. You volunteered to participate.

What you need to know

You are required to complete all of the following by the specified due date:

1. Read this handbook carefully;
2. Complete the College's PPA pre-assessment questionnaire;
3. Book a quiet, private location for the interview; and
4. Participate in the PPA on the date and time that the College specifies; use the checklist in Appendix A to ensure you are prepared.

If you provide direct patient/client care, you also need to:

Retrieve 10 records of current and/or discharged patients/clients to review with the peer assessor and to reference during the assessment. Records must reflect the scope of your practice; **should reflect a course of treatment (including discharge)**; should note delegated controlled acts/delegation to support personnel/students (where applicable); and be recent. Review the files prior to the assessment as you will refer to them during the record review and you may consult them during the case-based clinical questions. Remember to select records for 10 different patients/clients.

Confidentiality

The College will not notify your employer of your participation in and/or inform your employer of the outcome of your assessment. If the employer must be notified to obtain patient/client records, it is your responsibility to advise them of the process. You may wish to provide your employer with the *Access to Client Information and Records* (Appendix B).

Location and time

The PPA must take place within 90 days of receiving written notice from the College. You will work with the College's Quality Assurance staff or the assessor to determine the most suitable date and time for the assessment. After you have indicated your availability and determined any conflict of interest with any of the College's Assessors, the College or Assessor will notify you of the assessment date, time and location.

If your practice is clinical in nature (i.e. you provide direct patient/client care) or mixed (clinical and non-clinical), the PPA will occur at your place of work and will be approximately four hours in length. This time will facilitate the peer assessor's request to see documents such as patient/client records. If your practice is non-clinical in nature (i.e. you do not provide direct patient/client care), the PPA can be conducted over the telephone and will be about two and half hours in length.

Arranging a place for your interview

Clinical and mixed practice

You are responsible for booking the location of your PPA. Typically, the interview is conducted at your place of employment. If you are in private practice, the assessment is usually performed in a public facility (e.g. private room located at a community center, a College meeting room or a private room in a public library).

Choose a location that is quiet and private. A private residence or public areas, such as a coffee shop, cafeteria or lunchroom, are inappropriate. If you are in clinical practice and having a face-to-face PPA, the interview location should have a large table to review the records, two chairs and access to an electrical outlet for the peer assessor's laptop. The location must be available for the entire four hour interview.

Non-clinical practice

If you are in non-clinical practice and are having a telephone interview, the location must be quiet and free from distraction (e.g. no disruptions from home or work).

The pre-assessment questionnaire

A pre-assessment questionnaire will assist the College in tailoring your interview. The purpose of this pre-assessment questionnaire is to:

1. Assist College staff or Assessor in confirming a suitable date, time and location of the interview;
2. Assist College staff in identifying a set of questions that would best be suited to assess your practice;
3. Assist the College, Quality Assurance Committee and peer assessor in understanding your practice and put into context your PPA responses; and
4. Determine if a conflict of interest with a peer assessor exists. You are required to indicate if you have a conflict of interest with a potential peer assessor. If you have a personal or professional relationship with the assigned peer assessor, it may affect the objectivity of the interview. Contact the College if you require guidance in determining if a conflict of interest exists.

What to bring to your PPA

If you are in clinical practice, you need to bring 10 records from patients/clients to whom you recently provided care. Read the *Patient/Client Record Review Tool* (Appendix C) to prepare for the record review. Records must reflect the scope of your practice (i.e. a variety of conditions); **should reflect a course of treatment (i.e. include initial assessment, progress and discharge notes - not just a single visit)**; should note delegated controlled acts/delegation if applicable, assigning tasks to support personnel/students (where applicable); and be recent. Remember to select records for 10 different patients/clients.

Be sure to include the following records for each patient/client:

- All progress notes to which you entered documentation;
- Assessment records;
- Patient/client history notes;
- Referral forms and discharge notes;
- Equipment records;
- Consent records;
- If you are in private practice, please include financial records for patient/client billings (e.g. printed hard copies of price points, invoices and receipts or balanced account print outs); and
- If the records are electronic, print the records before your interview. If it is necessary for the assessor to review electronic records, you must inform the College well in advance.

The College's right to access this information is cited in the *Health Professions Procedural Code* made under the *Regulated Health Professions Act, 1991 (RHPA)*, ss. 82. (1)(c). The College has the authority to request access to personal information for the purpose of conducting an assessment and gathering information about kinesiologists' care of patients/clients. Under ss. 82(2) and 82(3) of the *Code*, facility operators and health information custodians are required to provide access to premises and charts.

This section applies despite any provision in any act relating to confidentiality of health records [(*Code*), ss.82 (5)]. Further, the *Personal Health Information Protection Act, 2004 (PHIPA)*, clause.9(2)(e) supports the College's right of access and states that *PHIPA* is not to be construed to interfere with the regulatory activities of the College under the *RHPA*.

You are encouraged to follow the policies that your practice setting has set out to access patient/client records. Although the College does not require you to inform your employer of your participation in the PPA, in some practice settings this may be necessary to retrieve patient/client records.

What resources can I use to prepare?

After you submit your completed pre-assessment questionnaire to the College, the College will send you a copy of the Assessor's Report Template, which contains all of the core questions, secondary questions, performance indicators and scoring cues, tailored to your particular role. You can use this document to prepare your responses to the Assessor's questions.

The assessment is founded in the College's practice standards and the *Essential Competencies of Practice for Kinesiologists in Ontario, October 2014*. Therefore, you are encouraged to review the following documents to self-assess whether you are currently meeting the standards for the profession. The following resources are available on the [College website](#):

- [Essential Competencies of Practice for Kinesiologists in Ontario](#)
- [Practice standards, guidelines, webinars, articles, videos](#)

What to expect during the PPA

Patient Record Review

If you are in clinical/mixed practice, you need to bring 10 records from patients/clients to whom you recently provided care. During the assessment, the peer assessor will select and review five of your records and discuss them with you to ensure you are meeting the practice standards and essential competencies pertaining to record keeping (see Appendix C: Patient/Client Record Review Tool). Records must reflect the scope of your practice (i.e. a variety of conditions); should reflect a course of treatment (i.e. not just a single visit); should note delegated controlled acts/delegation, assigning tasks to

support personnel/students (where applicable); and be recent. ***Note: Record keeping is a frequently noted as an area for improvement for many kinesiologists.

Competency-based interview questions

The PPA is a structured interview based on the behaviour-based interview methodology, wherein you describe a recent situation or a patient/client case, and discuss your actions and the results of the situation or patient/client outcomes. The questions asked will be listed in the Assessor Report Template you receive upon submitting your completed pre-assessment questionnaire, and are based on the [Essential Competencies of Practice for Kinesiologists in Ontario](#) October 2014 and the practice standards and guidelines.

For clinical practice, there are two sets of questions. One set is called situation-based questions. The other set is called case-based questions.

For non-clinical practice, members will be asked two sets of situation-based questions.

Core situation-based questions (all assessments - clinical, non-clinical and mixed)

Situation-based questions are focused on recent events or situations that have occurred in your practice. To prepare to answer these questions, you will need to recall **specific situations** in which **you personally** managed or acted on the following:

- Describe a situation in which you experienced a barrier to your communication with a patient/client or other and how you handled it.
- Describe a situation when you provided education to a patient/client or others.
- Kinesiologists are expected to use effective counseling, and coaching skills and strategies in their practice.
- Describe a time when you motivated change in a patient's/client's or other behaviour or actions.
- Describe a time when you identified a risk to one of your patients/clients or in the workplace and how you handled the situation.
- Describe a situation when you felt that a patient/client-kinesiologist relationship was going beyond a professional relationship.
- Describe a situation when you took steps to maintain the confidentiality and security of information.

Non-clinical situation-based questions

If you are practising in a non-clinical role, the interview questions will be customized to your specific responsibilities and function. The peer assessor will ask questions based on your role, he/she will select relevant questions from the following:

- Kinesiologists are expected to apply principles of financial stewardship and management. Describe a situation when you identified the need to improve productivity and efficiency to optimize resources (e.g. efficient supply management, student placement to help reduce workload, scheduling staff time or room bookings, etc.).
- Describe the steps you would take to obtain informed consent prior to initiating services. **All members, regardless of the nature of their practice, are expected to understand and apply the principles of informed consent, including knowledge around capacity. ***Note: consent is a common area for improvement for kinesiologists.**
- Describe the steps you took to determine the need for a wellness, exercise or health program; the steps you took to develop the program; and the steps you took to evaluate the program.
- Describe the steps you took to initiate a formal research project.
- Describe a time when you assessed a work site for a patient/client or other.

Clinical case-based questions

The peer assessor will select at least one case from the 10 patient/client records you bring to discuss the care you provided and your decision-making process. The primary questions are as follows:

- Describe the steps you took to confirm the reason for a patient's/client's services.
- Describe the steps you took to obtain informed consent.
- Describe the steps you took to conduct an assessment.
- Describe the factors that influence the type of assessment method or tools you used.
- Kinesiologists are expected to analyze and synthesize assessment data to inform an impression. What were your clinical findings?
- Describe your plan of care and/or exercise prescription.
- Describe the treatment/intervention you performed.
- Describe how you determined the treatment plan was effective.
- Describe your discharge or follow-up plan for this patient/client.
- Describe a recent situation when you were asked to perform a controlled act (if applicable).

How can I focus my answers?

The peer assessor will ask you to provide specific details about a particular case/situation that demonstrate the competencies being assessed by asking you to recall a situation or case.

Example #1:

- *Describe a time when you identified a safety risk in your workplace, and how you handled the situation.*

The peer assessor may ask you probing questions to determine if you met the performance indicators associated with the competencies being measured, and/or to help focus your answer to ensure all questions obtain the detail required in the responses in the amount of time allocated. For example:

- *What were the risk issues you identified?*
- *How did you manage the situation?*
- *Tell me about your collaboration with other professionals in this situation.*
- *What actions did you take to promote future patient/client safety/safe work environment?*

Example #2:

- *Putting on a clinician's hat, describe the steps you would take to obtain informed consent prior to initiating services.*

Probing questions:

- *What information would you share to ensure that the patient/client is fully informed to make a decision?*
- *Identify a situation when obtaining informed consent may be problematic.*
- *What steps would you take to rectify the issues?*
- *How would you determine who has the authority to provide informed consent?*

Respond using the Problem, Action, Result (PAR) format

With behaviour-based questions, peer assessors are listening for specific details about a case. You need to outline:

1. **The 'Problem'**: Three or four sentences detailing the practice setting and the situation: who was involved, when it happened, where it happened (practice setting), and what the specific problem was.
2. **The 'Action'**: Details of what happened/actions you took to remedy the specific problem – what you did that exhibits the competency.
3. **The 'Result'**: How it turned out.

*Use “I” statements – the peer assessor wants to hear about what *you* did in a *specific case*, not what you or other people or your practice setting team *generally do* in such situations.

Example of a PPA Schedule

While the interview follows a standard process, variations may occur. Here is a typical PPA schedule:

Clinical or mixed:

Introduction – 5 minutes
Record review – 90 minutes
Break – 10 minutes
Case-based questions – 60 minutes
Break – 10 minutes
Situation-based questions – 60 minutes
Closing – 5 minutes

Non-clinical:

Introduction – 5 minutes
Situation-based questions – 50 minutes
Break – 5 minutes
Non-clinical situation-based questions – 55 minutes
Closing – 5 minutes

Frequently Asked Questions

Do I need to tell my employer about the interview?

You are not obligated to tell your employer about your participation in the PPA or share any feedback or results with them. You may, however, have to let your employer know that you were selected for the interview to allow the review of your patient/client records and other documents and to ensure you get time off work to complete the interview.

Does my employer pay me for my time spent completing the interview?

Your employer is not obligated to grant you paid time off. It is your professional obligation to participate in the interview as a regulated health professional. You must ensure that you are available with no interruptions during the whole interview and that you are not scheduled for work hours during the interview.

How do I request a deferral or exemption?

You may request a deferral or exemption for extenuating circumstances. The College will consider requests in a fair, equitable and objective manner based on your circumstances. Requests should be made in writing (email is accepted) within 10 business days (two weeks) of the date on the Notice of Selection letter. Understandably a situation may arise once the PPA is scheduled; in these circumstances a request for a deferral or exemption can be made.

Deferrals may be granted for the following reasons:

1. imminent parental leave;
2. imminent wedding in which the selected member is the bride/groom/parent of wedding couple;
3. serious injury or illness of the registrant or of a family member; or
4. not currently in practice (e.g., home with an infant, participating in an immediate continuing education program or extenuating personal or professional circumstances).

Deferrals are granted for up to a maximum of 18 months. The Quality Assurance (QA) Committee has the authority to determine additional reasons for granting deferrals as situations arise.

Exemptions may be granted for the following reasons:

1. retirement within 12 months from the date of selection;
2. personal injury or illness of the registrant;
3. not in practice and not planning on returning to practice within one year; or
4. employment outside of the province or country.

The QA committee has the authority to determine additional reasons for granting exemptions as situations arise. College staff has the authority to grant exemptions as previously defined by the Committee.

Members or their representatives must notify the College in writing within two weeks of the date on the Notice of Selection of their requests for exemption/deferral, the reason for the request, and provide supporting documentation.

The deferral/exemption request must include the following:

- your name and registration number clearly identified;
- the request for the exemption or deferral;
- an indication of the amount of time being requested;
- any information/reasons that is/are pertinent and supportive of the request and would assist the College in making its decision;
- medical certificates, notes or letters to support a medical reason for the request; and
- an indication of your current work status.

Members who plan on resigning, retiring, or moving out of the province or becoming inactive within 12 months will be asked to sign an Acknowledgement and Undertaking to confirm their plans and confirm that should they not resign, retire or move out of the province, or become inactive, they will be required to complete the PPA.

If the registrant's status changes, particularly if the change is soon after the exemption is granted, the QA committee may withdraw the deferral/exemption.

Send your request to:

Samuel Hanna, Coordinator, Professional Practice

Email: practicecoordinator@coko.ca

How do I request accommodation for my special need?

A member who has a disability (defined according to the Human Rights Code) and requires special accommodation to complete the interview may request that the College make those provisions. You must submit the request, in writing, to the College within 10 business days of receiving the notice of selection letter. The College will work with you to accommodate needs and will assume any costs incurred as a result of accommodating the special need.

Who are the peer assessors?

The College's QA Committee appoints qualified peer assessors who are trained interviewers.

- Peer assessors are members of the College in good standing.
- An application and interview are part of the selection process.
- Extensive training on interviewing, scoring and the PPA process is provided by the College.
- Peer assessors adhere to a confidentiality agreement and a conflict of interest policy.
- Peer assessors themselves have been assessed.
- Peer assessors once appointed by the College have been granted such authority that requires you to fully cooperate with them by responding to requests to set up the PPA date and time, answer all their questions as posed and allow them access to your patient and client records.

Will I have a chance to provide feedback on the PPA Process and my Assessor?

Following the PPA you will receive post assessment questionnaires that will be used to collect feedback on the process and the assessor. Feedback will be gathered and reported in aggregate form only.

After the Assessment

The peer assessor writes a report which is made available to you following the assessment. You will receive a letter, generally written within four weeks of the assessment that includes copies of the Peer and Practice Assessment Report and a Patient Record Review Tool if applicable. You will be asked to make a submission to address any areas where the assessor's score was "No".

The PPA reports, Patient Record Review Tools, summaries of any gaps identified by the assessor, summaries of your regulatory history along with your submission will be considered by the QA Committee.

If, after considering the PPA Report, the Patient Record Review Tool, summary of any gaps, summary of your regulatory history, and your submission, the QA committee confirms the opinion that your knowledge, skill or judgment are satisfactory, notice of this will be provided to you in writing along with a confirmation that the PPA is complete. This Notice of Completion will be provided to you as soon as reasonably possible following the meeting of the Committee.

If the QA committee determines that your knowledge, skill or judgment is not satisfactory, you will be advised and informed of your right to make a written submission (referred to as a Demonstrated Change Report) to the QA Committee. This Notice of Intent to Direct Participation in Competency Enhancement will be provided to you as soon as reasonably possible following the meeting of the committee.

You will have 30 days from the date of receipt of the Notice of Intent to Direct Participation in Competency Enhancement to make written submissions to the Committee.

What to include in a written submission

You may wish to include in your written submission:

- A summary of your self-identified strengths and/or learning needs;
- Evidence of self-remediation (e.g. corrected omission in record keeping, enhanced knowledge and changes made to practice related to a specific competency, new templates developed, etc.);
- Any details of implemented changes in your practice based on feedback received during the PPA process; and/or
- Points of clarification related to the report and requested by the Committee.

A submission template is included in Appendix D that can also be used to make a submission.

At a future meeting, the QA Committee will consider any written submissions made by you and make its final determination on the result of the assessment.

Should the QA Committee still be of the opinion that your knowledge, skill and judgment are not satisfactory; the Committee will exercise any of the powers under Section 80.2 of the *Health Professions Procedural Code*. This may include providing advice and recommendations regarding future actions to be taken by the member.

You will be notified of the outcome of this meeting in writing, as soon as reasonably possible following the meeting. For those members required to participate in competency enhancement, this notification will include reasons for the decision.

Appendix A: Member Checklist and PPA Timelines

✓	Activity	Resources	Timeline
	Review Member's Guide to the Peer and Practice Assessment.	Guide	Within one week of receipt of selection notice
	Complete the pre-assessment questionnaire indicating desired assessment location and scheduling.	Survey	Within two weeks of receipt of selection notice
	Schedule your PPA date. The Assessor or college staff will contact you within three weeks (or earlier) of the notice of selection. The PPA must take place within three months of the selection date.		Within three weeks of receipt of selection notice
	Review Assessor Report Template	Assessor Report Template	Within four weeks of receipt of selection notice
	Book a quiet, private location for three hours that has an electrical outlet, a table and two chairs (clinical, mixed) or for two and half hours (non-clinical).	Interview Room	Within two weeks of scheduling the PPA date
	Arrange access to patient/client records and inform employer of pending PPA (if required).	Appendix B: <i>Access to Client Information and Records</i>	Within four weeks of receipt of selection notice
	Members should obtain or make copies (if electronically documented) of 10 different patient/client records, including financial records (e.g. printed hard copies* of price points, invoices and receipts or balanced account print outs). Records must reflect the scope of your practice (i.e. a variety of conditions); should reflect a course of treatment (i.e. not just a single visit); should note delegated controlled acts/delegation to support personnel/students (where applicable); and be recent. Members are responsible for incurring the printing costs.	Medical records department	A time frame that ensures they are ready on the day of the assessment
	Review College Essential Competencies of Practice for Kinesiologists in Ontario and all practice standards and guidelines.	Practice Standards and Guidelines on College website.	At least two weeks prior to PPA or before
	Complete PPA on the scheduled date		Date of PPA
	College will send member a copy of the assessor report within five weeks and will notify the		Within five weeks of PPA

	member of the need to make a submission.		date
	Complete online post-questionnaires		Within seven weeks of PPA date
	Complete submission to College if applicable	Member submission form page 22 of Guide	Within 30 days of receipt of assessor's report
	The QA Committee will meet on a previously specified date. They will make a decision taking into account the assessor's report and your submission if applicable. The decision will be communicated to you. Any next steps that need to be taken will be outlined and explained with the decision notification.		Within 4 weeks of the QA committee's decision

*** If you require the assessor to review electronic records you must seek permission from the College in advance.**

Note: This process, from the notice of selection to completion, can take between four months to one year depending on the outcome of the assessment and your submission.

Appendix B: Access to Client Information and Records

Every year, the College of Kinesiologists of Ontario selects kinesiologists to engage in a peer and practice assessment (PPA) to encourage continual practice improvement by providing constructive feedback. The PPA is one component of the Quality Assurance Program. The goal of the PPA is to assess whether the knowledge, skills, judgement or practice performance of a kinesiologist meets established practice standards and competencies. It also provides feedback to the kinesiologist to encourage practice improvement. The PPA involves a trained peer assessor, who is also a registered kinesiologist, conducting a competency-based interview. All information collected is kept confidential between the College and the kinesiologist. The College will not advise the employer of the kinesiologist's participation.

To facilitate this interview, the member is asked to have available 10 patient/client records at the time of the interview. This may include original copies of the records or printed copies of electronic health records relevant to the care the member provided. It may be possible for the assessor to review electronic records if you, the College and the assessor agrees to this.

One of the questions that kinesiologists and employers may have is whether the College can legally access records for this purpose. For the purpose of carrying out a peer and practice assessment, a peer assessor may, at any reasonable time, require the member to allow the peer assessor or College to review any records related to the care of the patient/client. The right for the College to access this information is cited in the Health Professions Procedural Code made under the *Regulated Health Professions Act, 1991*(RHPA), ss. 82. (1)(c). The College does have the authority to request access to personal information for the purpose of conducting an assessment and gathering information about the kinesiologist's care of patients/clients. Under ss. 82(2) and 82(3) of the Code, facility operators and health information custodians are required to provide access to premises and charts. This section applies despite any provision in any act relating to confidentiality of health records [(Code), ss.82 (5)]. Further, the *Personal Health Information Protection Act, 2004 (PHIPA)*, clause.9(2)(e) supports the College's right of access and states that PHIPA is not to be construed to interfere with the regulatory activities of the College under the RHPA.

The College requires kinesiologists to follow the applicable policies set out by their practice setting to facilitate access to the patient records. For example, if the practice setting requires that the member submit written notification prior to accessing patient records for non-treatment purposes, the College would require the member to adhere to the policy.

We encourage employers to seek legal advice and/or contact Samuel Hanna, Coordinator of Professional Practice at practicecoordinator@coko.ca or 416-961-7000 ext. 103 if it is still unclear as to their duty to cooperate with the requirements of their practice setting as it pertains to obtaining patient health records for non-treatment purposes.

Note: There is a more detailed document available from the College's website at www.coko.ca Employer Information – Access to Patient Client Records.

Appendix C - Patient/Client Record Review Tool

(Records 1 - 5)

Member ID: _____

Date of Assessment: _____
(month/day/year)

**Record # Assigned
(on Checklist)**

Chart Identifier

**Practice area
(if necessary)**

1. _____
2. _____
3. _____
4. _____
5. _____

Scoring Key:

Yes (☑) - the listed item or characteristic is always present throughout the record

No () - the listed item or characteristic is not always present

Not applicable (NA) - the listed item does not apply to the record reviewed

Records will be reviewed until three consecutive “Yes” or “No” ratings are obtained for an item to a maximum of 5 records.

Shaded areas indicate items for which ratings are not required (titles and subtitles)

Performance Indicator	Item	Record Number					Comments
		1	2	3	4	5	
General Requirements							
Have the following areas been managed appropriately?							
2.11.2	Entries are legible (spelling, grammar and language are understandable) in either French or English						
2.11.10	Corrections, additions or amendments to the record indicate change made and reason, date of change, signature/initial, and are legible without destroying the original entry (e.g. one strike line through them)						
4.1.8	Standardized abbreviations and acronyms are used to ensure consistent interpretation (presence of master list/legend)						
2.11.10	Signatures are documented (first name/initial, last name and professional designation (i.e. R.Kin) or initials and master signature list)						
2.11.2	All patient interactions are dated (each entry is dated)						
2.11.1	If more than one health care provider, records clearly indicate author of each entry						
2.11.3	Entries documented accurately, in timely manner and presented in logical sequence (e.g. chronological order)						
2.11.1	Patient records retained for a minimum of 10 years (and minimum of 10 years following the date that patient would have become 18 years of age for patient who was less than 18 years of age at date of last contact)						
Patient/Client Records							
Identification- Is there a system to uniquely identify patients							
2.11.1	Patient name, address, date of birth clearly identified. Each page of record has a unique identifier (date of birth/names are not considered unique. A health care number would be considered unique).						
2.11.1	Referral source (referral form, name and contact						

Performance Indicator	Item	Record Number				Comments
	information of referral source, and reason)					
Professional Intervention and Progress Notes						
Have the following items been included and captured in the clinical record in appropriate detail?						
2.11.1	Patient demographics (e.g. age, weight, height, etc.)					
2.11.1	Patient/client subjective concerns (gained from interviewing client – client’s own verbal comments).					
2.11.1	Relevant health, family and social history					
2.11.1	Assessment procedures and findings (including subjective and objective findings, assessment method and type of assessment tools used)					
2.11.9	Copies of standardized tests (e.g. ECG strip, non-stress test, etc.) or notation of its location					
2.11.1	Clear treatment/intervention goals (SMART format)					
2.11.1	Clear treatment/intervention plan (relevant to goals, relevant to interpretation of assessment findings) developed in collaboration with patient					
2.11.1	Treatment/intervention provided (each entry is dated)					
2.11.1	Subsequent changes to the treatment plan (explanation note if treatment not completed)					
2.11.1	Outcome measures used – related to goals for intervention					
2.11.1	Outcome of intervention/results achieved – goal achieved					
2.11.1	Changes to patient’s/client’s condition					
2.11.9	Recommendations and rationale					
2.11.1	Interpretation of re-assessment (date, reasons, data, conclusions, recommendations)					
2.11.1	Copies of notes documenting all relevant professional contacts – the date and purpose of each professional contact with the patient/client, and whether the contact was made in person, telephone or electronically					
2.9.9/ 2.11.8	Authorization for delegated controlled acts where applicable (act delegated, details related to delegation, name, date and designation of person delegating controlled act/reference to medical directive)					

Performance Indicator	Item	Record Number					Comments
2.11.7	Components of care that were assigned to another provider (tasks assigned, name and designation of individual to whom tasks assigned)						
2.11.1/2.11.9	Record includes written reports (sent or received) and imaging records with respect to exams, tests, consultations, or intervention performed by other health professionals						
Consent							
Was informed consent obtained and documented for the following?							
2.11.6	Documents and dates informed consent for assessment , re-assessment and treatment/intervention, the patient's client's understanding of the information provided including if consent was refused or withdrawn						
2.11.6/ 2.11.7	Documents patient/client's consent for involvement of other care providers						
3.3.2	Collection, use and disclosure of information						
2.11.6	Cost and billing schedule is communicated and transparent						
2.11.1	Subsequent changes to the treatment plan (explanation note if treatment not completed)						
Discharge Summaries							
Do discharge summaries include the following?							
2.11.1	Reason for and status at discharge						
2.11.1	Outline of outcomes achieved – that relates back to the goal for intervention						
2.11.1	Recommendations to patient/client for post-discharge home program/plan of care						
2.11.1	Record of referral (where appropriate)						
2.11.1	Other details as appropriate						
Financial Records							
Do financial records include the following?							
3.8.4	Identification on invoice of patient/client, provider and title, and to whom payment is made. (e.g. name and address of						

Performance Indicator	Item	Record Number					Comments
	kinesiologist, corporation, etc.)						
3.8.4	Date and nature of treatment, service or product provided on invoice						
3.8.4	Date(s) of service						
3.8.4	Cost of product/service (fee differential for support personnel)						
3.8.4	Amount collected and outstanding balance if any						
Equipment Records							
Do equipment records include the following?							
2.11.4	Records of equipment inspection, maintenance and service are kept for any instrument/equipment that requires regular servicing and is used by the member for the purpose of assessing/treating/providing a service and, if not serviced, poses safety risks and ineffective measurements. Where equipment is maintained and serviced by another department, member is knowledgeable about where records are stored and knows equipment is maintained, serviced and inspected.						
2.11.4	Regular inspections, maintenance and service of equipment completed as required (e.g. evidence of a schedule).						
2.11.4	Equipment service records retained for a minimum of five years						

PPA Member Submission Template

<p>1. Identify the Essential Competency being addressed (e.g. Competency 2.11 – Uses a systematic approach to record keeping consistent with the practice standards of the profession).</p> <p>Or simply state the practice issues identified by the Quality Assurance Committee or panel thereof.</p>	<p>Click to enter comments.</p>
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<p>2. State the relevant College practice standard and/or guideline and/or College webinar/video reviewed and additional resources consulted.</p> <p>If you did not consult a College document, simply state what source you consulted, noting that this could be an expert R. Kin or other health professional from whom you sought professional mentorship.</p>	<p>Click to enter comments.</p>
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Date: Click or tap to enter a date.
Enter the member's ID

Assessor ID: Enter your assessor ID

Member ID:

3. Indicate what you have learned.

Remember to link the learning back to the practice issue identified in #1 above.

Click to enter comments.

4. State the changes made to your practice based on the new knowledge.

Remember to link the changes back to the practice issue identified in #1 above.

Click to enter comments.

5. Explain how the new knowledge impacts patient/client care/service

Click to enter comments.

6. Provide evidence of changes made to your practice (i.e. supporting documentation) (e.g. revised consent form/equipment maintenance checklist/master list/legend of abbreviations/acronyms, etc.) Include attachments as required.

Click to enter comments.