A GUIDE FOR MANAGERS AND SUPERVISORS TO DEVELOP
A SYSTEM FOR ASSESSMENT OF COMPETENCIES

Administration & Management Special Interest Section (2000–2003):

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Introduction

The Administration & Management Special Interest Section (AMSIS) Standing Committee has developed this guide as a resource for occupational therapy managers and supervisors to assist in the process of establishing and evaluating specific competencies for occupational therapy personnel. Any person who is responsible for evaluating the performance of others to assure that the care received by occupational therapy consumers is delivered in a safe and standardized manner may benefit from the use of this guide. The process of developing and implementing a system for assessment of competencies may be particularly helpful in settings accredited by an agency such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF).

Focus

The focus of this guide is on the process of developing and implementing a system for the assessment of competencies. Although exemplars are provided to illustrate steps in this process, specific competencies are always driven by the actual job tasks and responsibilities assigned to a specific staff member and documented within the individual’s job description. Using this guide requires that the user apply the process to his or her own setting and organization. As noted earlier, the guide is developed primarily for settings that include assessment of competencies in response to accreditation processes but may be adapted and used for any setting.

Terminology

Users of this guide should be aware that multiple organizations related to health care delivery are concerned with developing and maintaining competency of staff. The American Occupational Therapy Association (AOTA), the National Board for Certification in Occupational Therapy (NBCOT), JCAHO, CARF, and many state professional regulatory boards, among other organizations, have programs, policies, or efforts underway related to competency issues. Therefore, users of this guide must always be aware of the context in which terminology is used. For example, AOTA’s Professional Development Tool (PDT) distinguishes between the terms competence (an individual’s capacity to perform job responsibilities) and continuing competency (the development of capacity and competency characteristics needed for the future as a component of ongoing professional development or lifelong learning). Managers and supervisors who are interested in learning more about developing their own continued competency and helping staff that they supervise with that process should consult the PDT. This tool can be found in the Professional Development section of the AOTA Web site at www.aota.org.

This guide focuses on the process of establishing and measuring specific competencies (explicit statements that define specific areas of expertise and are related to effective performance within a specific job) as part of the role of managers or supervisors in hiring and evaluating competent occupational therapy personnel. Readers are encouraged to review the glossary of terms found in Table 1 before proceeding with use of the guide and to use terms accurately in their day-to-day practice.
TABLE 1: GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent (adjective)</td>
<td>Successfully performing a behavior or task as measured according to a specific criterion (Hinojosa, et al., 2000). For example: “Using the rules of English composition, I am competent to write this sentence.”</td>
</tr>
<tr>
<td>Competency (noun)</td>
<td>“Competency focuses on an individual’s actual performance in a particular situation” (McConnell, 2001, p. 14). Competency implies a determination that one is competent. For example: “My evaluator indicates I have adequately demonstrated the sentence-writing competency needed to perform my job duties.”</td>
</tr>
<tr>
<td>Competencies (plural of competency)</td>
<td>Competencies are explicit statements that define specific areas of expertise and are related to effective or superior performance in a job (Spencer &amp; Spencer, 1993). For example: “I have demonstrated several competencies needed for adequate performance of my job duties. One of these competencies is sentence writing.”</td>
</tr>
<tr>
<td>Competency characteristics</td>
<td>The capabilities that the person brings to the job task that include motives, traits, self-concept, knowledge, and skills (Spencer &amp; Spencer, 1993). For example: “I show an enthusiasm for and a knowledge of sentence writing.”</td>
</tr>
<tr>
<td>Competence (noun)</td>
<td>“Competence refers to an individual’s capacity to perform job responsibilities” (McConnell, 2001). For example: “My job performance evaluation indicates that I demonstrate competence in sentence writing.”</td>
</tr>
<tr>
<td>Continuing competence</td>
<td>Continuing competence involves the development of capacity and competency characteristics needed for the future and is a component of ongoing professional development or lifelong learning. For example: “If I hope to write more effectively, I need to maintain a continuing competence in sentence writing.”</td>
</tr>
<tr>
<td>Professional development</td>
<td>May include a program of continuing competence but also includes a focus on one’s career development in terms of achieving excellence or achieving independent practitioner and expert role status, and in terms of assuming new, more complex roles and responsibilities. For example: “Because I hope to write for publication, a formal writing course is part of my professional development plan.”</td>
</tr>
</tbody>
</table>

The Relationship of Assessment of Competencies to Other Management Functions

The process of establishing and assessing specific competencies is related to a number of other critical management functions. Maintaining a broader view of assessment of competencies is useful to recognize the connections between these management functions and to create synergies and efficiencies in completing management work tasks. This section of the guide overviews the various management or supervisory functions and the role that assessment of competencies plays in each related work task.

Creation of Job Descriptions

Job descriptions should be specific to the essential functions performed by each category of personnel (e.g., occupational therapy aide, occupational therapy assistant, occupational therapist). Elements of these essential functions should be reflected in specific competencies.
developed for an employee, and in turn, consideration of competencies may help managers to write or update job descriptions to be more accurate. For example, including “evaluation, recommendation, and fabrication of adaptive equipment, splints, or orthotics” in a job description might indicate the need for development of competencies related to splint fabrication. In turn, knowing that a staff member frequently fabricates splints might indicate the need to add this task as an essential function within the individual’s job description.

Recruitment of New Employees
Having a well-developed job description and a system for the assessment of competencies can be useful in the process of recruiting and hiring new employees. For example, assessment of specific competencies may help managers and supervisors determine the skills, training, and education required for persons being hired to fill a specific vacancy and can therefore guide them in writing recruitment materials and screening and interviewing applicants.

Assessment of Initial Competency
Accreditation bodies such as JCAHO require documentation of a comprehensive orientation of new employees. An important part of new employee orientation for occupational therapists includes initial assessment of competencies for all essential job functions. This is true in settings subject to accreditation, as well as in settings such as community-based agencies or private businesses not subject to an accreditation process but in which the manager or supervisor wishes to assure provision of quality care and to safeguard to whatever extent possible against malpractice litigation. Assessment of initial competency in essential job functions or for high-risk job tasks (e.g., transferring patients, working with a patient with cardiac precautions, etc.) or job functions requiring advanced competency (e.g., physical agent modalities) should occur before the employee independently completes these job tasks. Finding out during the orientation process that an employee cannot demonstrate competence in an essential job function allows the manager or supervisor to safeguard consumers by taking steps to assist the staff member to develop competence in essential job function before the end of the orientation period.

Annual Assessment of Competence
An annual assessment of competencies related to accreditation requirements (e.g., bloodborne pathogen training or fire and safety training as required by the Occupational Safety and Health Administration [OSHA] or to essential job functions should be included as part of the annual appraisal of staff performance. Competency statements included in an annual assessment of competence might include those required of all staff (e.g., OSHA compliance) or competencies related to a specific employee’s job tasks or skills (e.g., competencies related to advanced practice skills, such as the use of physical agent modalities). Competencies included in annual assessments may build on established knowledge, skills, and capacities reflecting the ever-changing nature of some jobs in light of an organization’s mission and goals. These competencies reflect new, changing, high-risk, and problem-prone aspects of the job as it evolves over time.

- Develop ongoing competencies based on new initiatives, procedures, technologies, policies, or practices.
- Changes in procedures, technologies, policies, or practices.
- High-risk job functions.
- Problematic job functions identified by continuous quality improvement efforts, consumer or staff surveys, incident reports, or any other formal or informal evaluation processes.

**Continuing Education and Professional Development**

Developing, assessing, and documenting demonstration of competencies related to essential job functions and planning and promoting the professional development of staff are related but separate processes. This guide for managers focuses on competencies, but as a result of implementing a comprehensive system for assessment of competencies, a manager may become aware of acute or more long term needs of staff related to continuing education or professional development. A system for assessment of competencies may help a manager identify needed inservice training or other continuing education opportunities that would benefit staff. In conjunction with a performance appraisal system, managers and staff can also identify goals for individual professional development. As mentioned earlier, AOTA’s PDT may be helpful to both managers and staff in this process.

**Staffing Plans, Including Per Diem or Registry Staff**

In situations where an organization may purchase services from an outside agency or vendor or maintain their own registry of per diem staff, the organization must obtain information from that outside agency or vendor to verify that the contracted staff have the proper credentials (e.g., licensure as required by a state practice act). A human resources professional may complete this function, but consultation by the occupational therapy manager may assure that accurate checks are completed. The hiring organization is responsible for verifying that the contract or per diem staff can demonstrate competencies related to essential job functions. Although the process of orienting and assessing competencies for contract or per diem staff adds considerable expense for the hiring organization, contract and per diem staff must undergo the same assessment of competencies as permanent staff to assure the safety of consumers and the quality of care being delivered within the organization. To minimize expense, documentation of some competencies prior to beginning work (e.g., CPR certification, bloodborne pathogen training) might be written into contracts with agencies or may be made to be the responsibility of per diem staff to be completed during non-paid time.

A system for the assessment of competencies may also assist with the overall staffing plan for a department, and in fact, some accrediting agencies may require that a system be in place. For example, identifying that only two staff members have documented competencies related to children under the age of seven might help a manager determine that additional training must be provided to other staff to assure that adequate numbers of competent staff are available if these two staff members are on vacation, or for weekends if there is decreased coverage on these days. Accrediting bodies may require that the same level of care be provided regardless of the day of the week patients are admitted to your facility.

**Agency Accreditation and Licensure**

Managers working in accredited and licensed facilities and programs must ensure that their programs for assessment of competencies meet all accrediting and licensing standards. Complying with these outside standards may be a challenge because over the last several years accrediting and licensing bodies have become increasingly focused on competency issues.
Managers should be aware that although there are some commonalities, standards related to competency may vary from one accrediting body to another and may change over time. Managers should carefully review competency standards from each accrediting body when developing competency programs for their staff. The most common accrediting bodies occupational therapy managers may be involved with are the JCAHO and CARF. Standards related to the assessment of competencies for both JCAHO Leadership and CARF Business Practices are primarily found in the Human Resource Section of their manuals. Managers should carefully review these standards when developing competency programs for their staff.

Quality Control and Continuous Quality Improvement Efforts
A synergy may be created between a system for assessment of competencies and quality control and quality improvement processes. Quality control measures such as the intermittent use of a check sheet to evaluate custom-made splints fabricated by staff may highlight problem areas and signal the need for establishment of a specific assessment of competencies related to splinting or for further training or education to assure that staff are able to meet pre-established competencies. Similarly, continuous quality improvement efforts that include a focus on process improvement may indicate the need to establish new competencies or revisit established measures of competencies by providing targeted training for staff.

Outcomes Evaluation and Management
It must be recognized that many factors influence the outcomes of occupational therapy intervention. A system for assessing competencies related to essential job functions will, in itself, not assure adequate outcomes. Other factors related to the patients or clients, such as their support, their medical condition, and the length and type of intervention provided, may all affect the outcome of occupational therapy intervention. Occupational therapy managers are most likely aware that the process of evaluating a single outcome with an individual patient or client calls for very different procedures than evaluating program outcomes or outcomes of occupational therapy intervention at the population level. However, assuring that staff members can demonstrate specific competencies in regards to discrete essential job functions can help to prevent unusual cases or “outliers” from influencing the overall variability found in outcome measures.

Competencies and Domains of Knowledge
In developing a comprehensive system for assessing competencies, managers will need to consider a wide range of objectives that reflect the cognitive domain (knowing), affective domain (appreciating and valuing), and the psychomotor domain (physical performance). For a helpful reference on writing objectives for various domains see Gronlund & Linn (1990). Table 2 includes examples of competency statements related to the cognitive, affective, and psychomotor domains.
Table 2: Examples of Competency Statements from the Cognitive, Affective, and Psychomotor Domains for a Pediatric Therapist

<table>
<thead>
<tr>
<th>Domain</th>
<th>Competency Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive domain (knowing)</td>
<td>The therapist will be able to state key developmental milestones in children ages 0–3.</td>
</tr>
<tr>
<td></td>
<td>The therapist will be able to state resources available to assist families in accessing needed services in their community.</td>
</tr>
<tr>
<td>Affective domain (appreciating and valuing)</td>
<td>The therapist’s documentation reflects an appreciation for cultural influences on approaches to parenting.</td>
</tr>
<tr>
<td></td>
<td>The therapist demonstrates valuing the involvement of parents in the process of planning occupational therapy intervention by asking their opinions and using information seeking behaviors.</td>
</tr>
<tr>
<td>Psychomotor domain (physical performance)</td>
<td>The therapist will be able to safely remove an infant from the incubator when performing an assessment.</td>
</tr>
<tr>
<td></td>
<td>The therapist will create a positioning plan for chronically ill children in the pediatric intensive care unit.</td>
</tr>
</tbody>
</table>

An alternative approach is to utilize the *Standards for Continuing Competence* developed by AOTA’s Commission on Continuing Competence and Professional Development (CCCPD). These standards overlap with the domains of knowledge just discussed but also include standards related to ethical and critical reasoning. The *Standards for Continuing Competence* are intended to “assist occupational therapy practitioners to assess, maintain, and document competence in all the roles they assume. The core of occupational therapy includes an understanding of occupation, its influence on performance, and the importance of purposeful activity; unique skills such as activity analysis and adaptation and critical and ethical reasoning; and core values and attitudes related to holistic intervention and the right of the individual to be self-determining. The core is developed as a result of a socialization process wherein the knowledge, skills, and attitudes fundamental to the profession are integrated and internalized as part of one’s professional self-image. Regardless of the roles one assumes this core is present and guides beliefs and actions” (AOTA, 1994).

The standards include those specific to occupational therapy and are related to each of five areas: 1) Knowledge, 2) Critical Reasoning, 3) Interpersonal Attitudes, 4) Performance Skills, and 5) Ethical Reasoning. The standards may be accessed on the AOTA Web site as part of the PDT.

**Examples of Types of Competencies**

*Age-Related Competencies*
This category of competencies documents that employees have the knowledge and skills to work with patients of a specific age group. For example, employees who work in a neonatal intensive care unit require one set of knowledge and skills specific to that age group, whereas employees who work with older adults in a skilled nursing facility require a different set of knowledge and skills specific to older adults. Remember that in situations where staff are rotated to different units or programs and are asked to provide intervention to a different age group, they should be assessed on competencies for this new group before they intervene independently.
Equipment-Related Competencies
This category relates to the skills involved with using specific equipment in performance of job duties. These competencies may be part of initial competency assessment in some settings (e.g., use of mobile arm supports on a spinal cord injury unit), or they may be used in assessment of advanced competencies in other settings (e.g., the use of a computerized work simulation unit).

Advanced Practice or Specialized Practice Competencies
The use of advanced practice skills, such as advanced application of neurorehabilitation techniques, or specialized practice skills, such as physical agent modalities, requires specific education and training. Employees who use advanced practice skills or specialized practice skills should be evaluated specifically for competencies in these skills. Documentation of assessment of these competencies should become a formal part of employee records. Because techniques and equipment change frequently, advanced or specialized practice competencies should be reevaluated for appropriateness and updated frequently. For more information regarding physical agent modalities, refer to the AOTA official document “Physical Agent Modalities Position Paper” (AOTA, 2003).

Competencies Related to Specific Skills or Procedures
Depending on the setting and the types of clients seen by occupational therapists, there may be specific skills or procedures related to the process of assessing and intervening with clients for which specific assessment of competencies is appropriate. Examples might include competencies related to the administration of specific standardized assessments, competencies in procedures routinely performed (e.g., the fabrication of certain types of splints), or competencies in an intervention, (e.g., serial casting), or in procedures related to a setting (e.g., safety precautions on a mental health unit.)

Documenting Assessment of Competencies
Managers and supervisors must realize that as far as an accreditation reviewer or legal entity is concerned assessment of competencies that are not documented in a permanent written format may as well not have occurred at all. Assessments of competencies should be documented in a formal and standardized way, and it is recommended that documentation become a permanent part of each employee’s personnel file. Documentation of assessments of competencies may be completed in concert with, or as part of, other elements of managerial documentation, including:

- new employee orientation forms,
- annual performance appraisal forms, and
- quality control and improvement forms such as check sheets and audits.

Elements of Effective Documentation
Documentation of assessment of competencies should include the following elements:

- Written specific statements reflecting essential job functions that identify specific and measurable tasks or behaviors
- The method(s) to assess each competency
- The person(s) who assessed each competency
- The date(s) on which a competency was assessed
• An action plan for competencies for which the employee is deemed less than fully competent
• The date for the next assessment of the competency

Specific Methods for Assessing Competencies
Specific competencies may be assessed in a variety of manners, and an assessment approach that matches the domain of knowledge reflected in the competency statement should be chosen. The following should be considered when choosing specific methods to assess competencies:
• Different assessment methods are required to assess different competencies based upon the primary domains of knowledge reflected in the competency statements
• A single method of assessment seldom captures all of the domains (cognitive, affective, and psychomotor)
• Some competencies (e.g., CPR or responding to ethical dilemmas) may not easily be assessed in real-life situations and may need to be assessed through case studies or role playing that simulate situations that might be encountered. These competencies should still be included, however, to document that training was provided
• Avoid using only checklists and posttests. Although these approaches are cost effective, these methods do not assess critical thinking or interpersonal skills
• Base your program for assessment of competencies on sound adult learning principles, including:
  • informing the employee why he or she needs to know specific information or be able to demonstrate specific skills;
  • recognizing that adults bring prior learning and experience to all learning situations and building on the employee’s prior experience;
  • allowing sufficient time for learning;
  • allowing for presentation of new material in multiple formats (e.g., oral, written, and/or observation);
  • using a task oriented, problem-solving approach to learning; and
  • using self-directed learning as a learning option when possible, especially with assessment of competencies related to advanced skills such as equipment or physical agent modality competencies

Methods for Assessment of Competencies
The following are suggested methods for assessing competencies and factors to consider when using each method of assessment. Again, managers are reminded that methods for assessing competencies should be matched with the domain of knowledge related to each competency and to use multiple methods whenever possible.
• Post-tests, including written tests or quizzes, oral exams, surveys, worksheets, calculation tests, crossword puzzles, and some forms of games
  • Post-tests work well to measure cognitive skills (an individual’s comprehension of basic knowledge)
  • Post-tests are not effective in measuring behavioral performance (psychomotor skills)
• Return Demonstration (demonstrating a set of skills to another skilled observer)
  • Appropriate for measuring behavioral performance (psychomotor domain)
• May occur in an artificial environment (skills lab) or in a real world setting and may be done immediately following instruction or at a later time
• Must go beyond description—describing an action may reflect the cognitive domain (knowing) but performance is required to assess competencies in the psychomotor domain
• Most effective if a standard set of guidelines or criteria for evaluation (competency checklist) is used
• The observer must be familiar with the criteria for evaluation and have demonstrated the indicated competency to another trained observer (within the facility or via a training or continuing education venue) prior to the observation

- Observation of Daily Work
  • Appropriate for measuring skills in the behavioral (psychomotor) and affective (appreciating and valuing) domains
  • Both supervisors and peers can be used for these types of observation

- Case Studies (provide individuals with a situation and ask them to explain their responses or choices in that situation)
  • Appropriate for assessing critical thinking skills
  • Manager or supervisor must create a check sheet or other evaluation tool to document specific competencies that are based on predetermined criteria related to the case content
  • Can be prepared in many different ways
  • Create a story of a clinical situation and ask questions that capture the nature of the competency you are measuring
  • Can be used with individuals or discussion groups to facilitate teambuilding and group problem solving

- Exemplars (a story you tell or write yourself describing a situation you have experienced or describing a rationale you thought about and choices you made in a situation)
  • Appropriate to measure critical thinking skills and interpersonal skills
  • Can capture actions that are NOT taken when not taking action is the competency choice in a given situation
  • Appropriate for use with a variety of personnel and are great for both staff and leadership positions
  • Very useful for personnel who must establish trust with a client, provide customer service, or deal with sensitive issues

- Peer Reviews
  • Appropriate for assessment of interpersonal skills and critical thinking skills
  • Staff should be prepared via a thorough orientation to the process, including suggestions for giving constructive feedback so that receiving feedback from peers is viewed as a positive rather than a negative experience
  • May be provided in a written format using check sheets or a written summary or in a verbal “face-to-face” format

- Self-Assessment
  • Appropriate for assessment of critical thinking skills
• Appropriate for assessment of values, beliefs, opinions, and attitudes because it engages individuals in a reflective exercise that allows employees to put into words their conscious and unconscious thoughts
• Has limited utility for assessment of psychomotor skills, and an additional method should always be used for high-risk procedures or skills that could result in harm to patients or clients

Discussion Groups
• Appropriate for assessment of all three skill domains, especially critical thinking skills, if paired with demonstrations, etc.
• Include preparation activities on giving and receiving feedback in a constructive and respectful way
• Promotes group cohesiveness and support
• Allows a group of individuals to share their thoughts and strategies on an issue and discuss the merits and consequences of various plans of action
• Promotes problem solving
• Competency assessment criteria should be prepared ahead of time
• There should be a facilitator who explains the expectations of the competency and how it is used as an assessment method
• Select a case study that has meaning to all members of the group or bring a situation that they have recently encountered, such as dealing with a difficult customer

Putting It All Together—Examples of Synthesis of Assessment and Documentation Components for Competencies

Table 3 includes examples to illustrate how a sample of categories of competencies, specific competency statements, and methods of assessing competencies and documenting assessment are combined. Sample forms for the documentation of the assessment of competencies are included at the end of this guide.

<table>
<thead>
<tr>
<th>Category of Competency</th>
<th>Example of Competency Standard</th>
<th>Example of Evaluation Method</th>
<th>Documentation Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial evaluation of competence</td>
<td>Safely completes transfer from wheelchair to bed, etc.</td>
<td>Observation by supervisor</td>
<td>Checklist of initial competencies showing “competent” or need for intervention and action taken</td>
</tr>
<tr>
<td>Annual evaluation of competence</td>
<td>Identifies electrical safety hazards and steps to be taken to rectify the situation</td>
<td>Watch a videotape combined with a posttest</td>
<td>Copy of posttest placed in personnel record signed by qualified reviewer</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Age-related competence</td>
<td>Differentiates between chronological and developmental age</td>
<td>Peer review of cases, including observation of treatment and chart review</td>
<td>Peer evaluation form signed by employee, observer, and supervisor, including any intervention plan</td>
</tr>
<tr>
<td>Equipment-related competence</td>
<td>Completes safety check of a computerized work simulator before use</td>
<td>Self-review using checklist</td>
<td>Checklist turned into supervisor and placed in personnel record</td>
</tr>
<tr>
<td>Physical agent modality competence</td>
<td>Identifies all contraindications for use of ultrasound</td>
<td>Posttest after training module</td>
<td>Copy of posttest placed in personnel record signed by qualified reviewer</td>
</tr>
</tbody>
</table>

**Summary**

This guide is intended as an introduction to the development of a system for the assessment and documentation of competencies as a benefit for members of AOTA. Members using this guide are encouraged to supplement it by referring to other resources mentioned within the guide and to seek additional assistance by liaising with other occupational therapy managers experienced in the assessment of competencies.
### Annual Observation

#### Technical Application Superficial Thermal Physical Agent Modality

**PARAFFIN**

Name ______________________________ Date _____________
Reviewer____________________________ Patient Observed: (initials)_____________

<table>
<thead>
<tr>
<th>A.</th>
<th>SELECTION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Verbalizes clinical rationale for use of paraffin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>APPLICATION</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>1.</td>
<td>Instructed patient to wash hand prior to application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Checked skin prior to application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Oriented patient to modality, including effects and precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Chose appropriate application techniques for body part being treated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Used appropriate wrapping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Positioned patient comfortably after paraffin applied</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Checked time of initial application or used timer</td>
<td></td>
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<td></td>
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<tr>
<td>8.</td>
<td>Removed paraffin when intervention was complete</td>
<td></td>
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<td></td>
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<tr>
<td>9.</td>
<td>Checked skin upon removal</td>
<td></td>
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<td></td>
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<tr>
<td>10.</td>
<td>Asked patient about effect of paraffin post application (i.e., pain relief, pliability, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>DOCUMENTATION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Type of modality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Location/method of application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Skin inspection (before, during, after)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Response</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**COMPETENCY MET** ☐ yes ☐ no

If no:

Action Plan: ______________________________________________

Following Action Plan: COMPETENCY MET ☐ yes ☐ no

Reviewer’s Signature: ________________________________________

Staff Signature: ____________________________________________

---

**Sample Form**

JAMAICA HOSPITAL MEDICAL CENTER
## JAMAICA, NEW YORK
### DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
#### OCCUPATIONAL THERAPY DIVISION

**Annual Observation**  
**Technical Application Superficial Thermal Physical Agent Modality**  
**HOT PACKS**

Name ______________________________  Date _____________  
Reviewer____________________________  Patient Observed: (initials)_____________

<table>
<thead>
<tr>
<th></th>
<th>A. SELECTION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Verbalizes clinical rationale for use of h/p</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>B. APPLICATION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Checked skin prior to application</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Oriented patient to modality, including effects and precautions</td>
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<tr>
<td>3.</td>
<td>Chose appropriate size for body part being treated</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Used appropriate layers of towels (6-8) to wrap h/p</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Positioned patient comfortably for h/p application</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td>Draped h/p correctly onto body part</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Checked time of initial application or used timer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Checked patient’s skin within 5-10 minutes of application</td>
<td></td>
<td></td>
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<tr>
<td>9.</td>
<td>Based on skin check, when warranted adjusted layers/ draping accordingly</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Removed h/p when time was up</td>
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<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>Checked skin upon removal</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>Asked patient about effect of h/p post application (i.e., pain relief, pliability, etc.)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>C. DOCUMENTATION</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Type of modality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Location/method of application</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3.</td>
<td>Skin inspection (before, during, after)</td>
<td></td>
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<tr>
<td>4.</td>
<td>Response</td>
<td></td>
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</tr>
</tbody>
</table>

**COMPETENCY MET**  yes  no  
If no:  
Action Plan: __________________________________________________________

Following Action Plan:  
**COMPETENCY MET**  yes  no

Reviewer’s Signature: ________________________________________________

Staff Signature: ____________________________________________________

---

**SAMPLE FORM**

**JCAHO COMPETENCY STANDARDS CHECKLIST**

The following checklist may be helpful in determining whether your program is meeting current JCAHO competency standards:
Staff competency in the following areas has been assessed as part of the initial orientation process:

- Age-related competencies
- Equipment/safety-related competencies
- High volume, high risk skills sets

When a change in assignment/job category occurs, staff competency is reassessed in the following areas:

- Age-related competencies
- Equipment/safety-related competencies
- High volume, high risk skills sets

Competency assessment is ongoing and includes, at a minimum, an annual performance appraisal with competency assessment in the following areas:

- Age-related competencies (prn)
- Equipment/safety-related competencies
- High volume, high risk skills sets

In cases where competence has not been met, a specific, objective action plan with target dates has been developed for the employee.

- Staff learning needs are assessed annually
- Trends related to overall staff competency are monitored and addressed
## Methodology for Validation

<table>
<thead>
<tr>
<th>Competency</th>
<th>High Risk</th>
<th>High Vol.</th>
<th>Problem Prone</th>
<th>High Risk Low Volume</th>
<th>Link to Quality Plan</th>
<th>Professional Standard</th>
<th>Methodology for Validation</th>
<th>Times per Year</th>
</tr>
</thead>
</table>

### Mandatory All Employees
- Patient Confidentiality: X
- Fire Safety: X
- Electrical Safety: X
- Hazard Communication: X
- Infection Control: X
- Emergency Management: x

### Mandatory Patient Contact
- Age Appropriate Care
- TB & PPE
- Signs of Abuse
- Restraints
- Blood Borne Pathogens

### Mandatory As Needed
- Radiation Safety
- CPR
- Defibrillator

1. Return Demonstration: 1 X annually
2. Cognitive Test: 1 X every 2 years
3. Observation: Semiannually
4. Peer Review: Other
5. Chart Review-Audit
6. Other
References


