Competency Assessment Form

This assessment form is used by supervisors of applicants to the Alberta College of Occupational Therapists (the College). The applicants are

* either internationally educated graduates, occupational therapists transferring from another jurisdiction, or occupational therapists who wish to reinstate with the College following de- registration; and are
* currently registered on the College’s Provisional Register.

Supervisors are occupational therapists acting on behalf of the College to assess an applicant’s readiness to practice. The supervised practice period is typically for eight weeks full-time or equivalent. At the conclusion of the supervised practice period, the supervisor submits an evaluation of the occupational therapist’s competence to enter independent practice. This competency assessment form is provided for this purpose.

This competency-based assessment is derived directly from *The Essential Competencies of Practice for Occupational Therapists in Canada 2nd Edition* published by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO).

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| evaluation information | | |
| applicant | registration number | |
| telephone | email | |
| placement worksite |  |  |
| address |  |  |
| city | province | postal code |
| supervisor | registration number | |
| telephone | email | |
| start date of evaluation | | end date of evaluation |

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| When assessing competencies, the supervisor should choose the descriptor that best matches the  applicant’s level of aptitude towards each statement. If explanation of assessment is required, provide detail in the comments section. | |
| descriptor | description of assessment criteria |
| Satisfactory | Good comprehension or performance. The applicant demonstrates a reasonable aptitude that is adequate to practice in this assessed competency. |
| Unsatisfactory | Comprehension or performance does not meet the minimum criteria. Knowledge and application of principles and facts is fragmentary. The applicant demonstrates an absence of aptitude for this competency requirement. |
| n/a | Not applicable -- unable to assess this competency requirement (please provide explanation). |

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| assumes professional responsibility | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Practices within scope of professional and personal  limitations and abilities. |  |  |  |  |
| Understands the obligation of protection of the public and acts accordingly. |  |  |  |  |
| Adheres to the Code of Ethics recognized by the provincial regulatory body. |  |  |  |  |
| Understands the necessity, obligation and process to take action to report unsafe,  unethical or incompetent OT practice. |  |  |  |  |
| Maintains the Essential Competencies of practice. |  |  |  |  |
| Acts with professional integrity. |  |  |  |  |

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| demonstrates practice knowledge | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Within practice demonstrates an integration of occupational therapy skills with current occupational therapy theory and relevant supporting  scientific knowledge. |  |  |  |  |
| Demonstrates awareness of the socio-cultural and economic environment of the jurisdiction  of practice. |  |  |  |  |
| Demonstrates knowledge of and adherence to legislative and regulatory requirements relevant to the province and  area of practice. |  |  |  |  |

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| utilizes a practice process | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Defines and clarifies one’s scope and context of practice |  |  |  |  |
| Identifies client and other stakeholders in the practice process and establishes and maintains a professional  relationship with each. |  |  |  |  |
| Understands and negotiates roles and responsibilities  appropriate to the OT service with clients and stakeholders. |  |  |  |  |
| Ensures informed consent prior to and throughout service  provision |  |  |  |  |
| Demonstrates a systematic client-centred approach in the delivery of occupational  therapy services |  |  |  |  |

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| Utilizes and/or refers to reasonable and appropriate resources to support client  needs. |  |  |  |  |
| Maintains timely and accurate records consistent with provincial regulatory  requirements. |  |  |  |  |

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| thinks critically | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Within practice, demonstrates sound clinical and professional judgment consistent with accepted models of occupational therapy practice. |  |  |  |  |
| Within practice, demonstrates responsible decision-making. |  |  |  |  |
| Within practice, formulates, articulates and demonstrates sound clinical reasoning. |  |  |  |  |
| Engages in a reflective and evaluative approach to practice and integrates findings into  practice |  |  |  |  |

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| communicates effectively | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Identifies and communicates with key individuals, organizations, and groups with  whom collaboration is necessary. |  |  |  |  |
| Uses client-centred principles in the communication process. |  |  |  |  |

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| Respects and considers the information and opinions of clients and colleagues. |  |  |  |  |
| Maintains a professional  relationship in all communications. |  |  |  |  |
| Demonstrates timely and effective communication. |  |  |  |  |
| Maintain confidentiality and security in the transmission, storage and management of  information |  |  |  |  |

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| engages in professional development | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Demonstrates a process of self- evaluation related to one’s practice and participates in on-  going professional development |  |  |  |  |

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| manages the practice environment | | | | |
|  | Satisfactory | Unsatisfactory | N/A | Comments |
| Contributes to a practice environment that supports client-centered occupational therapy as well as a safe, ethical  and effective service |  |  |  |  |
| Identifies potential risks in practice and takes action to  minimize risks. |  |  |  |  |
| Demonstrates responsibility for occupational therapy service components assigned to staff, assistants and others under the  therapist’s supervision. |  |  |  |  |

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| applicant’s overall performance rating | |
| applicant | |
| satisfactory | unsatisfactory |
| general comments if required, additional pages may be attached | |
|  | |
| I recommend this applicant to the General Register of the College. | |
| I do not recommend this applicant to the General Register of the College. | |
| supervisor date |  |
| For College use only  Registrar review and approval |  |
| date |  |

The completed assessment form must be submitted to the College by the supervising occupational therapist at the end of the supervised practice. This form can be completed and saved electronically.

Email form to: [registration@acot.ca](mailto:registration@acot.ca) or fax to: 780.434.0658

or mail to: Alberta College of Occupational Therapists, 312, 8925 – 51 Avenue, Edmonton, AB T6E 5J3