



# Saskatchewan Society of Occupational Therapists

## SSOT Continuing Competency Program 2015 Audit Checklist

Number of SSOT member being audited: \_\_\_\_\_

Instructions for auditors:

1. Please ensure that you have a copy of the **SSOT CCP Self Assessment Tool** (<http://ssot.sk.ca/+pub/CCP/SSOT%20Self-Assessment%20Tool%20July%202012.pdf>) and **The Essential Competencies of Practice for Occupational Therapists in Canada, 3<sup>rd</sup> edition, 2011** for reference (<http://ssot.sk.ca/+pub/Resources%20and%20Links/complete%203rd%20Edition%20essential%20comp%20copper%20seal%20oct%202012.pdf>).
2. Please complete your initial evaluation of the submission independently using the 2015 Audit Checklist.
3. Please complete each section of 2015 Audit Checklist. Begin with evaluation of the member's 2014 Evidence followed by evaluation of the member's 2015 PDPO goals.
4. Determine whether the member's submission meets audit standards or not.
5. Please review audit results with your fellow auditor.
6. If applicable, discuss any differences of opinion with your fellow auditor.
7. With your fellow auditor, arrive at an agreement of whether or not the member's submission meets the audit standards.
8. Please provide the Professional Practice Committee Chair with your independent SSOT Continuing Competency Program Portfolio Audit Checklist and the Audit Reconciliation form.



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2014 Evidence Review				Comments
1	Are the learning activities related to Occupational Therapy practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	<p>Does the submission contain documentation or evidence to substantiate that the learning goals have been achieved?</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Diploma or Degree Certificate</li> <li><input type="checkbox"/> Certificates of courses, workshops, lectures or seminars attended or completed</li> <li><input type="checkbox"/> Feedback from clients, colleagues, supervisors, or students</li> <li><input type="checkbox"/> Reference lists of relevant research articles along with summaries of insights gained from the materials</li> <li><input type="checkbox"/> Documentation of involvement in publications, workshops, conferences etc.</li> <li><input type="checkbox"/> Documentation of discussions had with peers, colleagues, or journal clubs as a method of learning</li> <li><input type="checkbox"/> A summary of the information and insights gained from in-services, rounds, etc.</li> <li><input type="checkbox"/> Agendas and minutes of meetings attended</li> <li><input type="checkbox"/> Samples of documentation i.e.) reports, chart notes, practice guidelines or protocols developed</li> </ul> <p><b>*Ensure NO client information is included</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of in services, presentations or courses taught</li> <li><input type="checkbox"/> Documentation of involvement in development or revision of policies, procedures or programs</li> <li><input type="checkbox"/> Demonstration of participation in quality improvement initiatives</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	If the goal(s) is the same as the previous year, does the evidence or documentation show progression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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2015 Professional Development Plan and Outcomes (PDPO) Review				
				Comments
4	Does the current PDPO have at least 2 goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Are each of the goals related to Occupational Therapy Practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Are each of the goals based upon the "Essential Competencies of Practice for Occupational Therapists in Canada 3 <sup>rd</sup> Edition"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Are each of the goals Specific?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Are each of the goals measurable? i.e.) Achievement/progress can be measured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	Does each of the goals have an anticipated completion date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	If the goal(s) is the same as the previous year, does the strategy show progression?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Results of Audit		
<input type="checkbox"/> Meets audit standards	<input type="checkbox"/> Does not meet audit standards	Comments/Rationale/Recommendation(s)

Name of Auditor: \_\_\_\_\_

Signature: \_\_\_\_\_

Audit Date: \_\_\_\_\_