



# Saskatchewan Society of Occupational Therapists

## Continuing Competency Program Professional Development Plan and Outcomes (PDPO)

Name: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Year	Item No. from Self-Assessment tool	Goals	Strategies	Anticipated Completion Date	Outcomes/Evidence of Progress (include document title, portfolio location and brief summary of impact on practice)	Current Status
2016		To complete charting in a timely fashion for all patients	-Schedule more time to complete written chart notes and typed reports	Ongoing	- Log of average length of time to complete typed reports.	<input type="checkbox"/> Completed Date: __ _____ <input type="checkbox"/> In Progress <input type="checkbox"/> Omit (Reason)



- Is goal specific? **No**
- Is goal measurable? **No**
- Is goal Attainable? **Yes**
- Is goal Relevant to Essential Competencies? **No-not specified**
- Is goal time-oriented? **No**



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2016	5.2	To complete written chart notes within 1 day of seeing patients 100% of the time. To complete typed reports within 2 weeks of seeing patients 100% of the time.	<ul style="list-style-type: none"> <li>-Schedule 30 minutes at the end of each day to complete reports starting April 1, 2017</li> <li>-Schedule 4 hours per month to catch up on typed reports starting May 2017.</li> <li>- Use voice recognition software to create typed reports more efficiently</li> </ul>	Feb. 28/18	<ul style="list-style-type: none"> <li>- Take a random audit of 10 charts and determine average length of time to complete written and typed reports is June 2017 and February 2018.</li> </ul>	<input type="checkbox"/> Completed Date: _____  <input type="checkbox"/> In Progress  <input type="checkbox"/> Omit (Reason)



- Is goal specific? **Yes**
- Is goal measurable? **Yes**
- Is goal Attainable? **Yes**
- Is goal Relevant to Essential Competencies? **Yes**
- Is goal time-oriented? **Yes**



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2015	6.1	To expand my specialized seating assessment skills for clients in rehabilitation program.	<p>Attend at least 2 in-services, webinars or grand rounds regarding seating in the 2015/2016 membership year.</p> <p>Observe at least one specialized seating mat assessment with another OT and vendor</p> <p>Debrief with colleagues about challenging seating needs of residents</p>	Feb. 2016	<p>2 Sunrise Medical Webinar Certificates and Notes (see section 3)</p> <p>Attended Prairie Heart Seating Conference on October 22, 2015. (See section 3)</p> <p>Professional Development Log-Mat assessment (See section 3)</p> <p>Hands-on experience with support of experienced OT/PT's in assessing seating needs.</p>	<p><input checked="" type="checkbox"/> Completed Date: ___ _Oct. 30/15_____</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> Omit (Reason) _____ _____ _____</p>



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2016	4.1	In order to effectively manage caseloads for residents who need compression garments, I will create a case management binder for my practice in this area.	<ul style="list-style-type: none"> <li>• Reorganize relevant cases in alphabetical order</li> <li>• Reg flag complex cases</li> <li>• Keep a section for manufacturers' contact information, update contact information</li> <li>• Color coding to quickly find information for specific residents</li> <li>• Attend one inservice or workshop to inform regarding compression garments</li> </ul>	Feb. 2017	<p>Active cases collected for binder March 2016</p> <p>Manufacturers' information updated and added to binder November 2016- see photocopy section 3</p> <p>See case example of complex case discussion with Nursing, compression garment vendor. (Section 3)</p> <p>Binder updated monthly- see photocopy of daytimer.</p> <p>See notes from Compression garment webinar October 2016</p>	<p><input checked="" type="checkbox"/> Completed Date: ___ _Jan. 2017_____</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> Omit (Reason)</p> <p>_____</p> <p>_____</p> <p>_____</p>



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2015	6.3	Understand Montreal Cognitive Assessment (MoCA) and apply it in Longterm Care setting as a cognition screening tool.	<p>Read manual and binder</p> <p>Consult with other OT's who have more experience with this assessment tool.</p> <p>Review research article on MoCA to deepen my understanding of the tool</p> <p>Observe at least one MoCA administration</p> <p>Complete one administration with a family member</p> <p>Complete one MoCA with a patient.</p>	Feb. 2016	<p>Professional Development Log of discussion with Senior OT about MoCA, observation of MoCA with patient June 2015</p> <p>Journal article notes of effectiveness of MoCA compared to MMSE-see section 3 August 2015</p> <p>See MoCA form of administration with family member October 2015</p> <p>See MoCA forms of 2 administrations with patients (identifiers removed).</p>	<p>Completed Date:____ -- _____</p> <p><input checked="" type="checkbox"/> In Progress First part of goal achieved however no referrals received in the time frame for this goal.</p> <p><input type="checkbox"/> Omit (Reason) _____ _____ _____ _____ _____</p>

**\*See next page for continuation of this goal\***



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2015	6.3	Use the Montreal Cognitive Assessment (MoCA) in Long-term Care setting as a cognition screening tool for at least one patient. Compare with MMSE.	<ul style="list-style-type: none"> <li>-Educate physicians and colleagues on role of OT in this practice setting and reasons for referral</li> <li>-Complete one MoCA with a patient.</li> <li>-Reflect on the value of the tool as compared with MMSE</li> </ul>	Feb. 2016	<ul style="list-style-type: none"> <li>-See email and grand rounds presentation notes regarding role of OT in LTC March 2015</li> <li>-See MoCA forms of 2 administrations with patients (identifiers removed).</li> <li>-Reflection of assessment tools and uses. See professional development log December 2015</li> </ul>	<input checked="" type="checkbox"/> Completed Date: __ _ Dec. 2015 _____  <input type="checkbox"/> In Progress  <input type="checkbox"/> Omit (Reason) _____ _____ _____ _____
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**\*Example of a goal that was carried over to the following year with updated strategies\***