



### Provisional Practice Monitoring Tool

Name of PT Resident: \_\_\_\_\_ License #: \_\_\_\_\_

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

Supervisors Name: \_\_\_\_\_ License #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**It is the responsibility of the Supervisor to immediately (within one business day) report to the College if the Resident has performed any act of professional misconduct, or of incompetence, or if the Physiotherapist Resident appears incapacitated.**

The following documents are available on the College website [www.peicpt.com](http://www.peicpt.com) to help you to complete the Provisional Practice Monitoring Tool.

- Physiotherapist Regulations
- Code of Ethics
- Standards for Practice
- College Policies
- Position Statements

Please return to this form to the Registrar via email at [contact@peicpt.com](mailto:contact@peicpt.com)

Or mail to:

**Prince Edward Island College of Physiotherapy**

ATTENTION: Registrar

PO Box 20078

Charlottetown, PE C1A 9E3

The topics below were chosen as key areas to be monitored as the College is aware that these are important areas where physiotherapists are more likely to encounter problems. Please consider the Physiotherapist Resident's overall performance throughout the entire Provisional Practice period. Circle the number which best corresponds with your impression of the Resident's practice for each question. Each section will provide hints on possible ways to monitor that area.

**1. Legislation Related to Practice.** The Resident can discuss relevant legislation and its implications for their practice. Such legislation (dependent on the practice setting) may include the *Regulated Health Professions Act, Physiotherapy Regulations, Child Protection Act, Health Information Act, etc.*

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**2. Adherence to Ethical Practice Standards.** The Resident abides by the Code of Ethics for Physiotherapists; recognizes and understands the issues related to confidentiality and privacy; respects patient rights and boundaries; demonstrates honesty and openness with patients and seeks advice related to ethical practice.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**3. Scope of Practice.** The Resident can describe the scope of practice of physiotherapy and demonstrates an understanding of implications related to scope of practice within the clinical environment.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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4. **Consent.** The Resident can recognize and describe the responsibilities related to issues concerning consent. The Resident provides sufficient information to ensure that the client is aware of the nature of the proposed interventions, options risks and benefits. There is documented evidence that the Resident allows the patient to make free and independent decisions, obtains consent and understands the implications related to practice within the clinical environment.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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5. **Safety.** The Resident demonstrates safe use of equipment and modalities. The Resident maintains a caseload that can be managed safely and effectively. There have been no incidents related to safety or complaints.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**6. Confidentiality/Privacy.** The Resident understands and complies with the professional standards and statutes and regulations related to retention, disclosure and release of information and records. The Resident demonstrates an understanding of matters concerning client confidentiality and privacy.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**7. Boundaries and Professional Conduct.** The Resident maintains professional, therapeutic relationships with clients. There is recognition and adherence to personal and physical boundaries. The Resident interacts professionally and appropriately with clients, families and other professional and support staff. Clients are treated with dignity and sensitivity with respect to cultural differences. There have been no complaints or incidents related to the Resident's professional conduct.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**8. Communication.** Apart from Consent and Boundary issues, the Resident generally demonstrates an ability to communicate effectively with client and others, including observing non-verbal cues, obtaining feedback and identifying communication barriers.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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9. **Record Keeping.** The Resident adheres to the standards related to maintaining client records. Audited records are comprehensive, timely and signed by Resident.

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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10. **Use of Support Personnel (if applicable).** The Resident assigns a portion of the treatment plan to support personnel or others in accordance with the College's Standards. The Resident ensures that the support personnel are competent to carry out the assigned duties, are fully informed and supervised. ***This item may be assessed through observation, chart audits, case reviews with the Resident and input from other staff.***

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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**11. Billing and Financial Reporting (if applicable).** The Resident demonstrates knowledge of and adherence to billing requirements. The Resident maintains and submits timely, accurate and objective information about the client's assessment, treatment plan, intervention and discharge plans. The Resident has full knowledge of how their billing number is used and avoids fraudulent practices related to billing. ***This item may be assessed through chart and financial audits, discussions with the Resident, and input from other team members.***

Strongly Disagree

Strongly Agree

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Describe or comment on any issues raised or concerns in this area:

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Additional Comments:

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Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_