

## *Provisional Practice* MONITORING TOOL

<b>Name of Resident</b>	<b>Registration Number</b>
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<b>Monitor's Business Information</b>	
NAME OF MONITOR	<b>Registration Number</b>
TELEPHONE	
EMAIL ADDRESS	

**It is the responsibility of the Monitor 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 Physiotherapy 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.

- > Code of Ethics
- > Standards for Practice
- > College Policies
- > Position Statements

Please return to this form to:  
**Prince Edward Island College of Physiotherapists**  
**ATTENTION: Registrar**

Email: [contact@peicpt.com](mailto:contact@peicpt.com)  
Address: PO Box 20078

Charlottetown, PE  
C1A 9E3



4. **Consent.** The Resident is able to 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 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. ***This item may be assessed through chart audits and case reviews with the Resident.***

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

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. ***This item may be assessed through observation, chart audits, case reviews with the Resident, input from team members and review of QM reports.***

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

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 the retention, disclosure and release of information and records. The Resident demonstrates an understanding of matters concerning client confidentiality and privacy. ***This item may be assessed through chart audits and discussion with the Resident.***

Strongly Disagree Strongly Agree

1                      2                      3                      4                      5

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. *This item may be assessed through observation, input from team members and review of QM reports.*

Strongly Disagree Strongly Agree  
 1 2 3 4 5

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. *This item may be assessed through observation, input from team members and any client comments.*

Strongly Disagree Strongly Agree  
 1 2 3 4 5

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 the Resident. *This item may be assessed through chart audits.*

Strongly Disagree Strongly Agree  
 1 2 3 4 5

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

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