

Rehab Directors Survey May 2017: Annual Competencies Checklist

A	We complete annual competencies and all clinical skills must be checked off by the same discipline. A PTA can be checked off by an PT, COTA by a OT if necessary. For any skills that could cross over disciplines ie; serial casting, seating, etc. you can use multiple disciplines to check off. Our annual competencies are usually based on items that are higher risk an low volume items.
B	Our clinical coordinators check competency of their discipline specific staff with the exception of Athletic Trainers who are supervised by the clinical coordinator of PT with input from a lead ATC and the physicians who supervise them on the field and in the physician clinics. Competencies available on request.
C	Competencies available on request.
D	See competency form attached We do complete discipline-specific competencies each year, and they have to be checked off by same-discipline staff. We focus on areas that we may perform infrequently but need to maintain skills, higher risk areas, and/or new procedures/treatments/policies. Some examples: -new loaner car seat program (new service, potential risk and low frequency) -new standardized test / changed the tone scale we were using (new procedure) -revised procedure for modified barium swallow studies (potential risk) -documentation in new EMR
E	We do complete discipline-specific competencies each year, and they have to be checked off by same-discipline staff. We focus on areas that we may perform infrequently but need to maintain skills, higher risk areas, and/or new procedures/treatments/policies. Some examples: -new loaner car seat program (new service, potential risk and low frequency) -new standardized test / changed the tone scale we were using (new procedure) -revised procedure for modified barium swallow studies (potential risk) -documentation in new EMR
F	We don't have the need for such a policy as all of our professionals are supervised by someone in their own profession (manager of Audiology, manager of Speech-Language Pathology...). However, years ago I did supervise multiple disciplines in a small rehab facility. We had a program coordinator/team lead for each discipline that conducted the professional competency review for each discipline (conducted clinical chart reviews, observed sessions, lead team meetings re: EBP & practice guideline changes).
G	We have been trying to figure this out recently at "G" as well.

	Please include me on any responses if possible.
H	<p>We use a "Clinical Performance Tool" that has someone from the same discipline (usually a senior therapist) check annual competency on one patient (evaluation & treatment criteria as well as documentation review).</p> <p>Any clinical competencies need to be checked by professional of same discipline.</p> <p>I am not aware of a specific facility policy we have on this but do believe it is consistent with Joint Commission standards.</p>
I	<p>We had an issue in our adult acute PT/OT area during a recent Joint Commission survey. At that point competencies were being checked by the supervisor or a clinical specialist in the specific area of competency. The JC surveyor did not like this practice, feeling strongly that a PT cannot verify competence of an OT and vice versa.</p> <p>We have not fully worked out a new procedure. For annual discipline specific competencies, a clinical specialist for the discipline will verify - so an OT will verify for OT, a PT for PT. This may include the supervisor - but only for their discipline.</p> <p>When there is a competency that is not discipline specific, we still feel that a PT could verify competence of both PT and OT (or SLP). We're still working this part out.</p>
J	<p>At the hospital, we have mandated annual competencies that address "changing aspects of the job." We have a validation form we complete with learner objectives and methods of verification. Employees with similar job titles/positions will complete the same competency(ies). Competencies are typically designed with my assistance as the Education Coordinator by an individual with the same professional credentials, but sometimes that is not the case. It depends on the competency. If the competency is related to the credential, than a leader with that same credential would verify the competency. If the competency is related to a more global division or hospital initiative, than an individual who has developed a degree of training or expertise in that area would verify the competency.</p>
K	<p>We do initial mentoring on competencies for first 3 months of hire.</p> <p>We do annual peer reviews completed by discipline specific (OT, PT, SLPs) senior staff, and manager.</p> <p>We do quarterly chart audits and work specifically with each staff person who needs assistance with anything noted on a chart audit.</p> <p>We have specialized competencies that therapists can work toward and be checked off on by senior staff (such as feeding, swallowing, videos, babies, voice). These are available on request.</p> <p>We have a generous CEU budget, 400.00 per staff per year, and staff may use to get specialty training, (new one is MNRI).</p>

