

RECREATION THERAPY COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number (if applicable):	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date (every 2 years):	
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m
 6 months = 6m
 1 year = 1 yr

* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Direct observation C. Video review D. Competency testing lab E. Written test F. Self-study packet	A	B	C	D	E	F	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
A. DEPARTMENT OVERVIEW													
Tour of (<i>PACE program</i>)	Guided tour									3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation									3m			
Dress code	Policy #									3m			
Clock in/out, sign in/out	Policy #									3m			
Beeper paging	Direct observation									3m			
Telephone & intercom system	Policy #									3m			
Location of manuals	Guided tour									3m			
Log books ♦ Grievance log ♦ Maintenance log	Guided tour									3m			
Department meetings (staff, in-service)	Clinical ladder manual									3m			
Standards of practice	National Council for Therapeutic Recreation Certification (NCTRC)									3m			
B. DEPARTMENT SAFETY PROCEDURES													
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video									3m			
Review of emergency procedures and equipment, both medical and non-medical*													
♦ Fire safety procedure*	Disaster manual, P&P									3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P									3m			
♦ Location of safety manuals*	Guided tour									3m			
♦ MSDS notebook-agents used*	Hazardous materials manual									3m			
♦ Hazardous waste precautions*	Hazardous materials manual									3m			
♦ Body mechanics*	PT program									3m			
♦ "911" system	Preceptor, guided tour									3m			
♦ Use of restraints*	Policy #, restraint P&P									3m			
♦ CPR, basic life support (every 2 years)	Policy #									6m			
Fall precautions, participant safety*	Nursing P&P									3m			
C. INFECTION CONTROL													
Handwashing	Policy #									3m			
Standard precautions*	Policy #									3m			
Disposal of infectious waste	Policy #									3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination (counseling)	Policy # and unit learning resources									3m			

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D. RESOURCE MANAGEMENT													
Tour of supply room(s), cabinets	Guided tour, scavenger hunt									3m			
Ordering supplies, purchasing	P&P manual									3m			
Develops specific therapeutic programs to include recreational & social activities	P&P manual									3m			
E. ASSESSMENT OF PARTICIPANTS													
Admission criteria	P&P manual									3m			
Admission process-assessment	P&P manual									3m			
Transfer, intraprogram: receiving	P&P manual									3m			
Transfer, intraprogram: sending	P&P manual									3m			
Reassessment	P&P manual									3m			
F. PHYSICAL ASSESSMENT DATA													
Behavioral	Admission criteria & medical records manual									3m			
Musculoskeletal	Admission criteria & medical records manual									3m			
Neurological	Admission criteria & medical records manual									3m			
Cognitive ability	Admission criteria & medical records manual									3m			
Identifies both normal and abnormal findings	Admission criteria & medical records manual									3m			
Motor development	Admission criteria & medical records manual									3m			
Tactile senses	Admission criteria & medical records manual									3m			
Exercise physiology	Admission criteria & medical records manual									3m			
G. USE OF EQUIPMENT													
Wheelchair	Orientation equipment checklist									3m			
Van lifts	Operating manual, preceptor									6m			
Seat belts	Operating manual, preceptor									6m			
Tie downs	Operating manual, preceptor									6m			
Location and use of personal protective equipment (PPE)*	Safety training manual & video, unit tour									3m			

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H. CARE OF PARTICIPANTS													
Neurodevelopmental therapy	P&P manual									3m			
Sensory integration therapy	P&P manual									3m			
Range of motion activities	P&P manual									3m			
Educational activities	P&P manual									3m			
Community outings	P&P manual									3m			
Cultural events	P&P manual									3m			
Reality orientation	P&P manual									3m			
Counseling, leisure, education	P&P manual									3m			
Social games & events	P&P manual									3m			
I. PARTICIPANT SPECIFIC COMPETENCIES													
Age specific*	Self-study module									3m			
Cultural sensitivity, diversity*	Self-study module									3m			
Latex allergy information*	Self-study module									3m			
J. MANAGEMENT OF INFORMATION													
Participant confidentiality*	P&P manual									3m			
Participants' bill of rights*	P&P manual									3m			
Review of marketing policy to include prohibited marketing practices*	P&P manual, mandatory in-service									3m			
Volunteer documentation	P&P manual									3m			
Medical records	P&P manual									3m			
Intraprogram transfer report (verbal)	P&P manual									3m			
Assessment, reassessment documentation	P&P manual									3m			
Service utilization	P&P manual									3m			
Supply requisition	P&P manual									3m			
Catering requests	P&P manual									3m			
K. CENTER SPECIFIC													
Develops specific therapeutic programs to include recreational & social activities	P&P manual									3m			
Alzheimer's dementia										3m			
L. QUALITY IMPROVEMENT													
Participation in QI projects	P&P manual									3m			
Grievance log	Center manager, preceptor, P&P manual									3m			
Occurrence reports	Policy #									3m			

Date competency profile completed: _____

Action plan initiated: Yes No

(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: _____

Preceptor signature: _____

(Attach the competency profile action plan here.)