



Newfoundland and Labrador College of Physiotherapists

Modified Portfolio

Introduction

Objectives

The objective of the Continuing Competence Program is to provide physiotherapists with a process to document their efforts at maintaining and developing their competence, and will allow NLCP to demonstrate these efforts to the public.

The Continuing Competence Program requires that all the physiotherapists registered to practice in Newfoundland and Labrador:

1. Accumulate at least 1200 practice hours in a five-year period and
2. Develop and maintain a professional portfolio

Portfolio

The professional portfolio is composed of three parts:

- Part 1 A or B: Patient Care Reflection Tool/Essential Competency Self-Assessment
- Part 2: Practice Goals and Learning Plan
- Part 3: Competence Maintenance Hours

All required forms are included in this package, along with detailed instructions for completion. The portfolio is to be completed over the calendar year.

General Instructions

1. Please review all sections of the portfolio early in the year to familiarize yourself with the forms and recommended times for completion
2. Use blue or black ink, not pencil. Ensure your handwriting is legible.
3. For each category, list each applicable activity and the hours spent in the “hours” column.
4. Indicate if a document is included.
5. Any element of the portfolio may be copied for extra room if required.
6. Complete the portfolio sections over the calendar year, from January to December.
7. At the end of the reporting period, total the number of hours for each category.
8. Date and sign the document once completed.
9. You will be required each year to sign a declaration that you have completed all sections of the portfolio as part of registration renewal.

Compliance

Participation in the Continuing Competence Program is a requirement for licensure to practice physiotherapy in Newfoundland and Labrador. Compliance will be monitored annually and concurrently with license renewal by the submission of practice hours and a declaration of completion of the individual professional portfolio.

Confidentiality

Any information submitted in compliance with the Continuing Competence Program will be used only for the purposes of operating the program. This information will be viewed only by those persons tasked with administration of the Continuing Competence Program.

Part 1A – Patient Reflection Tool

Purpose

The goal of the Patient Reflection Tool is to provide a template for members to review a specific patient treatment case, in order to demonstrate a thorough insight into their present practice. The submission should be used to assist in your own personal portfolio. It is a key component to the portfolio which will also be reviewed by the Continued Competency Committee.

The intent of the Patient Reflection Tool is that individual submissions demonstrate integrated best practice and highlight a range of important competencies such as, but not limited to: communication, knowledge, skills, informed practice, clinical reasoning and ethical decision making.

Completion Instructions

1. Use blue or black ink, not pencil.
2. For each section, complete fully, but don't confine yourself to the box if you need more space.
3. Include your name and date
4. Sign the last page when completed.

Notes

1. You should complete Part 1A as a case presents itself in your clinical practice area.
2. You may consider using your self evaluation to establish a practice goal and learning plan (Part 2); but this is for your own use.
3. Review criteria
4. If there are questions – contact office
5. Training sessions will be made available
6. References utilized can be written up in Competency Hrs
7. Scoring will consider how sections are written – particularly that they are clear, easy to understand and that ideas are presented logically.

Part 1A – Patient Reflection Tool

For completion by physiotherapists in clinical roles.

Member name: _____

Date: _____

Gender: _____ Age: _____ Referral problem: _____

Patient scenario/information

Why did this patient seek physiotherapy? What was the patient's main diagnosis/condition, main impairment, activity limitation or participation restriction that required them to receive physiotherapy services?

Patient assessment

Reflecting on the patient history completed, would additional information have helped determine a more comprehensive diagnosis or treatment plan? If so, what other information could have been collected?

Part 1A - Patient Reflection Tool

Indicate whether your management plan was affected by anything unique or special about this patient such as past medical history, co-morbid conditions, psychosocial issues, compliance, availability of support systems, resources and employment status.

Why did you choose the assessment tools/methods you did? Discuss to what extent the selection of assessment tools is supported by current evidence, theory or practice guidelines. Discuss what you know about the tools used in the assessment (e.g. measurement properties, validity, sensitivity, specificity)

Part 1A - Patient Reflection Tool

In retrospect what, if any other measures could you have used to help establish the physiotherapy diagnosis or clinical impression? Discuss why they might have been helpful in this situation.

Physiotherapist diagnosis/clinical impression and intervention planning

What was your physiotherapy diagnosis/clinical impression? From what was charted, can you support your diagnosis or clinical impression? What led you to your conclusions?

Review the goals set with the patient. Were the goals agreed upon? Were goals related to function, activity or participation included. Were goals patient-centered, specific and measurable? Reflecting on goal setting, would you make changes to the process and if so why?

Part 1A - Patient Reflection Tool

Reflect on the treatment interventions. Discuss extent that: 1. Treatment interventions were informed by current evidence, guidelines or theory. 2. Dosage parameters were informed by evidence. 3. Interventions were informed by patient needs. Would you make any changes to the treatment plan for patients with similar conditions? What would those changes be?

Part 1A - Patient Reflection Tool

What were the optimal timelines for achieving the patient's treatment goals? Did the patient meet the treatment goals in a timely manner? If not discuss why.

Discuss how you determined if your physiotherapy treatment was effective. Did you use standardized measures to monitor treatment outcomes? At which points during treatment did you administer the measures? Were your judgements of improvements based on established criteria such as clinically relevant score changes? (MDC)

At what point did you initiate discharge planning with the patient? What steps did you take to assist with: self management following discontinuation of treatment, community integration, communication with other care providers.

Part – 1B Essential Competency Self-Assessment

Purpose

The Essential Competency Self-Assessment is a separate part of the Competency Portfolio directed to members who are employed as: Administrators, Managers, Consultants, Clinic Owners or a similar position outside direct clinical practice. The Essential Competency Self-Assessment has been integrated into the portfolio review process to meet the unique needs of physiotherapists working in non-traditional areas. Physiotherapists who complete Part1B do not have to complete Part 1A.

Completion Instructions

1. Use blue or black ink, not pencil, if you are writing manually.
2. Type using template and expand box as necessary.
3. Include your name and date of completion.
4. Sign the last page.

Notes

1. It is expected that 3 competencies will be highlighted for each role.
2. Include details that are unique to your role and add relevant references that have influenced your work.
3. Readings, papers, texts or courses that you may have highlighted in your Self-Assessment can be applied to your competency hours.
4. You may take several writing times to complete – date the time of completion of the full document.
5. Consider using your self-assessment to establish practice goal and learning plan (Part 2) for your own personal use.

Part 1B - Essential Competencies Self-Assessment

Member name: _____

Member registration number: _____

Job title/description: _____

Date: _____

For each role described below:

1. Describe the **importance** of the key competencies related to your role
2. Describe how you have **applied** the key competencies to your role.
3. List any key competencies you wish to **develop further**.

Part 1B - Essential Competencies Self-Assessment

Expert role

As experts in mobility and function, physiotherapists use clinical reasoning that integrates unique knowledge, skills and attitudes to provide quality care and enhance the health and wellbeing of their clients.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Communicator role

As communicators, physiotherapists use effective strategies to exchange information and to enhance therapeutic and professional relationships.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Collaborator role

As collaborators, physiotherapists work effectively with others to provide inter- and extraprofessional care.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Manager role

As managers, physiotherapists manage self, time, resources and priorities to ensure safe, effective and sustainable services.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Leadership role

As leaders, physiotherapists envision and advocate for a health system that enhances the wellbeing of society.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Scholarly practitioner role

As scholars, physiotherapists demonstrate a commitment to excellence in practice through continuous learning, the education of others, the evaluation of evidence, and contributions to scholarship.

1.

2.

3.

Part 1B - Essential Competencies Self-Assessment

Professional role

As autonomous, self-regulated professionals, physiotherapists are committed to working in the best interest of clients and society, and to maintaining high standards of behaviour.

1.

2.

3.

Part 2 - Goals and Learning Plan

Purpose

The purpose of this section is to assist you in developing learning goals related to your practice, appropriate action plans, and timelines for successfully achieving the goals. This section of the continuing competence program is designed to encourage reflection on practice and to promote professional growth.

Completion Instructions

1. Use black pen, not pencil. Ensure your handwriting is legible.
2. Use one form for each goal.
3. Complete the “stimulus for the goal”, “plan of action” and “projected timeline” sections when identifying the goal.
4. When you have completed the action plan, record the date of completion.
5. Complete the “impact on practice” section.
6. Keep the completed form(s) as part of your portfolio.

Notes

1. Establish goals and learning plans early in the year.
2. Quality, not quantity! Choose one or two well thought out goals.
3. Goals may be short or long term, and may extend into subsequent reporting periods.
4. Identify areas of practice requiring further areas of enhancement or development through reflections on your practice, through completion of the Standards of Practice questionnaire (Part 1) and/or following feedback from peers/supervisors.
5. Remember to set a goal related to your current practice area.

Part 2 - Goals and Learning Plan

Please use the following section as a guide to help you develop your goals. Please use the SMART principle when developing your goals: Be Specific, ensure the goal is Measurable and Attainable, consider the necessary Resources, and make the goal Time limited.

Goal # _____ Date: _____

Stimulus for the goal:

Goal Statement:

Plan of Action:

1.	
2.	
3.	

Projected Date of completion: _____

Date of Completion: _____

Impact on Practice:

Signature: _____

Date: _____

Part 3 - Competence Maintenance Hours

Purpose

The purpose of recording Competence Maintenance Hours is to document time spent engaged in professional development that supports maintenance or enhancement of physiotherapy competencies.

Completion Instructions

1. Use black pen, not pencil. Ensure your handwriting is legible.
2. For each category, list each applicable activity and the hours spent in the “hours” column.
3. Indicate if a document is included.
4. At the end of the reporting period, total the number of hours for each category.
5. Date and sign the document once completed.

Notes

1. Both formal and informal activities that contribute to improving your knowledge, skills or attitudes in relation to your practice.

Part 3 - Competence Maintenance Hours

Competence Maintenance Hours - 200 hrs required every 5 years

Record the activities you engage in to maintain or enhance your physiotherapy competence. List each activity and the number of hours spent; where possible, include certificates and supporting documents (i.e. diplomas, awards, certificates, articles written.) If you need more room, attach extra sheets as necessary. The education/courses should be related to practice area, Part 1 of your submission, and your goals and can include professional webinars.

EDUCATIONAL EVENTS (conferences, Congress, workshops, seminars, presentations, in-services)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	

Part 3 - Competence Maintenance Hours

TAKING COURSES leading to credits (university, college, or other certification)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
TOTAL	

PROVIDING EDUCATION i.e. presentations, workshops (including preparation)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
TOTAL	

Part 3 - Competence Maintenance Hours

PRECEPTERSHIP AND/OR MENTORING (i.e. receiving or providing)	
Record the portion contributing to enhancing/maintaining your competence.	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
TOTAL	

PARTICIPATING IN RESEARCH	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
TOTAL	

Part 3 - Competence Maintenance Hours

SELF DIRECTED STUDY (individual or group; i.e. reading articles or books, watching videos)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
	TOTAL

Part 3 - Competence Maintenance Hours

COMMUNICATION WITH PEERS (journal club, case consultations)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	

VOLUNTEERING (where the contribution is physiotherapy related)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
TOTAL	

Part 3 - Competence Maintenance Hours

PROFESSIONAL ACTIVITIES (i.e. Association or College)	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	
5.	
TOTAL	

OTHER	
ACTIVITY & DATE	HOURS
1.	
2.	
3.	
4.	

GRAND TOTAL	
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Signature _____

Date _____