

SKILLS & EXPERIENCE INVENTORY:

OCCUPATIONAL THERAPIST/ CERTIFIED OCCUPATIONAL THERAPIST ASSISTANT



Name: _____

Check One:

Supervisor: _____

Hire Date: _____

Orientation

Date: _____

Position: _____

Annual Review

Additional Training Identified: _____

Other

KEY: SELF EVALUATION: 1 2 3 NA (CIRCLE ONE) AS YOU REVIEW THE SKILL / EXPERIENCE LIST IN columns 3 & 4.

1=VERY EXPERIENCED 2=SOMEWHAT EXPERIENCED 3=NOT EXPERIENCED NA=NOT APPLICABLE

** Core Competency = Proficiency must be demonstrated satisfactorily to be considered competent

NO.	Skill / Experience Inventory	Job Position Occupational Therapist	Job Position COTA	Initial Competency Demonstrated (Enter Date)	Evaluation Method DO – Direct Observation SIM – Simulation CA – Chart Audit CT – Cognitive Testing	Ongoing Competency Assessment Dates / Eval. Methods
1.	Knowledge of Assessment Process					
	a. Health history, review of systems and physical examination**	1 2 3 NA	XXX			
	b. Development and revision of care plan ** 485	1 2 3 NA	XXX			
	c. Assesses response to treatment **	1 2 3 NA	1 2 3 NA			
	d. Establishes and revises goals **	1 2 3 NA	XXX			
	e. Conducts complete initial comprehensive assessment **	1 2 3 NA	XXX			

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2.	Documentation Skills (accurate, timely, complete and legible)					
	a. OASIS / SOC (if allowed by law / regulation)	1 2 3 NA	XXX			
	b. OASIS Follow-up	1 2 3 NA	XXX			
	c. OASIS Status Change	1 2 3 NA	XXX			
	d. OASIS Discharge	1 2 3 NA	XXX			
	e. Discharge Summary	1 2 3 NA	XXX			
	f. 60 Day Summary	1 2 3 NA	XXX			
	g. Skilled visit notes **	1 2 3 NA	1 2 3 NA			
3.	Adheres to Plan of Care					
	a. Reviews POC prior to care **	1 2 3 NA	1 2 3 NA			
	b. Perform services as ordered **	1 2 3 NA	1 2 3 NA			
	c. Documents according to POC **	1 2 3 NA	1 2 3 NA			
	d. Communicates / Coordinates if appropriate.	1 2 3 NA	1 2 3 NA			
4.	Knowledge of Medical / State Regulations					
	a. Criteria for participation	1 2 3 NA	1 2 3 NA			
	b. Skilled reimbursable visit	1 2 3 NA	1 2 3 NA			

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5.	Effective Case Coordination					
	a. Reports and documents key information to physician, case manager, and supervisor. **	1 2 3 NA	1 2 3 NA			
	b. Team Member (RN, OT, ST, MSW, LPN / LVN, HHA) **	1 2 3 NA	1 2 3 NA			
	c. Attends / participates in case conferences as required **	1 2 3 NA	1 2 3 NA			
6.	Supervision of Ancillary Staff					
	a. COTA **	1 2 3 NA	XXX			
	b. HHA	1 2 3 NA	XXX			
7.	Infection Control					
	a. Handwashing **	1 2 3 NA	1 2 3 NA			
	b. Proper bag technique **	1 2 3 NA	1 2 3 NA			
	c. Protective equipment **	1 2 3 NA	1 2 3 NA			
	d. Exposure plan **	1 2 3 NA	1 2 3 NA			
	e. Cleaning equipment between patients **	1 2 3 NA	1 2 3 NA			
8.	Patient Vulnerability an Home Safety					
	a. Assess patient for abuse / neglect **	1 2 3 NA	1 2 3 NA			
	b. Perform safety assessment of home **	1 2 3 NA	1 2 3 NA			

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9.	Patient Education					
	a. Determines learning needs **	1 2 3 NA	1 2 3 NA			
	b. Sets objectives **	1 2 3 NA	1 2 3 NA			
	c. Develops / Implements teaching plan **	1 2 3 NA	1 2 3 NA			
	d. Evaluates effectiveness of teaching **	1 2 3 NA	1 2 3 NA			
	e. Revises teaching plan **	1 2 3 NA	1 2 3 NA			
	f. Documents patient response **	1 2 3 NA	1 2 3 NA			
10.	Clinical Skills (General)					
	a. Vital Signs	1 2 3 NA	1 2 3 NA			
	b. Other:	1 2 3 NA	1 2 3 NA			
	Assessments and Evaluation					
1.	Mental Status / Cognition (Memory judgment, orientation, sequencing, following directions, problem solving)	1 2 3 NA	XXX			
2.	Upper extremity (ROM strength & coordination)	1 2 3 NA	XXX			

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3.	Balance / trunk control	1 2 3 NA	XXX			
4.	Ambulation / endurance	1 2 3 NA	XXX			
5.	Transfers	1 2 3 NA	XXX			
6.	Pain / edema & synergy	1 2 3 NA	XXX			
7.	Visual / sensory / perceptual performance	1 2 3 NA	XXX			
8.	Functional findings					
	a. Eating / feeding	1 2 3 NA	XXX			
	b. Dressing	1 2 3 NA	XXX			
	c. Hygiene	1 2 3 NA	XXX			
	d. Toileting	1 2 3 NA	XXX			
	e. Cooking / laundry / cleaning / home skills	1 2 3 NA	XXX			
	f. Writing / phone skills	1 2 3 NA	XXX			
	g. Leisure interest	1 2 3 NA	XXX			
	h. Time use and structure	1 2 3 NA	XXX			
	i. Medication management	1 2 3 NA	XXX			
9.	Architectural barriers / equipment needs / safety	1 2 3 NA	XXX			

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	Skilled Treatment / Interventions					
1.	Teaches ADL / IADL	1 2 3 NA	1 2 3 NA			
2.	Works simplification & energy conservation	1 2 3 NA	1 2 3 NA			
3.	Teaches muscle reeducation program	1 2 3 NA	1 2 3 NA			
4.	Perceptual motor training	1 2 3 NA	1 2 3 NA			
5.	Fine motor training / dexterity training / gross motor training	1 2 3 NA	1 2 3 NA			
6.	Neuro-developmental training	1 2 3 NA	1 2 3 NA			
7.	Sensory enhancement (tactile, ocular, gustatory, olfactory, proprioceptive, auditory, vestibular, kinesthesia)	1 2 3 NA	1 2 3 NA			
8.	Arranges orthotics / splinting	1 2 3 NA	1 2 3 NA			
9.	Arranges adaptive equipment	1 2 3 NA	1 2 3 NA			
10.	Teaches caregiver exercises / activities	1 2 3 NA	1 2 3 NA			
11.	Safety evaluations / environment adaptation recommendations	1 2 3 NA	1 2 3 NA			
12.	Other:					

Employee Signature: _____

Supervisor Signature: _____