



# Rancho Los Amigos National Rehabilitation Center PHYSICAL THERAPY DEPARTMENT POLICY AND PROCEDURE

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<b>PHYSICAL THERAPY STAFF COMPETENCY</b>	<b>Policy No.:</b>	<b>203</b>
	<b>Revised:</b>	<b>July 2021</b>
	<b>Supersedes :</b>	<b>July 2017</b>
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**PURPOSE:** To ensure staff competency in the delivery of patient care services.

## **POLICY:**

1. The professional competency of the physical therapy personnel is the responsibility of the individual employee in collaboration with and supported by the management of the Physical Therapy Department. The individual's competency is maintained and elevated through the following activities:
  - a) Holding appropriate credentials
  - b) Conforming to the standards of practice of the profession.
  - c) Participating in professional development and educational activities
  - d) Performing duties with accurate and current information
  - e) Consulting with other colleagues with expertise via consultation, mentored or co-treatment sessions to manage complex patients or those with conditions outside of or beyond the expertise of the clinician
  - f) Providing appropriate supervision of those to whom treatment responsibilities are delegated, e.g. ensuring duties assumed by or assigned to other physical therapy personnel (PTA, Technicians, RAs) are commensurate with their qualifications and experience.
  - g) Referring to or consulting with other service providers when additional expertise is required.
  - h) Successful completion of the DHS Core Competency to demonstrate basic core competency with DHS standards for role
2. Components of the employee's competency that are specialized and relevant to the specific environment of practice or patient population served will be assessed and documented in personnel records ie. area specific competency .
3. Potential deficiencies in competency will be addressed as follows:
  - a) It is recognized that a knowledge or skill deficit may be identified a variety of ways: self-identified by the individual, identified by any member of the organization including, patients or significant others, or identified through outside activities that reveal a deficit in knowledge, skill or expertise ie. State, Regulatory, Accreditation or Profession identified deficits.

- b) A deficit in competency presents an opportunity for growth and development of an individual or group and whenever appropriate will be approached as a learning opportunity (Refer to (d) below for the exceptions to this guiding philosophy).
- c) During the process of addressing a competency issue, the necessary and appropriate measures will taken to ensure the safety and welfare of patients and staff.
- d) Competency deficits will be addressed through a performance management process when the deficit;
  - i. Is persistent and not rectified within an appropriate and expected timeframe,
  - ii. Arises in a basic skill or knowledge area that is in a basic core or customary skill set required for the level of licensure or
  - iii. Is of a grievous nature such as to create potential harm of patients or staff .

Los Angeles County Department of Health Services annual core/basic competency requirements will be followed as outlined in the policy DHS, Policy "Competency Assessment – Direct and Indirect Patient Care Positions".

  
Director, Physical Therapy Department

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