



RANCHO LOS AMIGOS

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Occupational Therapy and Recreation Therapy Department POLICY AND PROCEDURE

SUBJECT: STAFF ORIENTATION AND TRAINING	Policy No.: Revised: Supersedes: Page:	201 April 2016 October 2012 1 of 5
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PURPOSE

To ensure that all staff are oriented to the essential regulations and procedures of the County of Los Angeles, Rancho Los Amigos National Rehabilitation Center, and the Occupational Therapy and Recreation Therapy Department, and receive the age specific training necessary to competently perform their duties.

POLICY

1. All incoming personnel will:
 - a. Attend the established Rehabilitation Center orientation and training programs.
 - New Employee Orientation and Training (all staff)
 - Support Service Orientation (non-clinical staff)
 - Interdisciplinary Orientation (clinical staff)
 - b. Be oriented to departmental regulations and procedures.
 - c. Be trained in the essential knowledge and skills required to perform in their specific assignments.
2. In the event of subsequent transfer or providing assistance to another clinical area, the employee will be oriented and trained in the knowledge and skills required for the new assignment.
3. The employee's responsibilities are graded and monitored to assure that the employee has received the necessary orientation and training needed to perform his/her assigned duties. The OT Clinical Manager, OT Clinical Instructor in the area of assignment or RT Supervisor is responsible for providing training in specific knowledge and skills following an established plan.
4. All orientation and training will be documented and available in the employee's Human Resources or Occupational Therapy and Recreation Therapy Department file.

PROCEDURE

1. Rehabilitation Center orientation and training programs
 - a. The New Employee Orientation and Training (for all staff) includes, but is not limited to:
 1. Orientation to County, DHS, and RLANRC
 2. Rancho Los Amigos National Rehabilitation Center Mission, Vision, and Values
 - a. RLANRC organizational structure.
 - b. Infection Control Policies and Procedures
 - c. Safety Procedures, including Fire/Hazard Safety and Safety Police
 - d. Los Angeles County regulations and employment benefits
 - e. Payroll (Time Card/ Check Warrant)
 - b. The Support Service Orientation (for non-clinical employees) includes, but is not limited to:
 1. Customer Relations
 2. Safety
 3. Falls, restraints, elopement, substance abuse, MSDS, confidentiality
 4. Support service staff role in emergency management (ventilator alarms, seizures, assisting patients to use the telephone, etc.)
 5. Body mechanics (basics of lifting, moving, office ergonomics)
 - c. The Interdisciplinary Orientation (for clinical employees) includes, but is not limited to:
 1. Interdisciplinary team and charting principles
 2. Body mechanics and transfer techniques
 3. Overview of common equipment used in the Rehabilitation Center

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4. Emergency procedures
 5. Patient rights and responsibilities; patient confidentiality
 6. Risk management program
 7. Overview of skin care management, dysphagia and respiratory care
 8. RLANRC policies and procedures
 9. Shoulder Care
2. Department orientation and training
- a. Department-wide orientation for clinical staff includes, but is not limited to (Attachment A):
 1. Department organizational structure
 2. Department policies and procedures
 3. Department emergency and disaster plan
 4. Department safety procedures
 5. Department documentation requirements
 6. Infection control policies and procedures for Department
 7. Resources within RLANRC and the Department
 8. Department's Quality Assessment and Improvement Activities
 9. Employee's job description and performance expectations.
 10. Cardio-pulmonary resuscitation training and certification as required for area of assignment required.
 - b. Department / Area Orientation for office / clerical staff includes, but is not limited to (Attachment B):
 1. Department organizational structure
 2. Departmental policies and procedures
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3. Departmental emergency and disaster plan

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4. Departmental safety procedures
 5. Employee's job description and performance expectations
 6. Work schedule
 7. Department meetings
 8. Computer and office machine orientation, training
- c. Area-specific orientation and training is to be completed prior to employee independently providing patient care services (Attachment C.1- C.11) includes, but is not limited to:
1. Area specific safety issues and precautions
 2. Age specific precautions for population being treated
 3. Age-specific competencies (Attachment D)
 4. Orientation to environment / resources / routines
 5. Patient evaluation and treatment, including pain assessment
 6. Patient/Family Education
- d. New employees will be trained to operate equipment they will be using in the performance of their duties. Training will include initial orientation and may include training during section meetings and equipment demonstrations. Competency check outs are required for specific equipment (see Departmental Policy and Procedure No. 613).
- e. Training in core skills is to be completed prior to the employee independently evaluating/treating patients with a particular skill/technique. This includes supervision of the employee until he/she is observed to be able to perform the evaluation/treatment techniques safely and correctly with patients. This is to be completed within the first three months of employment (Attachments E, F, G, H).
- f. If indicated for the work assignment, new staff is required to complete a self-study competency checkout as well as demonstrate competency by carrying out the activity in the presence of a designated staff member for the following:

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Bathing Evaluations
Home Evaluations
Community Evaluations

- g. A new staff member's orientation may continue for several months for more complex cases and/or procedures. Further check out of more advanced competency will be documented where competency criteria have been established (e.g. Dysphagia, NMES/NDT and GMT).
3. For those employees who start work prior to attending the New Employee Orientation, the employee must receive a Safety Information packet and complete a Safety Quiz before working, as well as complete the departmental and area specific orientations. The Department is responsible for assuring the employee has the essential knowledge to work safely and competently.
 4. Employees who are assigned to the inpatient rehabilitation units or who will help with coverage on those units will be required to be credentialed in the Patient Assessment Instrument/Functional Independence Measure (PAI/FIM) Rating Form. Staff cannot complete the PAI/FIM Rating Form until they are credentialed to do so for RLANRC.
 5. Whenever an employee transfers from one clinical area to another, the management team in the receiving treatment area is responsible for orientation and training in the knowledge and skills required in the new assignment.
 6. All orientation and training for new employees and for staff who transfer will be documented on the check list appropriate for their level and assignment and will be filed in the employee's personnel file.



Director, Occupational Therapy and Recreation Therapy Department

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

DEPARTMENT-WIDE ORIENTATION CHECKSHEET
(To be completed within a week of being at the work assignment)

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

START DATE: _____

Orientation Completion Date	Orientation Completed by:	TOPICS
	Director	Orientation to Department Policy & Procedure Manual
		Orientation to OT or RT Mission, Vision, and Philosophy
		Department Organizational Structure
		Professional Ethics, RLANRC Bioethics Committee, and Organizational Ethics.
		Department meetings
		Performance Improvement Program
		Department Emergency and Disaster Plan
	Office Manager or RT Supervisor	Personnel Information Form
		Human Resources: DID 0Parking Pennit
		Copy of Badge for file (All) Contract Staff Only Exp. Date:
		CPR (American Heart Association Only) 0First Source Verification Date:
		0Licensure (Clinical staff) Exp. Date: 0First Source Verification
		Driver's License Identification Card
		Health Clearance Exp. Date:
		0Keys 0Key Card Requested Key No.:
		SAR & Internet Access Request
		Business Cards
		Pager
		Hospital Orientation/Reorientation Handbook complete on start date in OTO, unless staff has already attended NEO
		Code of Conduct Compliance Training (complete on start date in OTO)
		Disaster Service Worker Training (DSW) (Criteria: County employee, full time, & US Citizen only) to be completed within 60 days of start date
		Compliance Update Training: Privacy and Confidentiality: complete on start date in OTO, unless staff has already attended NEO
		Fire Training (complete on first day), unless attended NEO on first day) Dself study Date: ONEODate:
		Timecard/Invoice
		Learning Net Access Form (Contract Staff Only)
		Infection Control Policy & Signature Form Senate Bill 158
		DHS Acknowledgment Attestation- online
		DHS Policy 334.200 requires mandatory seasonal influenza vaccinations for workforce members. (Seasonal)
		Employee Patient Safety Handbook & Signature Form

DEPARTMENT-WIDE ORIENTATION CHECKSHEET: continued

	BY WHOM	TOPIC
	Clinical Manager or RT Supervisor	Roles of OT, OTA, RTI, and Supervisors or Roles of RT, RTA, and Supervisor
		*Job Description, Performance Based Evaluation
		Performance Evaluations
		*Work Schedule (including Saturday treatment)
		Request for Time Off
		Overtime
		*Professional Appearance
		Inservice Training Programs (department-wide, area-specific, including patient programming)
		Restraint Training
		Computer Training
		Continuing Education Documentation
		Continuing Education Request Process (outside OT/RT department)
		Reporting Patient Abuse, Other Risk Management Incidents
		Tour of OT RT areas
		Student/Intern Training Programs
		*Standards of Patient Care
		Staff Experience Interest Card
		Volunteer Department
		RRI, Inc. (Rancho Research Institute)
		Medical Library
		Specialty Programs: CART, Model Home, Voc Services, & Driver's Training
		* Use of the Amigos Fund for Patient Treatment
		*Safety During Patient Treatment : a. Procedure for obtaining patient transfer status b. Accountability for potentially dangerous tools c. Body Mechanics relative to patient transfers and equipment use
		*Patient/Visitor Employee Injury Procedures

DEPARTMENT-WIDE ORIENTATION CHECKSHEET: continued

DATE COMPLETED	BY WHOM	TOPIC
	Clinical Manager or RT Supervisor	*Documentation Requirements: <ul style="list-style-type: none"> a. Departmental, including COPM b. ORCHID c. FIM and FIM Training d. Equipment e. Medical Record Documentation Standards
		Equipment Responsibility (competency checklist, defective equipment)
		Infection Control for Department
		Patient Equipment Ordering
		Patient Food Ordering
		Clinic Supplies Equipment Ordering

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

Employee Signature

Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

DEPARTMENT-WIDE ORIENTATION CHECKSHEET
 OFFICE CLERICAL STAFF
 (To be completed within the first week employment)

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

START DATE: _____

DATE COMPLETED	BY WHOM	TOPIC
	Office Manager	1. Fire/Disaster Training
		2. Timecard/Attendance Record
		3. Employee Health Service
		4. Overtime
		5. Office Keys
		*6 Personnel Information Card
		7. Outside Employment
		8. CPR Certification
		9. Arnigos Fund Management (O.T. Office Only)
		10. Emergency Communication Procedures (Code red, blue, green, security assistance.)
		11. Hazardous Materials communication/MSDS.
		* 12.Code of Conduct Compliance Training (to be completed within 60 days of start date)
		13. Disaster Service Worker Training (DSW) (to be completed within 60 days of start date)
		*14. Job Description & Performance Based Evaluation & Performance Evaluation
		15. Work Schedule and Request for Time off.
		16. Professional Appearance
		17. Computer Training
		18. Inservice Training Programs (Department wide, area-specific)
		19. Continuing Education Opportunities Documentations

DATE COMPLETED	BY WHOM	TOPIC
	Office Manager	20. Ordering Equipment and Supplies
		21. Staff Experience Interest Cards
		22. Students Intems Training Programs
		23. Education and Staff Development Services
		24. RRI & Rancho Foundation
		25. Medical Library
		26. CART
		27. Employee Assistance Program
		28. Volunteers
		29. Office Machine Use (Fax, Computer, Xerox) Telephone)
		30. Filing
		31. Use of Interpreters Translators
		32. Supervision
	Director	33. Department Emergency & Disaster Plan
		34. Department Organizational Structure
		35. Patient's Rights Confidentiality
		36. Orientation to Departmental Policy & Procedure Manual
		*37.Orientation to Department Mission, Vision, and Philosophy
		38. Department Meetings

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

GENERAL ORIENTATION CHECKSHEET
 (To be completed prior to initiating treatment independently)

EMPLOYEE

NAME:

_____ EMPLOYEE

NUMBER:

START DATE:

DATE COMPLETED	BY WHOM	TOPIC
GENERAL ORIENTATION TO (NAME AREA):		
		A. ENVIRONMENT/RESOURCES/ROUTINES
		1. Meet other staff and key interdisciplinary staff
		2. Treatment area, floor, building layout, patient call system, practice apartment
		3. Area meetings
		4. Saturday and holiday schedule
		5. Clean-up responsibilities
		6. Resources for learning, including area & OTO references
		7. Desk and storage assignment
		8. Location of supplies, equipment, forms
		9. Computer availability
		10. Patient treatment areas
		11. Location of call boxes & fire extinguishers
		12. Evacuation procedures
		13. Security procedures
		14. Equipment safety and maintenance
		15. Patient confidentiality procedures
		16. Location of crash carts, suction machines, and check out procedures
		17. Patient scheduling procedures
		18. Van training and check-out procedures
		19. Interpretation (VMI phone, LCRC)
		B. DOCUMENTATION
		1. ORCHID
		2. Areaprocessif!g .procedures
		3. Medical record key information

DATE COMPLETED	BY WHOM	TOPIC
		C . TEAMS
		1. Team orientation
		2. Team meetings
		D . PATIENT EVALUATION AND TREATMENT
		1. Review of program description/protocols*
		2. PhilosophY of care for patient diagnostic group
		3. Evaluations: <ul style="list-style-type: none"> a. Physical evaluation b. Self-care skills c. Cognition d. Home and community skills e. COPM administration for patient group f. Pain
		4 . Common treatment programs and groups
		5. Patient/family education
		6. Home visit and community outings P&Ps*
		7. Checkout procedures for equipment competencies (i.e. hot packs, blood pressure), bathing evaluation, home visit, COPM
		8. Orientation rocedures for treating in other areas

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

Employee Signature

Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 ADULT BRAIN INJURY
 (To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Types of brain injuries & functional implications
		2. Rancho Cognitive Levels & treatment
		3. Cognition & PAI
		4. Working with agitated patients
		5. Behavioral management & Behavioral Response Team
		6. Restraints, elopement, Watchmate, CIM
		7. Safe!}' considerations related to ADLs/IADLs
		18. Precautions
		19. Casting
		20. Equipment, supplies, resources
		11. Age specific precautions related to elderly*

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 ACUTE MEDICINE/ORTHO (900 Units)
 (To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Sensory loss/vision deficits related to diabetes
		2. Safe/unsafe dietary habits for diabetes
		3. Signs of hypo/hyperglycemia
		4. Levels of amputations
		5. Weight bearing restrictions
		6. Skin inspection/protection
		7. Appropriate sensory & motor testing
		8. Age specific precautions related to elderly*
		9. Responding to referrals
		10. Documentation
		11. Billing
		12. Location of units, charts, supplies, staff, therapy gym

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 ACUTE STROKE (902 Unit)

(To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Heart rate
		2. Blood pressure (manual and I-VAC)
		3. Pulse oximeter
		4. EKG monitoring/telemetry
		5. \Yarning signs of a recurring stroke
		6. Shoulder/upper extremity management
		7. Activity tolerance indicators
		8. Age specific precautions related to elderly*
		9. Responding to referrals
		10. Documentation
		11. Billing
		12. Unit, charts, supplies, staff, therapy gm

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 MED/SURG (10Q UNITS)
 (To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Heart rate, blood pressure, EKG monitoring/telemetry
		2. Halo precautions
		3. Total hip replacement precautions
		4. Importance of weight bearing restrictions
		5. SCI issues & precautions
		6. Epilepsy seizure precautions & patient resources
		7. Age Specific Precautions related to elderly*
		8. Responding to referrals
		9. Documentation
		10. Billing
		11. Location of units, charts, supplies, staff

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 NEUROLOGY

(To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Muscle belly tenderness
		2. Respecting fatigue and conserving energy
		3. Special considerations for strengthening
		4. Sensorv disturbances
		5. Adaptive equipment and technology to conserve energy and maximize independence
		6. Patients' self- perception of functional abilities and the
		7. Equipment, supplies, resources
		8. Age specific Precautions related to elderly*

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 SPINAL CORD INJURY

(To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. ISNCSCI/ASIA Scale
		2. SCI levels & functional expectations
		3. Sine activiti algorithm and Erecautions
		4. Body orthotics
		5. Antiembolism stockings (TED hose)
		6. Abdominal binders
		7. Skin inspection
		8. Senson loss
		9. Pressure relief
		10. Autonomic dysreflexia and blood pressure
		11. Orthostatic hypotension
		12. Ventilator-s-afetY/ambu:bag
		13. Spasticity
		14. Para dressing
		15. ROM
		16. Skateboard exercises
		17. Tenodesis activities
		18. Equipment, supplies, resources
		19. Age specific precautions regarding elderly and adolescents*

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 STROKE

(To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Safety considerations related to ADLs/L-\DLs
		2. Heart rate, blood pressure, EKG monitoring
		3. Swallowing precautions, food consistencies
		4. G-Tube feedings
		5. Glucose precautions
		6. CIM
		7. Shoulder care
		8. Hemi dressing, toileting, bathing techniques
		9. Ambulation equipment
		10. UE orthoses
		11. LE orthoses
		12. Transfers
		13. PIPE notebooks
		14. Equipment, supplies, resources
		15. Age specific precautions related to elderly*

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT

AREA-SPECIFIC ORIENTATION CHECKSHEET
 CART

(To be completed prior to initiating treatment independently)

DATE COMPLETED	BY WHOM	TOPIC
		1. Consultation, evaluations, recommendations, trainings, follow-up
		2. Matching technology to meet needs/goals given functional abilities (sensory, physical, cognitive, mobility), activities, and environments (home, school, work, community)
		3. Emergency response
		4. Model Home
		5. Behavioral management & Behavioral Response Team
		6. JPI computer Lab
		7. Age specific precautions related to children, adolescents and the elderly*

I have been oriented to the above listed topics and have read and understand the starred (*) materials which have been provided to me.

 Employee Signature

 Date

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT**

Attachment D.I
Policy No. 201
April2016

**Clinic Staff
Age Specific Competence Assessment**

Name of Employee:

Classification:

Age Specific Competencies with Children: Ages (Birth- 17 yrs.)

Infant (1 month – 1 yr.)

Children (1 yr. – 12 yrs.)

Adolescent (13 yrs. – 17 yrs.)

Competency Area	Competency	Evidence of Competence
Growth and Development		
Development Assessment		
Safety Considerations		
Tx Modalities/Media		
Applicable laws pertaining to children		
Community and Educational Resources		

Age Specific Competencies with Adults: (18 yrs.- 65+ yrs.)

Adults (18 yrs. – 65 yrs.)

Geriatrics (65+ yrs.)

Competency Area	Competency	Evidence of Competence
Nonnal cognitive changes with aging		
Nonnal physiological changes with aging		
Safety Considerations		
Psychosocial Factors		
Treatment Modalities/Media		
Applicable laws pertaining to older adults		

Competency Rating Code: C= Competent, NC= Not Competent, N = Not applicable to assignment

Codes for Verification of Competencies Method:

- 1= Certification
- 2= Internship
- 3= Observation of clinical work (direct observation)
- 4= Review of documentation and reports
- 5= Presentation of case in Pt. Programming
- 6= Presentation of case material in supervision
- 7= 6 months or more experience

- 8= Advance Certification
- 9= Publications
- 10= Continuing Education
- 11= Provides Presentations
- 12= Passed specific competency assessment(s)
- 13= Demonstrates knowledge/judgment age specific issues; structured interview with supervisor

The age specific standards outlined above specifically define the special needs and behaviors of the age groups of the patients served by the named employee. The employee has been assessed to be competent in the performance of the duties and responsibilities which support these standards.

Rater Signature

Employee Signature

Date

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
 OCCUPATIONAL THERAPY AND RECREATION THERAPY DEPARTMENT
 Attachment 0.2
 Policy No. 201
 April 2014

Area Clerk
 Age Specific Competence Assessment

Name of Employee:

Classification:

Age Specific Competencies with Children: Ages (Birth - 17 yrs.)

0 Infant (1 month – 1 yr.)

0 Children (1+yr. – 12 yrs.)

0 Adolescent (13 yrs. – 17 yrs.)

Competency Area	Competency	Evidence of Competence
Gives brief instructions in simple language		
Encourages communication through appropriate non-verbal behavior		
Encourages child to interact appropriately with others		
Anticipates resistance when enforcing safety		
Help parents support rehabilitation activities		
Treats adolescents more as an adult than a child		
Encourage open communication between parents and peers		

Age Specific Competencies with Adults: (18 yrs.- 65+ yrs.)

0 Adults (18 yrs. – 65 yrs.)

0 Geriatrics (65+ yrs.)

Competency Area	Competency	Evidence of Competence
Addresses patients by last name		
Provides information within patient's language abilities		
Respects patients confidentiality		
Supports patient contact with family		
Facilitates communication through appropriate non-verbal behavior		
Provides orientation as needed		
Creates safe environment for patient		

Competency Rating Code: C= Competent, NC= Not Competent, NA= Not applicable to assignment

Codes for Verification of Competencies Method:

- C- Attends Course/Class Conference /Inservice
- W- Reads written materials
- V- Verbalizes knowledge
- H- Adheres to Hospital policy/procedures
- D- Adheres to Department policy/procedures
- P- Demonstrates skills to supervisor and/or peers
- NA- Not Applicable to position

The age specific standards outlined above specifically define the special needs and behaviors of the age groups of the patients served by the named employee. The employee has been assessed to be competent in the performance of the duties and responsibilities which support these standards.

 Rater Signature

revised 4/16 Polic)&Procedure

 Employee Signature

 Date

Rancho Los Amigos National Rehabilitation Center
 Occupational Therapy and Recreation Therapy Department

OTR: CORE SKILLS - BASIC COMPETENCY CHECK LIST

Core Skill	Basic Competency (Y/N/NA)	Date Competence Established	Initials
J. Evaluation Skills			
A. Occupation Assessment			
1. Occupational History			
2. Canadian Occupation. Perfor. Measure			
B. Functional Performance Evaluation			
1. Self-care			
2. Home Skills			
3. Community Skills			
4. Pre-vocational/ Vocational			
5. Play and Leisure			
C. Physical Performance Components Evaluation			
1. PROM Measurement			
2. Sensory Evaluation			
3. Upper Extremity Strength			
4. Motor Control			
5. Edema			
D. Visual Perceptual and Cognitive Assessments			
1. Visual Perceptual Assessment			
2. Cognitive Assessment			
II. Treatment Planning			
A. Clinical Reasoning			
B. Utilization of Resources			
III. Written and Oral Reports			

Rancho Los Amigos National Rehabilitation Center
Occupational Therapy and Recreation Therapy Department

OTR: CORE SKILLS -BASIC COMPETENCY CHECK LIST

A. Written Reports	
B. Oral Reports	
IV. Treatment Implementation	
A. Functional Activities	
B. Therapeutic Activities	
C. Therapeutic Exercise	
D. Positioning	
E. Patient Personal Safety	
V. Supervision	

Employee Signature

Date

Supervisor Signature

Date

Signature

Date

Signature

Date

Signature

Date

**Rancho Los Amigos National Rehabilitation Center
Occupational Therapy**

OTR LEVEL BASIC CORE SKILLS

Definition/Expectation:

Core Skills are those defined as those basic OT skills that are expected to possess and perform at the competent level within three months of beginning employment. These skills are applicable and transferrable to any patient population served by Occupational Therapy at RLANRC. It is the Department's responsibility to provide orientation which will insure attainment of competence within the designated time frame. A method will be established to assess competency for each core of the skills. It is understood that each staff member will assume responsibility for learning what is required

SECTION 1: EVALUATION/ASSESSMENT SKILLS

A. OCCUPATIONAL HISTORY:

Expectation: Considers all factors listed in Appendix 1 in obtaining occupational history of the patient. This information may be gathered through direct interaction and/or by information volunteered by the patient during other phases of the evaluation, review of patient's medical record, family interview, and interdisciplinary team communication.

B. FUNCTIONAL PERFORMANCE EVALUATION:

1. Self-care

Expectation: Independently completes all aspects of a self-care evaluation given medical precautions and service resources.

2. Home Skills

Expectation:

- (1.) Recognizes the scope of a home skills assessment (e.g., meal planning and preparation, cleaning bathroom, vacuuming, etc.) and the importance of re-evaluating on an ongoing basis.
- (2.) Observes basic meal preparation evaluation and accurately completes the assessment instrument (appendix 2 meal preparation checklist).

- (3.) Accurately completes home evaluation checklist (appendix 3) to properly address the following issues:
- a. Safety, e.g., emergencies, fire, earthquake, security issues
 - b. Environmental/architectural issues.

3. Community Skills

Expectation: Recognizes scope of community skills assessment in relationship to patient's life role.

4. Pre-occupational and Occupational

Expectation: Basic work/school history and related interests and activities through the Occupational History, and ongoing interview process with own patient caseload and recognize the needs for other referrals.

5. Play and Leisure

Expectation: Determine avocational interests with patient and family. Recognizes when it is appropriate to use the Interest Checklist or other methods of assessment.

C. PHYSICAL PERFORMANCE COMPONENTS EVALUATION

1. Passive ROM Measurement

Expectation: Measures ROM using departmental guidelines and correctly documents findings.

2. Sensory Evaluation

Expectation: Administers basic tests of upper extremity sensation, using departmental guidelines (see OT Department "Upper Extremity Sensory Evaluation" page 3-7) and correctly documents.

3. Upper Extremity Strength

Expectation:

- (1.) Correctly administers a gross muscle test utilizing the gross muscle testing form.

(2.) Follows departmental guide for assessing grasp and pinch.

4. Motor Control

Expectation: Identifies the impact if motor control problems on functional performance and recognizes when further assessment is indicated.

5. Edema

Expectation: Identifies the presence of edema and recognizes when specific assessment is indicated.

D. VISUAL PERCEPTUAL AND COGNITIVE ASSESSMENTS

1. VISUAL PERCEPTUAL ASSESSMENT

EXPECTATION: Identifies the presence of performance problems related to visual and/or perceptual deficits, recognizes when further assessment is indicated.

2. Cognitive Assessment

EXPECTATION: Identifies the presence of performance problems related to cognition deficits (memory, attention span, learning, problem solving), and recognizes when further assessment is indicated.

SECTION II: TREATMENT PLANNING

A. CLINICAL REASONING (Data analysis and synthesis)

Expectation: Analyzes and synthesizes all pertinent information on routine patients identifies key problems and develops comprehensive treatment plan. Considers the following factors:

1. Establishing and adjusting mutual short term and long term goals with patient and family, in response to patient's status and progress. Tailors treatment to the individual patient needs.
2. Selecting appropriate activities for treatment; grading activities in response to their patient's status.
3. Patient/family education and training (may include home visit and home program).

4. Knowledge of patient's discharge setting.
5. Post discharge follow-up/continuity of care (e.g., Home health, outpatient services).

B. UTILIZATION OF RESOURCES

Expectation:

1. Recognizes own needs for further information.
2. Initiates the pursuit of information and/or resources.
3. Researches and reviews the information and/or resources.
4. Follows through with the selection and application with supervisory assistance as indicated.

SECTION III: WRITTEN AND ORAL REPORTS

A. WRITTEN REPORTS

Expectation: Meets departmental and service requirements for documentation with regard to timeliness and content with the following documents: Initial Evaluation, Daily Contact, Weekly Progress, and Discharge Evaluation..

B. ORAL REPORTS

Expectation: Presents accurate, clear and concise oral reports which reflect patient's functional and physical status, as well as long and short term goals.

SECTION IV: TREATMENT IMPLEMENTATION

A. FUNCTIONAL ACTIVITIES

Definition: Includes self-care, home and community, vocational and avocational skills.

Expectation: Selects, grades, and sequences activities appropriate to individual patient needs.

B. THERAPEUTIC ACTIVITIES

Definition: Includes, but not limited to arts and crafts, games, parties, and outings.

Expectation: Includes a range of basic therapeutic activities commensurate with patient's interests, goals, and abilities.

C. THERAPEUTIC EXERCISE

Expectation: Independently select and implements appropriate therapeutic exercise programs.

D. POSITIONING

Expectation: Recognizes patient's need for positioning, initiates and independently explores solutions to the problems of positioning.

E. PATIENT PERSONAL SAFETY

Definition: Includes, but not limited to:

1. Medical issues, e.g., energy conservation, special dietary considerations
Maintaining skin integrity, need for physiological monitoring.
2. Cognitive/behavioral issues, such as the need for supervision due to poor safety judgment.

Expectation: Recognizes patient/family need for personal safety training and education related to the assigned medical service. Initiates training or reinforces what was done by the other disciplines.

SECTION V: SUPERVISION

Expectation:

1. Participates collaboratively in the supervisory process.
2. Shows responsibility and initiative for own growth.
3. Has a basic understanding of the skills of supportive personnel so that appropriate delegation can take place.

RT: CORE SKILLS -BASIC COMPETENCY CHECK LIST

Core Skill	Basic Competency Yes/No/NA	Date Competence Established	Initials
I. ASSESSMENT			
A. Patient/family/SO interview and observation			
B. Recreation Therapy Plan			
C. Recreation Therapy Goals			
D. Discharge Assessment and Summary			
II. TREATMENT PLANNING			
A. Knowledge of diagnoses seen on service			
B. Clinical Reasoning			
C. Evaluation/Utilization of Resources			
D. Patient/Family Education			
III. TREATMENT IMPLEMENTATION			
A. Appropriate & Individualized treatment techniques			
B. Leisure Education & Counseling			
C. Community Reintegration			
D. Community Referrals/ Discharge Planning			
E. Adapted Sports			
F. Aquatics			
G. Animal Assisted Therapy			
H. Special Events			
I. Play Therapy/Infant Stimulation/Development			
IV. SPECIALIZED EQUIPMENT			
A. Adaptive Devices/Aids			

RT: CORE SKILLS - BASIC COMPETENCY CHECK LIST

V. DOCUMENTATION			
A. Written Reports			
B. Oral Reporting			
VI. SUPERVISION			
A. Volunteers			
B. Interns/fieldwork students			
C. Aides/assistants			

Employee Signature

Date

Supervisor Signature

Date

Signature

Date

Signature

Date

Rancho Los Amigos National Rehabilitation Center
Recreation Therapy

RECREATION THERAPIST CORE SKILLS. RECREATION THERAPIST I AND II

1. Recreation Therapist I or II must demonstrate competence in Core Skills within three months of beginning employment. The recreation therapy department is responsible for providing the proper orientation/training and the therapist is responsible for learning the necessary skills to reach competency in the designated amount of time. These skills are applicable and transferrable to any patient population served by Recreation Therapy at RLANRC.

Section 1: Assessment

1. Patient/Family/Significant Other Interview and Observation- Demonstrates ability to collect information verbally or otherwise, according to patient ability, in the following areas:
 - o Leisure interests: Deficits affecting leisure and psycho-social background
2. Recreation Therapy Plan- Based upon chart review, interview, and observation/testing, able to identify appropriate plan which will best address patient needs to include patient's input and confidence level.
3. Recreation Therapy Goals- Ability to identify/establish realistic and appropriate goals for each patient, and realistically assess current level of function and expected discharge level of function for each goal area identified.
4. Discharge Assessment and Summary- Ability to assess and summarize discharge status in each of the designated areas, as well as to identify and document any significant issues related to discharge from recreation therapy treatment.

Section II: Treatment Planning

1. Knowledge of diagnoses seen on service- Able to demonstrate 'explain understanding of the types of deficits/treatment implications associated with the patient diagnoses commonly seen on the unit served. Able to identify where more in-depth information can be located if needed.
2. Clinical Reasoning- Able to collect, analyze and synthesize all pertinent information on routine patients, identifying key problems and developing a comprehensive treatment plan. Includes ability to select modalities appropriate to each patient's needs/problems, to identify need for discharge resources, and to integrate overall team goals/emphasis into treatment and patient discharge goal.

3. Evaluation/Utilization of Resources- Able to assess need for education, equipment, supplies, etc. to improve program, on an ongoing basis.

Section III: Treatment Implementation

1. Appropriate and Individualized Treatment Techniques- Demonstrates ability knowledge of how to choose age-appropriate modalities techniques that best meet the needs of each individual. Ability to tailor treatment to each patient, not utilizing modalities simply because they are readily available.
2. Leisure Education and Counseling- Demonstrates knowledge of difference between leisure education and counseling, when it is appropriate to utilize each, and how to utilize each.
3. Community Reintegration- Able to explain or demonstrate how/when a patient is appropriate for community re-entry, procedure for implementing community outings, and expected outcomes for patients involved in community reintegration.
4. Community Referrals/Discharge Planning- Knowledge of how |when to locate community referral/resource information based on patient=s knowledge |participation/finances |support.
5. Adapted Sports- Ability to teach/facilitate participation in sports activities with adaptations appropriate to patients abilities/strengths.
6. Aquatics- Able to demonstrate basic awareness of water safety, basic swim skills, and carryover of therapy in a water environment.
7. Allimal Assisted Therapy-Able to identify wlrat types of patients are appropriarefor Animal Assisted Therapy intervention, and how to facilitate appropriate patient/animal interactions which will assist patients in working towards desired outcomes.
8. Special Events- Demonstrates ability to plan age-appropriate special group events, incorporating patient needs, facilities 'supplies, and staff assistance available.
9. Play Therapy/Infant Stimulation/Development- Demonstrates basic knowledge of play therapy models/techniques, of appropriate sensory stimulation techniques for each age level and in the proper environment, and of stages of child development from zero months to 21 years.

Section IV: Specialized Equipment

1. Adaptive Devices Aids- Able to choose and incorporate into treatment, the appropriate adaptive devices for each activity patient deficit. Includes safety awareness and ability to teach the patient how to use the device as independently as possible.

Section V: Documentation

1. Written Reports- Identifies correct time frame for completion of initial assessment and discharge summary, and demonstrates ability to manage time in order to complete both, consistently, in a timely manner. Ability to express in writing the weekly progress of each patient seen, according to hospital guidelines for progress notes, in a clear and concise manner.
2. Oral Reporting- Demonstrates ability to verbally report on patient progress during team conferences.

Section VI: Supervision

1. Volunteers- Able to effectively recruit, utilize and evaluate volunteers for both day to day functions and special events. Knowledge of volunteer recognition practices.
2. Interns/fieldwork students- Able to manage time in order to provide proper guidance, structure and supervision to students. Able to monitor student progress and student's ability to handle increasing responsibilities. Able to teach, convey clearly, fairly, and accurately evaluate student's progress.
3. Assistants- Able to judge which tasks should be delegated for maximal productivity, able to assess level of supervision needed according to assistant skill level, able to identify problem areas and provide constructive evaluation.

