



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

PRACTICE ASSESSMENT CHECKLIST

[pick the date]

Section 1: Identification

Name of Respiratory Therapist:

Name of Assessor:

Site/ Facility:

Section 2: Assessment Type

- Initial
- Interim Assessment
- Final Assessment

Rating Scale:

- ✓ Has met the standard.*
- X Has not met the standard.*

Section 3: Background



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Section 4: Criteria for Evaluation¹

<i>Identify Standards of Practice*</i>	✓	x	Comments
<i>Professionalism</i> Adheres to scope of practice limitations; professional medical, legal, ethical guidelines/regulations, and institutional/organizational policies and procedures.			
<i>Communication</i> Demonstrates effective oral, written, and non-verbal communication skills Use recognized medical terminology Maintains documentation and records			
<i>Analysis & Problem Solving</i> Demonstrates critical judgment, problem-solving and decision-making skills in professional practice.			
<i>Health & Safety</i> Applies infection prevention and control precautions (e.g., isolation management, PPE). Adheres to safety and quality control/assurance guidelines (e.g., WHIMIS, CSA).			
<i>Knowledge & Knowledge Application*</i> *As outlined in the CRTO Standards of Practice.			
<i>Therapeutic & Professional Relationships</i> Maintains clear and appropriate professional boundaries in all professional interactions. Treats patients/clients with dignity and with respect for their right to privacy, autonomy and independence.			

NOTE: Practitioner must receive satisfactory in all categories in final assessment

*The College of Respiratory Therapists of Ontario (CRTO) uses the phrase "standards of practice" to refer to all relevant legislation, regulations, standards, position statements, policies and professional/clinical best practice guidelines.

¹ Individualized depending on specific areas that require assessment.



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Section 5: Recommendations/Next Steps

Strengths	
Areas for Improvement	
Recommendations/ Next Steps	

Section 6: Signature Record

Member's Signature: _____

Assessor's Signature: _____

Date: _____

Date for next on-site assessment: _____

Member's Comments: _____
