



Occupational Therapy Board of New Zealand

TE POARI WHAKAORA NGANGAHAU O AOTEAROA

FOSTERING FAITH AND CONFIDENCE IN THE PROFESSION

Audit Tool

Practitioners name:

Date:

Registration number of practitioner:

| No. | Item | Yes | No | Comment |
|-----|---|-----|----|---------|
| | Employment and Education | | | |
| 1. | The work history is complete. | | | |
| 2. | Formal registration, graduate, and post-graduate qualifications are listed. | | | |
| | Self Assessments | | | |
| 3. | Self-assessments are completed for all 5 competency areas. | | | |
| 4. | Contextual information is evident in the self-assessments (eg. role, responsibilities, assessment of own level of expertise, reasoning behind goals). | | | |
| 5. | Self-assessments provide a brief picture of the practitioner's professional journey to date. | | | |
| 6. | There is evidence of consideration of needs and desires for improvement in knowledge and skills to keep up-to-date, develop higher levels of effectiveness, efficiency and growth in current and/or future plans. | | | |
| 7. | The range of feedback/perspectives has been considered (e.g. Supervisors, clients, employer, colleagues). | | | |
| | Goals | | | |

| | | | | |
|-------------------------------|---|--|--|--|
| 8. | There is a goal in each competency area. | | | |
| 9. | The goals are clearly defined and concise. | | | |
| 10. | A clear reasoning process is evident with goals flowing logically from the self-assessments. | | | |
| 11. | Finished goals are completed in full with outcomes and critical reflections. | | | |
| Development Activities | | | | |
| 12. | There are current activities for the goals in progress. | | | |
| 13. | Clear reasoning process is evident. | | | |
| 14. | There is a clear connection between the goals and the development activity/s. | | | |
| Outcomes | | | | |
| 15. | The outcomes are written as a statement of completion of the goal or what occurred. | | | |
| Critical Reflections | | | | |
| 16. | There is a critical reflection for each completed goal. | | | |
| 17. | There is clear consideration of the impacts and possible consequential benefits (and/or costs) on others. | | | |
| 18. | The critical reflections demonstrate insights, gaining, sharing and applying knowledge, applied learning versus professional development, and any impact on safety to self, client, team/service, and the public. | | | |
| 19. | The critical reflection takes into account a range of perspectives. (e.g. Supervisors, clients, employer, colleagues). | | | |
| ePortfolio - Overall | | | | |
| 20. | ePortfolio goals and development activities are appropriate for the occupational therapist's position and experience. | | | |
| 21. | Self-assessments and critical reflections of completed goals indicate that learning has occurred and been applied to practice. | | | |
| 22. | Current and completed goals and development activities demonstrate a progression in the occupational therapist's professional development over time. | | | |

| | | | | |
|--------------------------------|---|--|--|--|
| 23. | Acronyms or jargon are clearly defined/understandable. | | | |
| 24. | Information uploaded to ePortfolio is relevant and supportive. | | | |
| 25. | Client related information is anonymised and protects privacy. | | | |
| Supervisor Comments | | | | |
| 26. | There is a nominated supervisor. | | | |
| 27. | Supervisor has confirmed that the practitioner has discussed their current self-assessment with them. | | | |
| 28. | Supervisor has confirmed that the practitioner is actively engaged in their professional development. | | | |
| Summary Recommendations | | | | |
| 29. | The occupational therapist meets the audit standards for the ePortfolio. | | | |
| 30. | The occupational therapist has been given audit tasks to complete within 10 working days. | | | |
| 31. | The occupational therapist will require feedback on how to make the best use of the ePortfolio to demonstrate reflective practice. | | | |
| 32. | The occupational therapist has not engaged in ePortfolio, or has not met the audit standard after several attempts and will be referred to the Registrar. | | | |

Auditor: _____

Date: _____

Signature: _____