SELF-ASSESSMENT QUESTIONNAIRE AND PLAN OF ACTION

The Self Assessment Questionnaire is designed to help you reflect upon your current professional proficiency, identify areas of strengths and areas for improvement, and to help you develop a learning plan for continuing education activities that will address those areas that need improvement.

You will not be required to submit your Self Assessment Questionnaire to CCO. It is for your personal review only.

You are required to complete the Self Assessment Questionnaire and plan of action summary sheets every two years. It is advisable that it be completed in the first three months of each CE cycle.

Please answer each question using the scale provided. The scale does not necessarily reflect a strength or a weakness in your practice. For example, marking a question as "rarely" does not necessarily mean that you have a weakness in this area. It may simply mean that this particular question does not apply to your practice area or style.

In each section, relevant regulations, standards of practice, policies and guidelines are listed. Please review any relevant documents on the CCO website (www.cco.on.ca) for further information.

Please note, some sections can be skipped if they do not apply to your practice (e.g., sections I.10 – I.15)

Scale: Rarely – Does not apply or possible gap or area for attention
Sometimes – May require attention
Always – Consistently performed in practice

Following completion of the Self Assessment Questionnaire, please complete and continue to update the plan of action at the end of this document to identify your learning goals for this CE cycle.

Please refer to the CCO's website (www.cco.on.ca) for all relevant regulations, standards of practice, policies and guidelines. Government legislation is posted on www.e-laws.gov.on.ca. In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.

SELF ASSESSMENT QUESTIONNAIRE

I. CLINICAL CARE

1. Patient History and Communication (S-001, S-002)

	Rarely	Sometimes	Always
I provide a private respectful consultation	☐	☐	☐
I ask the patient the reason for their visit	☐	☐	☐
I clearly identify the patient's main concern	☐	☐	☐
I ask about the location, onset, duration and intensity of the pain, problem or concern	☐	☐	☐
I ask about aggravating and relieving factors	☐	☐	☐
I ask about relevant associated symptoms	☐	☐	☐
I ask about prior history of the condition	☐	☐	☐
I use outcome measures when appropriate	☐	☐	☐
I ask the patient their goals or objectives for attending the office	☐	☐	☐
I summarize findings back to the patient	☐	☐	☐

2. General Health Information (S-001, S-002)

	Rarely	Sometimes	Always
I conduct a systems review (e.g., breathing, circulation, digestion)	☐	☐	☐
I review the patient's medications and supplements	☐	☐	☐
I identify allergies	☐	☐	☐
I identify lifestyle factors (e.g., stress, tobacco use, exercise, diet)	☐	☐	☐
I identify relevant family history	☐	☐	☐
I identify past illnesses or other health concerns	☐	☐	☐
I identify the patient's family physician and date of last visit	☐	☐	☐

3. Physical Assessment (S-001, S-002, S-013)

	Rarely	Sometimes	Always
I obtain and document informed consent to examination before the examination	☐	☐	☐
My examination is relevant to the patient complaint	☐	☐	☐
I perform appropriate chiropractic tests (e.g., orthopedic, neurological)	☐	☐	☐
I document positive and negative findings	☐	☐	☐
I can justify tests performed or omitted	☐	☐	☐

4. Diagnostic Imaging (S-006)

	Rarely	Sometimes	Always
I order or take radiographs when diagnostically necessary	☐	☐	☐
I review previous radiographs (if available)	☐	☐	☐
I identify the reason/rationale for taking or ordering imaging	☐	☐	☐
I comply with billing guidelines, consent, patient selection and equipment registration requirements	☐	☐	☐
I interpret the results of the radiograph for recommendation	☐	☐	☐
I properly document radiological records, logs and reports	☐	☐	☐

5. Diagnosis or Clinical Impression (S-008)

	Rarely	Sometimes	Always
I provide a diagnosis or clinical impression based on clinical findings	☐	☐	☐
I explain cause, location, severity, anatomical location and pathology	☐	☐	☐
I explain findings in plain language	☐	☐	☐

6. Report of Findings and Plan of Care (S-008)

	Rarely	Sometimes	Always
I explain prognosis and the proposed plan of care clearly	☐	☐	☐
I explain the proposed frequency, schedule and duration of care	☐	☐	☐
I explain type of care (crisis/acute, supportive, maintenance, wellness, prevention, health promotion)	☐	☐	☐
I explain fees and payment options	☐	☐	☐
I refer the patient to another health care provider, when appropriate	☐	☐	☐

7. Consent to Treatment (S-013)

	Rarely	Sometimes	Always
I obtain informed consent to treatment following the report of findings and before treatment, signed in the presence of the member in accordance with Standard of Practice S-013: Consent before treatment	☐	☐	☐
I obtain consent that is: • fully informed • voluntarily given • related to the patient's conditions and circumstances • not obtained through fraud or misrepresentations • evidenced in a written form signed by the patient or otherwise documented in the patient health record	☐	☐	☐
Consent includes a discussion of the: • recommended treatment • why the patient should have the treatment • alternatives to the treatment • effects, material risks and side effects of the proposed treatment • what might happen if the patient does not have the treatment	☐	☐	☐
I obtain and update consent if I recommend a new treatment, there are significant changes to the patient's condition or if there is a significant change to the material risk to the patient	☐	☐	☐
I seek consent from the appropriate parent, guardian or substituted decision maker, if the patient does not have capacity o consent	☐	☐	☐

8. Treatment and Advice (S-001, S-005, S-012, S-017, S-021)

	Rarely	Sometimes	Always
I perform controlled acts within the scope of practice that align with findings and goals (e.g., spinal and joint adjustment or manipulation)	☐	☐	☐
I perform adjunctive care that is in the public domain (e.g., mobilizations, stretching, exercise, soft tissue therapies, nutrition/lifestyle advice, interferential current, ultrasound, laser)	☐	☐	☐
I understand and do not perform practices that are outside of the chiropractic scope of practice (e.g., mobile digital iriscope system, dark field microscopy, vega testing, hyperbaric oxygen therapy, pelvic, breast and prostate examinations)	☐	☐	☐
I provide clear home-care instructions	☐	☐	☐
I discuss lifestyle or prevention when relevant	☐	☐	☐
I have achieved, maintain and can demonstrate clinical competency in any diagnostic or therapeutic procedure use in practice	☐	☐	☐
I refer the patient to an appropriate health professional if the patient's condition or treatment is beyond the chiropractic scope of practice or my competencies	☐	☐	☐

9. Re-Assessment and Outcomes (S-002, G-013)

	Rarely	Sometimes	Always
I conduct a re-assessment at appropriate intervals to evaluate patient progress, and in any event, on or before the 24th visit	☐	☐	☐
I compare re-assessments to baseline	☐	☐	☐
I modify treatment based on re-assessment results	☐	☐	☐

10. Acupuncture (S-017) (if applicable)

	Rarely	Sometimes	Always
I use acupuncture only within the chiropractic scope of practice	☐	☐	☐
I obtain informed consent for acupuncture	☐	☐	☐
I have appropriate training and competencies for acupuncture	☐	☐	☐
I take appropriate precautions (e.g., using clean needle technique, evaluating contra-indications to acupuncture	☐	☐	☐
I use appropriate terms and titles to communicate the use of acupuncture, as described in Standard of Practice S-017	☐	☐	☐

11. Chiropractic Care of Animals (S-009) (if applicable)

	Rarely	Sometimes	Always
I have the appropriate training and competencies for the chiropractic care of animals	☐	☐	☐
I maintain a separate portion of my office for chiropractic care of animals and separate appointment, health and financial records	☐	☐	☐
I defer the primary responsibility for the health care of animals to a veterinarian	☐	☐	☐
I obtain informed consent from the owner of the animal	☐	☐	☐

12. Orthotics and Assistive Devices (S-012, S-021) (if applicable)

	Rarely	Sometimes	Always
I have the appropriate competencies to prescribe and dispense orthotics and/or assistive devices	☐	☐	☐
I conduct a complete examination for orthotics, including case history, examination, gait and postural analysis, and differential diagnosis	☐	☐	☐
I obtain informed consent for orthotics/assistive devices, which is documented in the patient health record	☐	☐	☐
I comply with treatment protocols, including prescribing and dispensing orthotics/assistive devices when indicated by the examination, providing instructions for the patient and assessing the outcome	☐	☐	☐
I comply with business practices and conflict of interest provisions for orthotics and/or assistive devices	☐	☐	☐

13. Assignment and Referral of Care (G-014) (if applicable)

	Rarely	Sometimes	Always
I only assign care that is in the “public domain”	☐	☐	☐
I ensure that any individual performing assigned care has the required skills and competencies	☐	☐	☐
I provide direction and supervision to any individual providing assigned care	☐	☐	☐
I maintain primary responsibility for the care of the patient in assigning any care	☐	☐	☐
I inform the patient of any assigned care and am available to answer any questions from the patient	☐	☐	☐
I refer patients appropriately (provide referrals) and do not abandon patients	☐	☐	☐

14. Virtual Care (G-015) (if applicable)

	Rarely	Sometimes	Always
I ensure the patient is comfortable receiving virtual care	☐	☐	☐
I only provide virtual care when appropriate (e.g., instructions on exercise) and understand the limitations of virtual care	☐	☐	☐
I maintain patient privacy and confidentiality in the use of virtual care	☐	☐	☐

15. Members of More than One Health Profession (S-011) (if applicable)

	Rarely	Sometimes	Always
I maintain separate appointment books, client/patient records, signs, business cards, letterheads and documentation relating to consent with regard to my dual professions	☐	☐	☐
I clearly communicate to the patient in which professional role I am acting when providing care	☐	☐	☐

II. Professional Responsibilities (S-004, G-010)

	Rarely	Sometimes	Always
I am familiar with relevant legislation, regulations, standards of practice, policies and guidelines and can apply them to practice	☐	☐	☐
I review updated CCO communications and document regularly	☐	☐	☐
I understand mandatory and permissive reporting duties	☐	☐	☐
I communicate and collaborate with other health care providers when appropriate in the best interest of the patient	☐	☐	☐

III. COMMUNICATIONS (S-016, G-016, G-001, P-029)

	Rarely	Sometimes	Always
I clearly identify myself as a chiropractor to patients and in communications to the public	☐	☐	☐
I comply with Policy P-029 in the use of the title "specialist"	☐	☐	☐
I communicate openly, honestly, sensitively, respectfully, timely and clearly with patients, other health care providers, staff and other system partners	☐	☐	☐
I avoid behaviours that could be perceived as boundary crossings or violations, as identified in Guideline G-001	☐	☐	☐
My communications to the public (e.g., advertising, websites and social media) comply with S-016 and G-016 (e.g., accurate, factual, verifiable, does not claim superiority, within the chiropractic scope of practice, uses testimonials appropriately, does not include prohibited content)	☐	☐	☐
I regularly review my communication to the public for compliance	☐	☐	☐
My social media use maintains patient privacy and confidentiality, does not provide clinical advice and maintains appropriate professional conduct and boundaries			

IV. OFFICE POLICIES

1. Record Keeping (S-002, S-022)

	Rarely	Sometimes	Always
My records are accurate, complete, timely, legible and include a short form legend, if applicable	☐	☐	☐
My records are private, confidential and safe and secure from loss, tampering and unauthorized access	☐	☐	☐
I have cyber security measures in place for electronic records	☐	☐	☐
I transfer records, including an accompanying short form legend if applicable, in a timely manner, when requested to do so	☐	☐	☐
I have an agreement in place to determine ownership of physical records and what happens to the records in the case of a dissolution of practice	☐	☐	☐

2. Business Practices (G-008)

	Rarely	Sometimes	Always
I maintain a fee schedule and disclose fees in advance to patients	☐	☐	☐
My billings accurately reflect the services and/or products provided	☐	☐	☐
I ensure my staff and patients are familiar with practices regarding billing of insurance companies or third-party payors	☐	☐	☐
I do not apply "two-tier" billing (different fees depending on insurance coverage	☐	☐	☐
If offering a block fee/payment plan/financial arrangement, I comply with the requirements of the guideline, including: • I give the patient the option of paying for each service as it is provided • I specify a unit cost per service • If the patient requests a refund, I refund the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the established block fee unit cost per service • Additional requirements, as described in G-008	☐	☐	☐

V. Continuing Education (S-003)

	Rarely	Sometimes	Always
I participate and log continuing education hours as required in Standard of Practice S-003: Professional Portfolio:			
• minimum 20 hours of structured and maximum 20 hours of unstructured CE over a two year period	☐	☐	☐
• 5 hours on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice	☐	☐	☐
• attendance at a CCO Regulatory Excellence Workshop (virtual or in-person) once every six years starting July 1, 2022 – June 30, 2028	☐	☐	☐
• 5 hours of structured activity that primarily focused on an in-person hands-on or handheld instrument adjustment or manipulation activity every six years starting July 1, 2024 – June 30, 2030	☐	☐	☐

PLAN OF ACTION

This section is meant to be motivating, practical and realistic to strive for improvement in areas listed as rarely or sometimes. Focus on progress, not perfection. Use this section to:

- Turn reflection into specific action
- Demonstrate reflective professional growth for the benefit of patients
- Document what success looks like

Action Plan (Fillable)

List 3 – 5 areas (or more) for improvement for each two year period that you will address through specific actions.

CE Cycle:

What will I improve	Specific actions I will take (e.g., seminars, courses, journals)	Timeline (specific dates)	How will this positively affect patient care?	How will I measure progress??