

## PEER & PRACTICE ASSESSMENT 2.0: STREAM 1 REPORT

Member Name and Registration #

Assessor

Assessment Conducted:  On Site Virtual/Remote

### SUMMARY FINDINGS AND FEEDBACK:

	Satisfactory	Needs Improvement
Chiropractic Scope of Practice (pg. 1-2 of workbook)	<input type="checkbox"/>	<input type="checkbox"/>
Consent (pg. 3 of workbook)	<input type="checkbox"/>	<input type="checkbox"/>
Communication and Cooperation with CCO (pg. 6 of workbook)	<input type="checkbox"/>	<input type="checkbox"/>
PPA 2.0 File review: (pg. 31-42 of workbook) <i>**If a record keeping deficiency has been noted, it should be indicated via one of the following:</i>		
<ul style="list-style-type: none"> <li>Accurate representation</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Sufficient amount of information</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Logical flow</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Review of PPA 1.0 implementation (pg. 43-44 of workbook)	<input type="checkbox"/>	<input type="checkbox"/>
Observations of the Physical Premises and Office Space (pg. 7 of workbook)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Portfolio</b> (pg. 45-46 of workbook)		
<i>CCO requires that every member participate in a minimum of five hours of CE in every CE cycle, that consists of structured activity on diagnostic or therapeutic procedures related to any of the controlled acts within the chiropractic scope of practice. These mandatory five hours should be relevant to the member's clinical practice, but may not include adjunctive therapies, such as acupuncture, exercise, or nutritional counseling.</i>		
<ul style="list-style-type: none"> <li>Self-Assessment Plan of Action Summary Sheet or Self-Assessment 2.0 for the current CE cycle is complete (submitted with PPA 2.0 materials)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Member <i>has/plans to</i> complete both structured and unstructured CE hours in areas related to learnings from their Self-Assessment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Achieve, maintain and be able to demonstrate clinical competency (e.g., examination, certification, or proof of training) in the diagnostic or therapeutic procedure;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>The member has successfully completed and remains current with emergency first aid/CPR certification</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Scenario Reviews (pg. 8-30 of workbook)	Satisfactory	Needs Improvement
1. Clinical Assessment	<input type="checkbox"/>	<input type="checkbox"/>
2. Scope	<input type="checkbox"/>	<input type="checkbox"/>
3. Clinical Assessment	<input type="checkbox"/>	<input type="checkbox"/>
4. Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>
5. Diagnosis/Clinical Impression	<input type="checkbox"/>	<input type="checkbox"/>
6. Scope, Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>
7. Boundary and Sensitive Practice	<input type="checkbox"/>	<input type="checkbox"/>
8. Scope, Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
9. Scope	<input type="checkbox"/>	<input type="checkbox"/>
10. Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
11. Billing Practices	<input type="checkbox"/>	<input type="checkbox"/>
12. Scope, Clinical Assessment	<input type="checkbox"/>	<input type="checkbox"/>
13. Business Practices, Professional Misconduct	<input type="checkbox"/>	<input type="checkbox"/>
14. Transitioning of Care	<input type="checkbox"/>	<input type="checkbox"/>
15. Consultation	<input type="checkbox"/>	<input type="checkbox"/>
16. Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>
17. Scope	<input type="checkbox"/>	<input type="checkbox"/>
18. Billing Practices (A)	<input type="checkbox"/>	<input type="checkbox"/>
(B)	<input type="checkbox"/>	<input type="checkbox"/>
(C)	<input type="checkbox"/>	<input type="checkbox"/>
19. Boundary and Sensitive Practice	<input type="checkbox"/>	<input type="checkbox"/>
20. Social Media	<input type="checkbox"/>	<input type="checkbox"/>
21. Delegation of Care	<input type="checkbox"/>	<input type="checkbox"/>
22. Informed Consent and Assessments	<input type="checkbox"/>	<input type="checkbox"/>
23. Assistive Devices in the Chiropractic Practice	<input type="checkbox"/>	<input type="checkbox"/>
24. Returning the Practice	<input type="checkbox"/>	<input type="checkbox"/>
25. Advertising	<input type="checkbox"/>	<input type="checkbox"/>
26. Conflict of Interest	<input type="checkbox"/>	<input type="checkbox"/>
27. Insurance	<input type="checkbox"/>	<input type="checkbox"/>
28. Caring for Children	<input type="checkbox"/>	<input type="checkbox"/>
29. Chiropractic Care of Animals	<input type="checkbox"/>	<input type="checkbox"/>
30. Websites	<input type="checkbox"/>	<input type="checkbox"/>

***To be completed by the member undergoing the assessment:***

**THREE THINGS I LEARNED FROM THIS ASSESSMENT:**

- 1.
- 2.
- 3.

**THREE ACTION STEPS I WILL TAKE TO ADDRESS AREAS NEEDING IMPROVEMENT:**

- 1.
- 2.
- 3.

**FURTHER COMMENT OR FEEDBACK FROM THE ASSESSOR:**

***Confirmation of Review***

- Assessor and member discussed the information contained in this report.
- Member assessed will implement the changes recommended by the assessor.
- Assessor advised member that the QA Committee will review the results of this report, and provide a disposition.

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**Assessor's Signature**

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**Member's Signature**

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**Date**

<p><b>Please provide a copy of this report to the member.</b></p>
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