

**COLLEGE OF CHIROPODISTS OF ONTARIO  
QUALITY ASSURANCE COMMITTEE  
PRACTICE ASSESSMENT**

Practitioner Name \_\_\_\_\_

Date \_\_\_\_\_

**PRACTICE ASSESSMENT EVALUATION GRID**

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CIRCLE THE APPROPRIATE SUMMARY FROM THE CHECKLIST TOOLS.

- A - AGREE/TRUE IN 90%                      B - AGREE/TRUE IN GREATER THAN 70%  
C - AGREE/TRUE LESS THAN 70%        D - AGREE/TRUE LESS THAN 10%  
E - NOT APPLICABLE

**CHECKLIST TOOL & INTERPRETATION**

**SUPPORTING COMMENTS**

**PRACTICE ASSESSMENT**

- A        Well organized and well managed facilities.
- B        Satisfactory facilities with minor concerns.  
          No compromise to patient safety.
- C        Facilities falls below regulatory standards.  
          Poorly organized and compromises patient care.
- D        Inadequate facilities. Places patients and/or staff at risk.

**CHART REVIEW**

- A        Well documented. Strong patient care skills.
- B        Satisfactory charting and patient care with minor concerns.  
          No compromise to patient care.
- C        Charting falls below regulatory standards.  
          Quality of patient care is indeterminate.
- D        Inadequate charting or inadequate patient care.

**CARE PLAN REVIEW**

- A        Strong case management skills.
- B        Satisfactory case management with minor concerns.  
          No compromise to patient care.
- C        Quality of case management falls below regulatory standards.  
          Quality of patient care is indeterminate.
- D        Significant concern for case management skills.  
          Significant concern for continuous patient care.