PCC Code Glossary

Therapeutic Recreation Ontario (TRO) is firming up the criteria for education sessions which will be eligible to receive Professional Contribution Credits (PCCs). Members are now eligible to collect PCCs at TRO sponsored education sessions. PCCs collected can be used in the application for registration with TRO. In order for the PCC to be credible, we have designed the PCC Criteria to ensure education sessions for which members may receive PCCs are directly related to at least one of the 14 PCC areas.

Assessment: Utilizes an individualized and systematic process to determine individual strengths, needs, and interests of clients to establish priorities and direction of TR intervention.
Examples: measuring patient needs in order to develop programs, creating or developing assessment tools

Intervention: Outlines specific strategies and modalities based on assessment results. The individualized plan is achieved via a collaborative approach including the client and support networks to attain a client-centered and outcome-oriented process.
Example: multidisciplinary discussion (medical rounds, education)

Program development: Creates a framework for each program addressing the needs and interests of clients within the context of their environment. It is a systematic process based on the intervention plan. Individual and group program outlines should include purpose, rationale, description, target population, goals, outcomes, evaluation mechanisms, and resource requirements.
Examples: creating or modifying programs, the history or motivation around program development explains the what and why of programs

Program delivery: Encompasses the provision of outcome-oriented programs in a variety of service delivery settings that reflect a continuum of care model. A therapeutic recreation practitioner's action is determined by the intervention plan and can be offered on an individual and/or group basis.
Examples: explaining changes made to programs and their impact, modifications made for groups or individuals, step-by-step process of delivery, explains the "how to" of programs

Documentation: The comprehensive collection of information related to every aspect of therapeutic recreation intervention. This can include a variety of methods (written, verbal, electronic, etc.) and the steps of an initial screening, assessment report, progress report, discharge report, case review, and/or intervention notes. Documentation provides a basis for professional accountability.
Examples: MDS and/or other specific tools used, what to include to ensure effective documentation, importance of documentation

Evaluation: Involves a through review of therapeutic recreation assessment, intervention plan, program development, and program delivery to illustrate and ensure the efficacy of therapeutic recreation services.
Examples: new evaluation tools/processes, ways to gather accurate information from clients (focus groups, one on one, questionnaires, satisfaction surveys, etc), how to get patients to focus groups, formal versus informal methods

TR & community practice: The obligation to create opportunity for community involvement for clients in a variety of service delivery settings.
Examples: creating opportunities through advocacy (community outings, reduced rates, etc), bringing community in (i.e. Intergenerational programs)

TR & Research: Demonstrates the benefits of a planned systematic analysis of the components that comprise therapeutic recreation services. Work in this area illustrates professional efficacy while contributing to the growth of therapeutic recreation as a whole.
Examples: steps involved in research process, teaching ways to make research less intimidating, ways to follow through and put research into practice, keeping track of evaluation as a research tool, gathering data and compiling information to identify trends, literature searches in program development, how to develop a research question

Professional Development: A commitment to ongoing involvement in upgrading personal and professional knowledge related to therapeutic recreation.
Examples: regulation, continuing education, student supervision, advocacy of Therapeutic Recreation in other groups/committees, skill sharing/skill development/bringing skills to TR, learning about new equipment/resources/trends

Theoretical Foundations: Recreation/leisure models, theories of human behaviour, leisure throughout the lifespan, concepts of health/human services, normalization/inclusion, legislation, accessibility, relevant guidelines/standards, principles of group interaction, principles of behavioural change.
Example: models or theories of leisure

Diagnostic Groupings and populations being served: Etiology, symptomatology, prognosis and treatment of conditions, disabilities and related secondary complications for persons with cognitive impairments, physical impairments, sensory and communication impairments, psychiatric impairments, behavioural impairments or addictions.
Examples: specific symptoms or characteristics of diagnostic groups, how diagnosis affects programming, goals developed for specific groups, modifications made for specific groups

Organizing and managing services: Prepare/maintain budget, prepare plan of operation, conduct needs assessment, develop/implement internship program, recruit/ train/ educate/ supervise/ mentor/ evaluate TR staff, and report quality improvement data.
Examples: budget, professional evaluation

Agency and TR service plan: Identify and analyze agency mission; population served, agency standards and resources. Develop statement of purpose, goals and specific programs. Identify funding sources and prepare written plan of operation.
Examples: development of principles within organization, supporting mission/vision/values of facility, clarity statement of service

Outreach, advocacy and public relations: Establish networks with organizations/advocates, public relations, advocate for rights of clients and educate the community.
Examples: networking, advocacy