Clinical Competency Assessment Form

Type of Review:

☐ Proctoring/Concurrent Observation
☐ Focus Review
☐ Other:_____
☐ Retrospective Review
☐ Mentoring

Practitioner Reviewed:_____

Procedure Reviewed: _____**Date:**_____
Case # ___ of ___ **Medical Record #**_____
Period ___ of ____

Check Appropriate Box

I. Patient Assessment	**No Concerns**	***Some Concerns**	**Unable to Assess**
a) Appropriate History and Physical			
b) Appropriate diagnostic tests/exams			
c) Considers available evidence			
d) Considers patient preferences			
e) Develops appropriate assessment & plan			
f) Seeks consultation as appropriate			
g) Utilizes allied health professional input			
h) Modifies plans as situation warrants			
i) Interactions with staff			

II. Procedure (as applicable)			
a) Procedure indications present			
b) Patient preparation			
c) Appropriate choice of equipment			
d) Technical aspects of equipment			
e) Safety aspects of equipment			
f) Order/flow of procedure			
g) Intra-procedural decision-making			
h) Procedural technique			
i) Recognition/management of complications			
j) Interactions with staff			
k) Post procedure plan			

III. Professionalism			
Demonstrates continuous professional development, ethical practice, sensitivity to diversity, and a responsible attitude to patients, the profession and society.			
IV. Systems Based Practice			
Demonstrates an understanding of the contexts and systems in which health care is provided, and applies knowledge to improve and optimize health care.			
V. Overall Competence			

VI. Documentation			

VII. Comments/Recommendation: _____

_____

_____

If this is the last case to be reviewed, is further review needed?_____ Yes _____ No
If "Yes", provide reasons on reverse side.
Proctored Cases (evaluation of technical and cognitive skills): Did Proctor assist at procedure? ☐ Yes ☐ No
If "Yes", indicate in VII above if advice or assistance was provided on the material aspects of the procedure.

Reviewer Signature _____ **Date:**_____

Reviewer's Printed Name: _____
***Notation of "Some Concerns" Requires Explanation**

Please email completed form to ORFPPE@providence.org Keep a copy for your records.

Revised 9/8/22