

### Clinical Competency Assessment Form

**Type of Review:**

Proctoring/Concurrent Observation                       Retrospective Review  
 Focus Review     Mentoring  
 Other: \_\_\_\_\_

**Practitioner Reviewed:** \_\_\_\_\_

**Procedure Reviewed:** \_\_\_\_\_

**Case #** \_\_\_ of \_\_\_                      **Medical Record #** \_\_\_\_\_                      **Case Date:** \_\_\_\_\_  
11 digit Epic ID # m/d/yyyy

#### 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)	No Concerns	*Some Concerns	Unable to Assess
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			

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

**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:** \_\_\_\_\_

m/d/yyyy

**Reviewer Printed Name:** \_\_\_\_\_

\*Notation of "Some Concerns" Requires Explanation. Return this form to [ORFPPE@Providence.org](mailto:ORFPPE@Providence.org)  
**Keep a copy of the completed form for your records.**