Clinical Competency Asses	sment Form			
Used for FPPE: Type of Review:				
Proctoring Concurrent Ob	servation			
Focus Review Retrospective F	Review			
Privilege Validation Assessment Mentoring				
Practitioner Reviewed:				
rocedure Reviewed:Date:				
Case # of Medic	cal Record #			
Period of				
· · · · · · · · · · · · · · · · · · ·	Check Appropriate Box			
I. Patient Assessment	No Concerns	*Some Concerns	Unable to Assess	
a) Appropriate History and Physical		Concerns	ASSUSS	
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				
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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				
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III. Professionalism	to the altremeter and a m	annanaihla attitu	ula ta matianta	
Demonstrates continuous professional development, ethical practice, sensitivit the profession and society.	ty to diversity, and a r	esponsible attitu	ide to patients,	
IV. Systems Based Practice				
Demonstrates an understanding of the contexts and systems in which health of	are is provided, and	applies knowlede	ge to improve	
and optimize health care.		.,,	5 1	
V. Overall Competence				
VII. Decomposite tiere	1	I	<u> </u>	
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:
*"Some Concerns" Requires Explanation