

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

I. SAFETY/INFECTION CONTROL							
Locates emergency equipment							
Demonstrates ability to activate codes							
Disposes of needles/sharps/catheters in designated containers per protocol							
Demonstrates appropriate use/disposal of red bag waste							
Maintains clean & organized environment							
Acts as a resource for, and promotes culture of safety ;identifies and documents concerns using safety reporting system							
Locates link to Patient Safety Net							
Locates fire extinguishers							
Locates fire alarm pull boxes on unit							
See Unit Specific Page							
II. EQUIPMENT							
Utilizes standard unit specific technology and advance technology as appropriate.							
Operates the following equipment according to protocol:							
Computer							
Expediter Call System							
Telephone/beeper system							
See Unit Specific Page							
III. DOCUMENTATION/COMMUNICATION							
Documents data in patient medical record per protocol							
Reviews schedules for patient appointments							
Documents triage interactions							
Documents medications, performance of procedures, patient							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

responses, & instructions							
Completes lab requisitions accurately and correctly							
Completes radiology requisitions accurately and correctly							
Completes consultation forms correctly							
Reviews minutes from staff meetings							
Demonstrates ability to use electronic correspondence/forms							
Accesses patient information in LCR and EMR							
Demonstrates ability to order necessary forms per protocol							
Attends CPT/ICD-9 coding class with documentation in patient record							
Completes e-triage messages							
Utilizes secured messaging application							
Documents office visit notes and phone conversations on a daily basis according to established procedures.							
Completes forms in a timely manner, i.e. disability, workers comp., DPH, etc.							
Communicates/reinforces treatment plan to patient, and documents encounter in medical record							
See Unit Specific Page							
IV. PERFORMANCE IMPROVEMENT							
Identifies and participates in unit performance improvement activities							
Delegates responsibility to team members based on assessment of competencies							
Shows commitment to learning new knowledge and skills to enhance service to customer/patients and achieve							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

organizational goals							
Evaluates one's own clinical practice through self-reflection and feedback from others.							
Participates in unit based continuous quality improvement projects							
Awareness of unit specific outcome measures							
See Unit Specific Page							
V. DECENTRALIZED LAB							
See Unit Specific Page							
VI. PROVISION OF CARE							
Assessment of Patient:							
Develops a comprehensive medical history							
Performs thorough examination of patient based on age and history							
Identifies health and medical risk factors							
Orders appropriate evaluation testing necessary for medical evaluation							
Identifies medical needs based on accurate interpretation of clinical and physical examination data							
Seeks multidisciplinary input/consultation in the assessment of patient needs							
Recognizes the need for urgent/emergency medical intervention							
Recognized and adapts to the individual training needs of patients and families							
Planning of Patient Care:							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

Develops medical plan of care in consultation with attending physician							
Demonstrates knowledge of variations in illness presentation and disease management across culturally diverse patient populations.							
Identifies barriers and enhancers for plan of care.							
Communicates plan of care to patient/family and multidisciplinary team members							
Modifies plan of care as clinical needs/status changes							
Delivery of Patient Care:							
Utilizes approved clinical and system resources as basis for clinical practice							
Communicates changes in clinical status to supervising medical staff							
Orders appropriate labs and diagnostic tests consistent with active clinical problems and diagnostic efforts							
Accurately interprets lab and diagnostic tests consistent with active clinical problems and diagnostic efforts							
Demonstrates proficiency at therapeutic and diagnostic procedures							
Prescribes controlled and non-controlled substances in accordance with State of Connecticut Statutes of Prescriptive Authority							
Provides appropriate medical stabilization in urgent/emergency situations							
Demonstrates awareness of the impact behavior and communication style have on patient, family and							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

multidisciplinary team members							
Evaluation of Patient Care:							
Evaluates patient's response to therapeutic intervention							
Modifies plan of care according to changes in patient status and/or clinical data							
Facilitates patient participation in health and medical care by providing needed information to make healthcare decisions and choices.							
Communicates changes in clinical status to appropriate supervising medical staff and multidisciplinary team members within an appropriate time frame							
Collaborates with members of interdisciplinary team and community resources to effect continuity of established plan of care							
Supports research activities throughout the management of patient care							
Evaluate, assess, and develop treatment plan for patients seen in the department under the supervision of the physician							
Coordinate and monitor follow up care for chronic patients under the supervision of the physician							
Assists physician with procedures as needed							
Utilizes the UMG Case Manager in the planning and implementation of patient's plan of care as appropriate.							
Collaborates with the Diabetes Educator in the planning, delivery, and evaluation of care of diabetic patients as appropriate.							
Assist in identifying and contracting patient's appropriate for a							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

Medication Use Agreement.							
Patient education and teaching-use of available patient education tools (Carenotes, approved pamphlets and brochures)							
Precepts PA students							
Interprets current research findings for inclusion into evidence based practice.							
Maintains professionalism in interactions with patients and staff.							
Accesses and utilizes CPOE when treating in-patients							
See Unit Specific Page							
VII. AGE SPECIFIC							
Appropriately evaluates patient, family and staff educational needs							
Chooses and applies appropriate educational materials.							
Communicates information to patients and family in language that is clearly understood.							
Provides age specific care based on diverse patient and family population.							
See Unit Specific Page							
VIII. CUSTOMER SERVICE							
Committed to determining and exceeding patient/customer needs and promotes area service standards							
IX. CLERICAL SKILLS							
Utilizes telephone/beeper system per protocol							
Prepares vouchers according to protocol							
Demonstrates the process of disposing printed materials which							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

contain patient information							
Identifies the number for IT call center (x4400)							
See Unit Specific Page							
X. FISCAL RESPONSIBILITY							
Complies with unit policies regarding patient charges, supplies/requests, etc.							
Participates in unit activities aimed at evaluation/improving fiscal outcomes of care							
Awareness of the importance of providing cost effective care while maximizing health potential							
Billing voucher completion on a daily basis per protocol							
Utilizes assigned case numbers for patient visits associated with research studies, motor vehicle accidents, and workers compensation.							
ABN validation for Medicare Part A & B patients							
Use of proper CPT and ICD9 codes when submitting requisitions and vouchers.							
Understands and utilizes established medical coding guidelines							
See Unit Specific Page							
XI. IDX SCHEDULING & REGISTRATION SYSTEM AND CLINICAL INFORMATION SYSTEMS							
Demonstrates ability to locate patient in database							
Performs mini- registration of new patient							
Performs scheduling & canceling of appointment							
See Unit Specific Page							

Initials/Name: _____

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

XII. EDUCATION							
Completes required yearly education courses as noted in HealthStream system:							
Safety							
IC							
CPR							
Code Blue							
Laboratory							
Age Specific							
Unit Specific							
Corporate Compliance							
HIPAA							
Attends job related in-services throughout the year							
CEUs for certification							
Attends clinic staff meetings as scheduled.							
Maintains BCLS certification							
See Unit Specific Page							

Initials/Name: _____
Competency Checklist Updated: 11/08

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments
			Competent	Initials	Date		
			Yes	No			

UNIT SPECIFIC CHECKLIST:							
II. EQUIPMENT							
Codman Programmable Valve Kit							
Halo traction							
Stentor imaging computer system							
III. DOCUMENTATION/COMMUNICATION							
Utilizes appropriate dictation card when dictating (JDH vs UMG)							
Utilizes medical record defined dictation template when dictating discharge summaries. (JDH)							
Ensures participation as 1 st assist in OR is documented in OR record							
VI. PROVISION OF CARE							
Use of pain scale in assessing pain							
Care of patients with spinal conditions-cervical, thoracic, lumbar							
Care of intracranial patients							
Application and care of patient with Miami-J cervical collar							
Application and care of patient with soft cervical collar							
Halo traction adjustments							
Wound revisions							
Wound packing							
Wound debridement							
Ordering Imaging Studies							
Ordering EMG study							
PT/OT referrals							
Pre-op patient teaching							

Initials/Name: _____
Competency Checklist Updated: 11/08

Initials/Name: _____

Initials/Name: _____

ANNUAL UMG/JDH AMBULATORY COMPETENCY CHECKLIST

Position Title: Physician Assistant

Department: Neurosurgery

Employee Name:

Method of Instruction Key: P = Protocol/Procedure Review E = Education Session S = Self Learning Package C = Clinical Practice D = Demonstration	Method of Evaluation Key: O = Observation (in clinical setting) RD = Return Demonstration T = Written Test V = Verbal Review	Method of Instruction (Use Instruction Key on Left)	Evaluation Summary			Evaluation Method (Use Evaluation Key on Left)	Comments	
			Competent		Initials			Date
			Yes	No				

Post-op patient teaching							
1 st assist in OR							
In-patient Clinical Skills:							
Care of ventriculostomy patients							
Care and assessment of patients with pressure bolts							
Surgical scrub protocol							
Surgical prep protocols							
OR patient positioning protocols							
Removal of surgical drains-i.e., lumbar, hemovac							
X. FISCAL RESPONSIBILITY							
Completes correct billing voucher depending on visit location-i.e., Barney sheet for JDH, ED voucher, UMG voucher							
XII. EDUCATION							
Attends medical grand rounds							

Initials/Name: _____
Competency Checklist Updated: 11/08

Initials/Name: _____

Initials/Name: _____