

Physician/Dentist Support Staff
Modified Competency Assessment – Physician Rounder - OR

Name of PDSS Member: _____

Please check the appropriate boxes below

- Initial Physician Rounder Competency Assessment
- Annual Physician Rounder Competency Assessment

The functions outlined below are reviewed to ensure ongoing competence. Competency Assessment is part of the initial processing and annual performance appraisal.

| <u>GENERAL PRIVILEGES</u> | <u>MEETS EXPECTATIONS</u> | <u>DOES NOT MEET EXPECTATIONS*</u> | <u>NOT APPLICABLE</u> |
|---|---------------------------|------------------------------------|-----------------------|
| Adheres to working directly with authorizing Supervising Provider while in the Operating Room. | | | |
| Adheres to utilizing only the equipment for which permissions have been granted while in the Operating Room. | | | |
| Demonstrates appropriate hand hygiene, masking, etc, as applicable, while working within the Operating Room. | | | |
| Complies with patient safety initiative of patient identification within the Operating Room. | | | |
| Demonstrates competency in utilizing equipment and software identified by the authorizing Supervising Provider within the Operating Room. | | | |
| Communicates pertinent information to the Supervising Physician to ensure patient safety while working within the Operating Room. | | | |
| Reports any issues or incidents with equipment or software the PDSS Member utilizes within the Operating Room to the OR Nurse prior to leaving the OR area. | | | |
| Adheres to limited access for patient records and radiology information. | | | |

*If any requested item is noted as “Does Not Meet Expectations”, it is the responsibility of the sponsoring provider to address immediately. Please provide written confirmation of competency when achieved.

Name of PDSS Member: _____

Evaluation Date: _____

PDSS Member Signature: _____

Sponsoring Provider Name: _____

Sponsoring Provider Signature: _____