**Ongoing Professional Practice Evaluation**

June/July:

December/January:

Provider’s Name/Title: Employee ID:

Evaluator’s Name/Title: Date:

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| Additional Contributing Evaluators: (Name/Title) |
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| **Competency Measures**1 = Does not perform2 = Performs below expectations3 = Meets Expectations4 = Intermittently Exceeds Expectations5 = Consistently Exceed Expectations | **Methods of evaluation**DO = Direct ObservationPR = Peer ReviewA = Chart Audit/20% ReviewS = Simulation |
| **COMPETENCIES** | **METHOD** |
| 1 | 2 | 3 | 4 | 5 | DO | PR | A | S |
| **Patient Care*** Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
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| **Medical/Clinical Knowledge*** Demonstrates knowledge of established and evolving biomedical, clinical and social sciences and the application of knowledge to patient care and the education of others.
* Identify problem list, develop pertinent differential diagnoses, and formulate an evidence-based, interprofessional patient/family-centered plan of care
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| **Systems Based Practice*** Demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize healthcare.
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| **Practice Based Learning and Improvement*** Able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
* Teach and coach other interprofessional team members.
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| **Interpersonal Communications*** Demonstrates interpersonal and communication skills that establish and maintain professional relationship with patients, families, coworkers, and other members of the healthcare team.
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| **Professionalism*** Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity and a responsible attitude toward patients, profession, and society.
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| **Summary Comments for Competency Measures***(May add additional comments here. Must provide a plan of action for competency rates at 2 or below.)* |
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| **Procedure Privileges –** *Review Procedure (https://mychildrens.chsomaha.org/provider-privileges/)* |
| 🞏 Provider holds procedure privileges 🞏 Provider does not hold procedure privileges |
| 🞏 Competent |
| 🞏 Competent with reservation |
| **Summary Comments for Procedure Privileges:***(Must provide comments for anything other than competent.)* |
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| **Role/Division Specific** |
| **Quality:** *Insert a minimum of two practice specific quality measures, benchmarks or targets and provider’s actual performance:*(ex: PRC Patient Satisfaction, Reducing no-shows, Improving scheduling lag and/or third next available, Maximizing exam room utilization, Closing charts within established expectation, Adherence to established billing standards, Hand Hygiene/Biovigil, etc.) |
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| **Summary Comments for Quality:** |
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| **Overall Competency:** *Based upon assessment of clinical practice, I find:* |
| 🞏 This provider meets expectations of performance based on the privileges granted. |
| 🞏 This provider meets expectations of performance based on the privileges granted with an opportunity for improvement in the area of­ . A summary of the performance improvement plan is described below. |
| 🞏 This provider meets most expectations of performance based on the privileges granted except in the area of Resulting in an FPPE. See FPPE for further details. |
| **Summary comments for Competency:** |
|  |

**Provider’s Signature: Date:**

**Evaluator’s Signature: Date:**

**RETURN COMPLETED FORM TO:**