

Physician/Dentist Support Staff
Competency Assessment –Audiology

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 regarding Cochlear Implant procedures set forth by the Audiologist’s place of employment. | | | |
| Complies with patient safety initiative of patient identification prior to working with patients. | | | |
| Demonstrates appropriate hand hygiene while working with patients. | | | |
| Adheres to utilizing only the equipment for which permissions have been granted for completing Cochlear Implant testing, procedure, and patient follow up. | | | |
| Communicates pertinent information to the Supervising Physician in a timely fashion to ensure patient safety. | | | |

| <u>AUDIOLOGY PRIVILEGES</u> | <u>MEETS EXPECTATIONS</u> | <u>DOES NOT MEET EXPECTATIONS*</u> | <u>NOT APPLICABLE</u> |
|---|---------------------------|------------------------------------|-----------------------|
| Plans and conducts speech-language pathology programs to restore function, prevent disability, and help patients reach their maximum level of independence. | | | |
| Provides direct therapy services to patients admitted to a level of care where service provision is required 7 days a week, including holidays (acute care, rehabilitation and skilled nursing facility). | | | |
| Gathers and interprets appropriate data from the medical record, physician reports, patient, and/or family, as evidenced by documentation. | | | |
| Evaluates patients, selects and administers assessment techniques, synthesizes information to establish appropriate patient care plan to include necessary modalities, procedures, exercise programs, therapeutic groups and patient education as warranted by a holistic view of the | | | |

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| <u>AUDIOLOGY PRIVILEGES</u> | <u>MEETS EXPECTATIONS</u> | <u>DOES NOT MEET EXPECTATIONS*</u> | <u>NOT APPLICABLE</u> |
|--|---------------------------|------------------------------------|-----------------------|
| patient's diagnosis, condition, age, and contextual needs of discharge disposition. | | | |
| Documents evaluations, tests, progress notes, daily treatment notes, attendance records, patient/family education, outcomes, discharge notes, and charges. | | | |
| Re-evaluates patients as needed, modifying goals and treatment as the patient's status changes and communicates patient's evaluation and subsequent progress to physician, referral sources, and other clinical staff. | | | |

*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: _____