Physician/Dentist Support Staff Competency Assessment – Dental Assistant

Name of PDSS Member: ______

Please check the appropriate boxes below

- □ Initial Dental Assistant Competency Assessment
- Annual Dental Assistant Competency Assessment

The functions outlined below are reviewed to ensure ongoing competence.

| GENERAL PRIVILEGES | MEETS | DOES NOT MEET |
|--|---------------------|---------------|
| | EXPECTATIONS | EXPECTATIONS* |
| Removing staples and/or sutures | | |
| Assisting physician with diagnostic procedures | | |

| OPERATING ROOM PRIVILEGES | MEETS EXPECTATIONS | DOES NOT MEET EXPECTATIONS* | |
|--|-----------------------|--------------------------------|--|
| Suctioning | | | |
| Appropriate utilization of sponges | | | |
| Use of retractors | | | |
| Suture skills | | | |
| Hemostasis | | | |
| Prepping/Draping patient | | | |
| Positioning/Repositioning of OR lights, cameras, and other non-dissecting instruments | | | |
| Application and changing of dressings | | | |
| **Advanced Skills** - Wound closure/suturing – subcutaneous tissue up through skin. | | | |

*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. **Must be certified and meet facility "Wound Closure" competency guidelines

| Evaluation Date: | | |
|------------------|--|--|
| | | |

PDSS Member Signature: _____

Sponsoring Provider Name: ______

Sponsoring Provider Signature: ______

Competency Assessment is part of the annual performance appraisal.