

Physician/Dentist Support Staff
Competency Assessment – Scribe

Name of PDSS Member: _____

Please check the appropriate boxes below

- Initial Scribe Competency Assessment
- Annual Scribe 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			
Adheres to utilizing only the equipment for which permissions have been granted			
Demonstrates appropriate hand hygiene, masking, etc, as applicable, while working within Carolinas HealthCare System facilities.			
Complies with patient safety initiative of patient identification			
Demonstrates competency in utilizing equipment			
Communicates pertinent information to the Supervising Physician to ensure patient safety			
Reports any issues or incidents with equipment the PDSS Member utilizes within Carolinas HealthCare System facilities			
Adheres to limited access for patient records and radiology information.			
Quickly navigate between EMR sections (History of Present Illness, Review of Systems, Physical Exam, etc.).			
Complete all necessary chart sections.			
Understanding of required coding components of chart sections.			
Utilization of proper spelling, grammar, and medical terminology in all charts.			
Proficiency and efficiency while working in the EMR.			

*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: _____

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Sponsoring Provider Name: _____

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