

Ongoing Professional Practice Evaluation (OPPE) - FORM A

All Allied Health Professionals & Advanced Practice Providers

Practitioner's Name/Title: _____ Employee ID: _____

You must have your collaborating/supervising physician complete this evaluation along with Form B - Chart Review (APPs only) and Form C - Clinical Log (ALL AHPs/APPs) and fax to (937)395-8357

Competency Measures 1= Does not Perform 2= Performs Below Expectations 3=Meets Standard 4= Intermittently Exceeds Expectations 5= Consistently Exceeds Expectations	Methods of Evaluation DO- Direct Observation PR- Peer Review A-Chart –Audit S- Simulation									
	Competencies					Method				
	1	2	3	4	5	DO	PR	A	S	
Patient Care <ul style="list-style-type: none"> 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 										
Medical/clinical Knowledge <ul style="list-style-type: none"> Demonstrates knowledge of established and evolving biomedical, clinical and social sciences in the application of knowledge to patient care and the education of others 										
Systems Based Practice <ul style="list-style-type: none"> 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 health care within the network. 										
Practice Based Learning and improvement <ul style="list-style-type: none"> Able to use scientific evidence and methods to investigate, evaluate and improve patient care practices 										
Interpersonal Communications <ul style="list-style-type: none"> Demonstrates interpersonal and communication skills that establish and maintain professional relationships with patients, families, coworkers, and other members of the healthcare team. 										
Professionalism <ul style="list-style-type: none"> Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward patients, profession and society. 										

Self-report any complicated cases: _____

Collaborating/Supervising Physician: Please Check below and sign.

This provider meets expectations of performance

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 of comments for the Competency Measures (May add additional comments here. Must provide a plan of action for competency rates below a 2)

Evaluator's Name/Title: _____ Date: _____

Signature of Collaborating/Supervising Physician _____ Date _____