

Physician Competency Checklist

PHYSICIAN'S NAME: _____

INSTRUCTIONS: Use the following answer key to indicate the extent of knowledge.

- (1) Need instruction or supervision (2) Need review (3) Feel competent to perform without supervisor
 (4) Feel competent to orient others

Procedures	Previous Experience	Verbal or Demo Competency Date / Initial	Comments
Hospice Philosophy, Goals, and Services			
Patient rights and responsibilities			
Patient confidentiality / HIPAA			
Administrative responsibilities with Hospice Agency			
Medical / Clinical responsibilities with Hospice patients			
Palliative treatment of terminal illnesses			
Communication with other physicians involved in care of the hospice patient			
Communication with IDT members			
Working through ethical issues			
Role in emergency preparedness			
End of life care			
Use of standard precautions			
Professional conduct / personal appearance			
Documentation of service and visits			
Other:			

Physician Signature: _____ Date _____

Signature/Title of Evaluator: _____ Date _____