MD/DO-PA Performance Assessment Tool: ESTABLISHED PA

minimum of two assessments per 12 month period ❑ Assessment 1 ❑ Assessment 2 ❑ Other ____

Today's Date	
Date of Hire	
PA Name	
Primary Physician Supervisor	

1) Are you, the primary physician supervisor, satisfied with the medical competency this PA provides to the patients in the practice?

   ❑ Yes ❑ No

2) Have you personally reviewed and initialed selected charts?

   ❑ Yes ❑ No

   If no, then what means have you used to assure the quality of care the above named PA provides to patients in the practice?

   _____

   _____

3) Have you personally made an assessment of the ability of the above named PA to take the medical history from and perform the examination of patients representative of those cared for by the physician assistant?

   Medical History *Physical Examination*
   ❑ Yes ❑ No ❑ Yes ❑ No
   If yes, list the means of assessment: _____

   _____

4) Are you confident in the relationship the above named PA has with other medical providers, both in the practice and in the community?

   ❑ Yes ❑ No

Please address any and all "no" responses above and include a plan to allow you to answer in the affirmative on the next assessment.

Note: The supervising physician is required to maintain accurate records and documentation of the performance assessments for each physician assistant supervised. The Board of Medical Examiners may audit a supervising physician's performance assessment records. Upon request, the supervising physician shall produce records of the performance assessments as required by the BME.

This form has been provided by the Colorado Academy of Physician Assistants.