

## PHYSICIAN ASSISTANT COMPLETION PROGRAM COMPETENCIES ATTESTATION

**Applicant Name:** \_\_\_\_\_

	NOT COMPETENT	COMPETENT
<b>MEDICAL KNOWLEDGE</b>		
Able to apply the principles of biomedical, clinical, and social-behavioral sciences to patient care		
Able to utilize critical thinking skills to integrate theoretical and practical knowledge for the evaluation and care of patients across the lifespan and in a variety of settings		
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>		
Able to communicate effectively to exchange information and create appropriate relationships with supervisors, colleagues, patients, patients' family members, physicians and other members of the multidisciplinary healthcare team		
<b>PROFESSIONALISM</b>		
Able to exhibit the professional characteristics of the Physician Assistant; taking responsibility for actions and balancing autonomy with professional collaboration in clinical		
Able to demonstrate respect, dignity, compassion and integrity in all interactions with supervisors, colleagues, patients, families, and other members of the healthcare team		
<b>PATIENT CARE</b>		
Able to obtain accurate and essential information about the patient and his/her choices, interpret and use such information, combined with evidence and sound clinical judgment to make informed decisions concerning the care of the patient		
Able to provide quality, patient-focused care as a member of the healthcare team in a respectful, compassionate and collaborative manner		

<b>PRACTICE BASED LEARNING AND IMPROVEMENT</b>		
<b>SLO 8</b> Incorporate evidence-based principles into the care of the patient and the practice of medicine to provide quality patient care at all levels		
<b>SYSTEMS BASED PRACTICE</b>		
<b>SLO 9</b> Respond to the complexities of the larger health care system to provide equitable, high quality patient care.		

Comments: Please explain any rating checked as not competent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend this applicant to your program without reservation as a competent Physician Assistant \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title