

CONFIDENTIAL PERFORMANCE EVALUATION DOCUMENTATION Medical Evaluation Form

PRACTITIONER:	STAFF CATEGORY:
SPECIALTY:	DISCHARGE DATE:
NAME OF PROCTOR:	
PATIENT NAME:	MEDICAL RECORD NUMBER:
DIAGNOSIS AND/OR PROCEDURE:	
COMPLICATIONS:	

PLEASE ANSWER ALL OF THE FOLLOWING: If the answer to any of the following questions is "no", please attach an explanation on a separate sheet.

Yes	No	N/A	DIAGNOSTIC WORKUP
			1. Was there adequate evidence to support the patient's admission?
			2. Was the initial level of care appropriate?
			3. Was the practitioner's problem formulation (i.e., initial impressions rules-outs, assessment, etc.) appropriate?
			4. Were patient rounds made daily?
			5. Did the practitioner cooperate with you concerning this review, if applicable?
			6. Was all necessary information (i.e., history, physical, progress notes, operative notes and summary) recorded by the practitioner in a timely manner in the patient's medical record?
			7. Was the above information recorded in a legible manner?
			8. Were the entries made in the patient's record by the practitioner informative?
			9. Were the entries made in the patient's record by the practitioner appropriate?
			10. Was the practitioner's use of diagnostic services (i.e., lab, x-ray and invasive diagnostic procedures) appropriate?
			11. Were the practitioner's initial orders appropriate?
Yes	No	N/A	PATIENT MANAGEMENT
			12. Was the practitioner's drug use appropriate?
			13. Was the practitioner's use of blood and blood components appropriate?
			14. Was the practitioner's use of ancillary services (physical therapy, respiratory therapy, social service, etc.) appropriate?
			15. Were consultants used appropriately when indicated?
			16. Were complications anticipated, recognized promptly, dealt with appropriately?
			17. Was the patient's length of stay appropriate?
Yes	No	N/A	PATIENT DISCHARGE
			18. Did the discharge summary include plan for follow-up and appropriate instructions?
			19. Was the patient discharged to an appropriate level of care?
Yes	No	N/A	RELATIONSHIP WITH PATIENTS AND HOSPITAL EMPLOYEES
			20. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			21. Was there any evidence of patient dissatisfaction with the practitioner?

BASIC ASSESSMENT		Satisfactory	Unsatisfactory	Unable to Assess
1.	Clinical judgment			
2.	Communication skills			
3.	Use of consultants			
4.	Professional attitude			
5.	Recordkeeping			
6.	Relationship to patient			

Generally, how would you rate this practitioner's skill and competence in performing this procedure?

- Outstanding
 Standard
 Substandard
 Unacceptable
 Unable to evaluate because _____

Additional comments: _____

Proctor's Signature

Date

Proctor's Printed Name

Please Return Completed Form to the Medical Staff Office

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