

## Current Cognitive Diagnosis/Medical Focused Professional Practice Evaluation

Confidential for file of: \_\_\_\_\_  
 (Practitioner's name)

Proctor's Name: \_\_\_\_\_

Patient record identifier: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedures: \_\_\_\_\_

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 (e.g., initial impressions, rules-outs, assessment, etc.) appropriate?
			4. Were patient rounds made daily?
			5. Did the practitioner cooperate with you concerning this review?
			6. Was all necessary information (e.g., 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 proposed use of diagnostic services (e.g., 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 complications anticipated, recognized promptly, and dealt with appropriately?
			16. Was the patient's length of stay appropriate?
			17. Was the patient discharged to an appropriate level of care?

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Yes	No	N/A	Relationship with patients and hospital employees
			18. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			19. Was there any evidence of patient dissatisfaction with the practitioner?

Overall Assessment	Satisfactory	Unsatisfactory
1. Patient Care		
2. Medical Knowledge		
3. Practice Based Learning		
4. Interpersonal/Communication Skills		
5. Professionalism		
6. System Based Practice		

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

☐ Outstanding
 ☐ Acceptable
 ☐ Unacceptable  
☐ Unable to evaluate because \_\_\_\_\_  
 \_\_\_\_\_

General comments: \_\_\_\_\_  
 \_\_\_\_\_

Evaluated by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_