

## **Concurrent Procedure Focused Professional Practice Evaluation**

Confidential for file of:		
	(Practitioner's name)	
Proctor's Name:	·	
Detient record identifie		
Patient record identifie	r:	
Diagnosis:		
Procedure:		
Complications		
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	Procedure Review		
			Was there pre-operative justification for the procedure documented?		
			2. Were patient rounds made daily?		
			Were calls answered promptly by the practitioner?		
			4. Did the practitioner cooperate with you concerning this review?		
			5. Was all necessary information (e.g., history, physical, progress notes, procedures notes, and summary) recorded by the practitioner in a timely manner in the patient's medical record?		
			6. Was the above information recorded legibly?		
			7. Were the entries made in the patient's record by the practitioner informative?		
			8. Were the entries made in the patient's record by the practitioner appropriate?		
			9. Was the practitioner's use of diagnostic services (e.g., lab, x-ray, and invasive diagnostic procedures) appropriate?		
			10. Was the practitioner's procedural technique appropriate?		
			11. Did the pre-operative diagnosis coincide with postoperative findings?		
			12. Was postoperative care adequate?		
			13. Was the operative report complete, accurate, and timely?		
			14. Were complications, if any, recognized and managed appropriately?		
			15. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?		
			16. Was there any evidence of patient dissatisfaction with the practitioner?		



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Proctor's Name:										
Patient record identifier:										
Overall Assessment			Satisfactory	Unsatisfactory						
Medical Knowledge										
Practice Based Learning										
4. Interpersonal/Communication										
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:										