

## CONFIDENTIAL PERFORMANCE EVALUATION DOCUMENTATION Emergency Medicine Evaluation Form

<b>PRACTITIONER:</b>	<b>STAFF CATEGORY:</b>
<b>SPECIALTY:</b>	<b>DATE:</b>
<b>NAME OF PROCTOR:</b>	<b>MEDICAL RECORD NUMBER:</b>
<b>DIAGNOSIS AND/OR PROCEDURE:</b>	
<b>COMPLICATIONS:</b>	

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 the initial level of care appropriate?
			2. Was the practitioner's problem formulation (i.e., initial impressions rules-outs, assessment, etc.) appropriate?
			3. Was the practitioner's interpretive skills (i.e. x-ray, EKG, lab, etc.) appropriate?
			4. Did the practitioner cooperate with you concerning this review, if applicable?
			5. Was all necessary information recorded by the practitioner in a timely manner in the patient's medical record?
			6. Was the above information recorded in a legible manner?
			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 (i.e., lab, x-ray and invasive diagnostic procedures) appropriate?
			10. Were the practitioner's orders appropriate?
			11. Was the practitioner's productivity (patients per hour) 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. Were consultants used appropriately when indicated?
			15. Were complications anticipated, recognized promptly, dealt with appropriately?
			16. Was the practitioner's procedural technique appropriate?
Yes	No	N/A	PATIENT DISCHARGE
			17. Did the discharge instructions include plan for follow-up and appropriate instructions?
			18. Was the patient discharged appropriately?
Yes	No	N/A	RELATIONSHIP WITH PATIENTS AND HOSPITAL EMPLOYEES
			19. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			20. 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***