

PROCTOREE NAME (PRACTITIONER BEING EVALUATED)

MEDICAL RECORD NUMBER(S)

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PLEASE DESCRIBE WHAT WAS PROCTORED (AS IT CORRELATES TO THE PRIVILEGE FORM):

**CHECK OFF EVALUATION METHODS UTILIZED**

<input type="checkbox"/>	Concurrent, Direct Observation (procedures and surgeries)
<input type="checkbox"/>	Retrospective, Chart Review (admissions and consults)

**CHECK ALL THAT APPLY**

<input type="checkbox"/>	Documented personal interaction with practitioner
<input type="checkbox"/>	Documented discussion(s) with other individuals interacting with practitioner
<input type="checkbox"/>	Monitoring of clinical practice patterns
<input type="checkbox"/>	Interdisciplinary team overview
<input type="checkbox"/>	Patient comments (positive/negative)
<input type="checkbox"/>	Verbal report by staff member being evaluated

**PLEASE EVALUATE THE FOLLOWING:**

	Meets Expectations	Does not meet expectations	Unable to evaluate
<b>PATIENT CARE:</b> Provides care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life. Measures of this include: • Accurate and complete History and Physical • All components of physical exam present • Complete assessment and plans • Provides quality patient education • Competently performs medical and/or surgical procedures granted			
<b>MEDICAL/CLINICAL KNOWLEDGE:</b> Demonstrates knowledge of established and evolving biomedical, clinical and social sciences, and applies this knowledge to patient care and education of others. Measures of this include: • Appropriate selection of diagnostic tests • Appropriate interpretation / analysis of test results • Appropriate integration of H&P findings and diagnostic studies to formulate a differential diagnosis • Overall integration of clinical information into treatment planning • Pharmacological knowledge / appropriate ordering of therapeutics			
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT:</b> Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices. Measures of this include: • Applies evidence-based medicine to clinical decisions • Awareness of quality improvement measures and application of clinical practice • Facilitates the learning of students and other healthcare professionals			
<b>INTERPERSONAL AND COMMUNICATION SKILLS:</b> Demonstrates interpersonal and communication skills that enable him/her to establish and maintain professional relationships with patients, families, and other members of healthcare teams. Measures of this include: • Communications and behaviors with patients are effective and appropriate • Communications and behaviors with other clinicians are effective and appropriate • Demonstrates emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety • Uses effective listening, nonverbal, explanatory, interviewing, and writing skills to elicit and provide information			
<b>PROFESSIONALISM:</b> Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity and a responsible attitude toward patients, their profession and society. Measures of this include: • Displays sensitivity and responsiveness to patients' culture, age, gender, and disabilities • Commitment to personal excellence and ongoing professional development			
<b>SYSTEMS-BASED PRACTICE:</b> Understands the contexts and systems in which healthcare is provided and applies this knowledge to improve and optimize healthcare. Measures of this include: • Uses information technology resources to support patient care decisions and patient education • Practices cost-effective healthcare and resources allocation that does not compromise quality of care • Applies medical information and clinical data systems to provide more effective, efficient patient care			

CONDUCT:	YES	NO
Are you aware of any complaints, adverse reports or disciplinary actions involving this practitioner?	<input type="checkbox"/> *	<input type="checkbox"/>
Has the practitioner complied with Bylaws, Rules and Regulations, Policies and Procedures?	<input type="checkbox"/>	<input type="checkbox"/> *
Has the practitioner carried out assigned medical staff responsibilities and/or duties?	<input type="checkbox"/>	<input type="checkbox"/> *
Has the practitioner had any significant problems in his/her relationship with colleagues or hospital staff?	<input type="checkbox"/> *	<input type="checkbox"/>

\* Explanations for Asterisked Evaluations:

PROCTOR (EVALUATOR) NAME (PRINT)

PROCTOR SIGNATURE

DATE