Observed Physician ________________________________ Proctoring Physician ________________________________

Patient PF#:______________________________________ Date of Proctoring _______________________

Department __________________________________           MRUN ________________________________

Method: Observation Chart Review C Grands Rounds Presentation

Primary Diagnosis _____________________________________________________________________________

Secondary Diagnosis ___________________________________________________________________________

Procedure(s) __________________________________________________________________________________

Complication: NONE _________ YES (Identify) ____________________________

ANSWER THE FOLLOWING QUESTIONS: YES NO N/A

1. Was there adequate evidence to support admission? ( ) ( ) ( )
2. Was the history appropriate? ( ) ( ) ( )
3. Was the physical examination appropriate? ( ) ( ) ( )
4. Was the use of laboratory appropriate? ( ) ( ) ( )
5. Was the use of radiology appropriate? ( ) ( ) ( )
6. Was the use of drugs appropriate? ( ) ( ) ( )
7. Were invasive procedures justified? ( ) ( ) ( )
8. Were appropriate consents obtained for the procedures? ( ) ( ) ( )
9. Was the use of blood products appropriate? ( ) ( ) ( )
10. Was the length of stay appropriate? ( ) ( ) ( )
11. Was there evidence of adequate patient education? ( ) ( ) ( )
12. Were complications of procedures identified? ( ) ( ) ( )
13. Were complications managed appropriately? ( ) ( ) ( )

Please explain any (NO) answer and corrective action taken (use back if necessary).

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<thead>
<tr>
<th>Evaluation Element</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>A. Patient Care and Clinical Judgment</td>
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<td>B. Medical Knowledge</td>
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<td>C. Practice-based Learning and Teaching Skills</td>
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<td>D. Interpersonal and Communication Skills</td>
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<td>E. Professionalism</td>
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<td>F. Systems-base Practice / Use of resources</td>
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*Proctoring Physician’s Signature*  

*Date*

*Department Chairman’s Signature*  

*Date*