

Los Angeles County + University of Southern California Healthcare Network  
Confidential proctoring for Provisional Appointment

DENTISTRY

#1( ) 2( ) 3( ) 4( ) 5( ) 6( )

PLEASE FILL IN EACH BLANK. THE FORM MUST BE COMPLETED IN IT'S ENTIRETY

Observed Physician \_\_\_\_\_ Proctoring Physician \_\_\_\_\_

Patient PF#: \_\_\_\_\_ Date of Proctoring \_\_\_\_\_

Department \_\_\_\_\_ MRUN \_\_\_\_\_

Method: **Observation** \_\_\_\_\_ **Chart Review** \_\_\_\_\_ **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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<b>Evaluation Element</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
A. Patient Care and Clinical Judgment					
B. Medical Knowledge					
C. Practice-based Learning and Teaching Skills					
D. Interpersonal and Communication Skills					
E. Professionalism					
F. Systems-base Practice / Use of resources					

\_\_\_\_\_  
*Proctoring Physician's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chairman's Signature*

\_\_\_\_\_  
*Date*