

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

MEDICINE

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

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

Observed Physician _____ Proctoring Physician _____

Service: _____ Specialty: _____

Medical Record # _____ Observed (Dates) _____

TYPE OF OBSERVATION

() Admission () Consultation () *Surgical Procedure () *Special Procedures () *Other

**Please list the surgical, special or other procedure(s) observed:*

PLEASE COMPLETE THE FOLLOWING:

| <u>PATIENT EVALUATION</u> | <u>APPROPRIATE</u> | <u>NOT APPROPRIATE</u> | <u>NOT APPLICABLE</u> |
|---------------------------|--------------------|------------------------|-----------------------|
| History & Physical | _____ | _____ | _____ |
| Diagnostic Tests Ordered | _____ | _____ | _____ |
| Consultation Note | _____ | _____ | _____ |
| Progress Note | _____ | _____ | _____ |
| Discharge Note | _____ | _____ | _____ |

PROCEDURES:

| | | | |
|----------------------------------|-------|-------|-------|
| Indication for Procedures | _____ | _____ | _____ |
| Technical Skills | _____ | _____ | _____ |
| Complications | _____ | _____ | _____ |
| Final Non-Pathological Diagnosis | _____ | _____ | _____ |

COMMENTS: _____

| Evaluation Element | Excellent | Good | Fair | Poor | Unknown |
|--|------------------|-------------|-------------|-------------|----------------|
| 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 Chairpersons Signature

Date