

ORTHOPAEDICS

#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: _____ Date of Proctoring _____

Department _____ MRUN _____

Method: **OBSERVATION** _____ **CHART REVIEW** _____

Primary Diagnosis _____

Secondary Diagnosis _____

Procedure(s) _____

Complication: NONE _____ YES (Identify) _____

ANSWER THE FOLLOWING QUESTIONS:

YES NO N/A

Were invasive procedures justified? () () ()

Were complication managed appropriately? () () ()

Please explain any **(NO)** answer (use back if necessary)

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