

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

PATHOLOGY

OBSERVED STAFF MEMBER: \_\_\_\_\_, MD

APPONTMENT DATE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

PROCTOR: \_\_\_\_\_

LENGTH OF TIME PROCTORED: FROM \_\_\_\_\_ TO \_\_\_\_\_

NUMBER OF CASES REVIEWED: \_\_\_\_\_

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<b>Case # 1</b>	<b>MRUN#</b> _____	<b>Date:</b> _____	<b>Yes</b>	<b>No</b>	<b>Needs Improvement</b>
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Competence in assigned duties  
Competence in Interpretation  
Competence in Consultation  
Technical Supervision Capability

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<b>Case # 2</b>	<b>MRUN#</b> _____	<b>Date:</b> _____	<b>Yes</b>	<b>No</b>	<b>Needs Improvement</b>
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competence in assigned duties  
Competence in Interpretation  
Competence in Consultation  
Technical Supervision Capability

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<b>Case # 3</b>	<b>MRUN#</b> _____	<b>Date:</b> _____	<b>Yes</b>	<b>No</b>	<b>Needs Improvement</b>
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competence in assigned duties  
Competence in Interpretation  
Competence in Consultation  
Technical Supervision Capability

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<b>Case # 4</b>	<b>MRUN#</b> _____	<b>Date:</b> _____	<b>Yes</b>	<b>No</b>	<b>Needs Improvement</b>
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Competence in assigned duties



DEPT. OF PATHOLOGY

Peer Review Worksheet

Date: \_\_\_\_\_

Division/Unit: \_\_\_\_\_

Mechanism of Current Review:

\_\_\_\_\_ A. Routine peer review process (as submitted to PRC)

\_\_\_\_\_ B. Inquiry from clinical Staff (other than routine conference)

\_\_\_\_\_ C. Other \_\_\_\_\_

Patient Name: \_\_\_\_\_ PF: \_\_\_\_\_

Case # : \_\_\_\_\_

Pathologist of Record: \_\_\_\_\_ M.D./Ph.D.

Review:

1.- Report Information: Adequate/Inadequate \_\_\_\_\_

2. Timeliness: Timely/Late/Tardy \_\_\_\_\_

3. Diagnosis: Agreement/Minor Disagreement (Not clinically significant) \_\_\_\_\_

Major Disagreement: \_\_\_\_\_

Reviewer: \_\_\_\_\_ M.D./Ph.D.

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## Peer Review Worksheet

Date: \_\_\_\_\_

Unit: \_\_\_\_\_

Pathologist \_\_\_\_\_ M.D./Ph.D.

Period: Quarter 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>

Number of Evaluations: \_\_\_\_\_

Number of Total Reports: \_\_\_\_\_

Performance: Adequate/Improvement Needed/Inadequate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remediation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*