

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

PEDIATRICS

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

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

Observed Physician: \_\_\_\_\_

Proctoring Physician: \_\_\_\_\_

Proctoring date: \_\_\_\_\_ Department: \_\_\_\_\_

PF# \_\_\_\_\_ Method: Observation: \_\_\_\_\_ Chart Review: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Procedure (s): \_\_\_\_\_

Complications: None \_\_\_\_\_ Yes \_\_\_\_\_ (identify) \_\_\_\_\_

**Answer the following:**

	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Was there adequate evidence to support admission?	_____	_____	_____
2. Was the history appropriate?	_____	_____	_____
3. Was the physical examination appropriate?	_____	_____	_____
4. Were the progress notes reflective of patient's course?	_____	_____	_____
5. Was the use of laboratory appropriate?	_____	_____	_____
6. Was the use of radiology appropriate?	_____	_____	_____
7. Was the use of drugs appropriate?	_____	_____	_____
8. Were invasive procedures justified?	_____	_____	_____
9. Were appropriate consents obtained for the procedure?	_____	_____	_____
10. Was an informed consent noted in the progress notes?	_____	_____	_____
11. Was the use of blood products appropriate?	_____	_____	_____
12. Was the use of ancillary services appropriate?	_____	_____	_____
13. Was the length of stay appropriate?	_____	_____	_____
14. Was there evidence of adequate patient education?	_____	_____	_____
15. Were complications of procedures identified?	_____	_____	_____
16. Were complications managed appropriately?	_____	_____	_____

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

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 Physicians' Signature*

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

\_\_\_\_\_  
*Department Chairpersons' Signature*

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