

*Los Angeles County + University of Southern California Healthcare Center
Attending Staff Association*

RADIOLOGY SERVICE PROCTORING REPORT

OBSERVED PHYSICIAN: _____

PROCTORING PHYSICIAN: _____

DATE OBSERVED: _____

MEDICAL RECORD NO: _____

PROCEDURE OBSERVED: _____

Procedure/Study Category:	Category I	Category II
	_____	_____

PERFORMANCE	Satisfactory	Unsatisfactory
	_____	_____

PLEASE COMMENT:

Evaluation Element	Excellent	Good	<i>Fair</i>	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