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

PEDIATRICS

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

Primary Diagnosis: Secondary Diagnosis: Procedure (s): Complications: None Yes (identify) Answer the following: YES NO 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 if 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 ancillary services 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?	Tocioring I hysici	ian.						
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Please explain any (NO) answer (use back if necessary)	15. Were com 16. Were com		ınswer (use bacı	k if necessary)				

Evaluation Element	Excellent	Good	⁷ air	Poor	J nknown
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			
· ·					

Date

Department Chairpersons' Signature