

SURGERY

#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: _____ Specialty: _____

Medical Record # _____ Observed (Dates) _____

TYPE OF OBSERVATION

_____ Admission _____ Consultation _____ *Surgical Procedure _____ *Special Procedure _____ *Other

*Please list the surgical, special or other procedure(s) observed:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

	<i>APPROVED</i>	<i>NOT APPROVED</i>
1. Was the preoperative diagnosis, preparation and evaluation reasonable?	_____	_____
2. Was the post-op diagnosis within a reasonable differential of the pre-op diagnosis?	_____	_____
3. Was the surgical procedure appropriate to the post-op diagnosis?	_____	_____
4. Did operative complications occur?	Yes ()	No ()
5. Were introperative complications appropriately handled?	_____	_____
6. Were the physician's demeanor appropriate?	_____	_____
7. Was the surgical technique performed adequately?	_____	_____

PATIENT EVALUATION:

	<u>Appropriate</u>	<u>Not Appropriate</u>
History & Physical	_____	_____
Diagnosis Tests Ordered	_____	_____
Consultation Note	_____	_____
Progress Notes	_____	_____
Discharge Note	_____	_____

PROCEDURE:

Indications for Procedure	_____	_____
Technical Skill	_____	_____
Complications	_____	_____
Final Non-Pathological Diagnosis	_____	_____

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

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