

PHYSICIAN ASSISTANT CONFIDENTIAL PROCTORING EVALUATION

	Physician Being Proctored: Medical Reco	ord #:		
	Admission Date: Discharge Date	ate:		
	Diagnosis:			
Please comment below for any "NO" responses.		Yes	No	n/a
1.	<u>History & Physical:</u> Was an adequate H&P dictated within 24 hours (which includes chief complaint, pre-illness specifics, review of systems, comprehensive current physical exam)?			
2.	General Documentation: Were all orders and progress notes, signed, dated and timed?			
3.	<u>Documentation of Supervision:</u> Were all orders and progress notes, signed, dated and timed by the Supervising physician within 24 hours?			
4.	4. <u>Diagnostic Workup</u> : Were the diagnostic tests ordered (lab, x-ray, etc.) appropriate to the disease being managed?			
5.	5. Consultations: Were appropriate consultations requested?			
6.	6. Referrals to Supervising Physician: Were situations requiring the immediate attention of a physician referred to the supervising physician?			
7. Patient Education: Was the patient or family member/guardian provided with appropriate education in terms of medications, diet, social habits, family planning and long-term disease management?				
8. <u>Invasive Procedures:</u> (i.e. spinal tap; lumbar puncture; paracentesis; thoracentesis; bone marrow aspiration biopsy; percutaneous venous lines; percutaneous arterial lines; venous cutdowns; arterial cutdowns; insertion balloon pump; open or endoscopic vein harvesting; removal of pacemaker wires; insertion/removal of chest tubes) – if applicable:				
Procedure Performed:				
	a) Was a "time out" performed and documented prior to the procedure?			
	b) Does the pre-procedure documentation support the indications for the procedure performed?			
	c) Did the practitioner exhibit appropriate technical skills in performing this procedure?			
OVERALL PERFORMANCE: Satisfactory Unsatisfactory (Please explain under Comments) Unable to Review (Please explain under Comments)				
PROCTOR'S SIGNATURE DATE				
PROCTOR'S NAME (Please Print):				

PLEASE RETURN THE COMPLETED FORM TO THE