

For procedural proctoring, the physician under proctoring must perform the entire procedure. Residents may only act as a surgical assistant.

CONFIDENTIAL PEER REVIEW DOCUMENT Procedural/Surgical Proctoring (FPPE) Evaluation Form

This form is to be completed and submitted to the Medical Staff Office by the physician PROCTOR. Do not give a copy to the Provisional member being evaluated.

						Review Type:				
1	Name of practitioner being reviewed: Patient MRN:									
I	Diagnosis:									
т	Duna an duna i									
1	Procedure: _									
(Complication	ns:								
1	PLEASE AN	NSWER	ALL OF THE	FOLLOWING:	If the ar	nswer to any of the fo	llowing is "no'	'. nlease attach an		
	explanation	10 11 21		TOLLO WING.	II the ui	is wer to unly or the ro	nowing is no	, preuse utuen un		
Yes	No	N/A								
				Was the indication for the procedure appropriate and documented?						
				Was the practitioner's documentation appropriate and informative? If NO,						
			□ Documentation not present							
			☐ Documentation does not substantiate clinical course & treatment							
			 □ Documentation not timely □ Documentation illegible 							
			Was the use of diagnostic services (e.g. lab, x-ray, invasive diagnostic procedures) appropriate?							
			Was the practitioner's proposed procedural technique appropriate?							
			Were the practitioner's contingency plans appropriate?							
			Were patient rounds made daily?							
			Did the pre-operative diagnosis coincide with postoperative findings?							
			Was postoperative care adequate?							
			Was the operative report complete, accurate, and timely?							
			Were complications, if any, recognized and managed appropriately? Did the practitioner interact and communicate appropriately with the patient, family and staff?							
Yes	No		OUTCOME							
→	110		Was there an adverse outcome? If YES, describe:							
,										
			☐ Refer to	□ Refer to peer review						
Yes	No		OVERALL IMPRESSION OF CARE PROVIDED							
	\rightarrow		Were you comfortable with all aspects of care provided by the practitioner?							
_			If NO, attach comments							
			Practitioner's skill & competence ☐ Acceptable ☐ Unacceptable ☐ Unable to evaluate							
Basic A	Assessment		Satisfactory	Unsatisfactory	N/A	Basic Assessment	Satisfactory	Unsatisfactory	N/A	
Basic Medical						Communication			1	
Knowledge					skills					
Technical/Clinical					Professionalism					
Skills						77 0 1				
Clinical judgment Interpersonal Skills						Use of consults				
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		gnature				Date		_		
	08/03/2020									