

McLaren Print System Order

Order No: 55427 Reprint Previous Order No: 8655
 Order Date: 2020-07-16
 User: Danielle Cahoon
 Phone: 810-688-3093

Ship Location: McLaren Family Care Center/Danielle Cahoon
 4482 Huron Street
 North Branch, MI 48461

Forms
 Quantity: 500
 Paragon Dept No: 65250
 Dept Name: McLaren Family Care Center-North Branch
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-85
 Item Description: NP/ PA Professional Practice Evaluation / Procedural / Medical Evaluation Form
 Revision Date: 4/2018
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:



NP/PA Professional Practice Evaluation/Procedural/Medical Evaluation Form

Directions: Complete 10 evaluations, identifying Area one for each patient. Write legibly. Evaluator will receive the findings with the MPEs. Forms will be returned to the Operations Manager. Unsatisfactory forms will be forwarded to the Chief Medical Officer and/or Assistant Chief Medical Officer.

Practitioner's Name: _____ Evaluator's Name: _____
 Type of Medical License (State): _____
 Chief Medical Officer, Government, Administration, _____
 Medical Director, _____
 Position: _____
 Patient Record Identifier: _____
 Reason: _____
 Hospital/Health Plan ID (if not identified, if the answer to any of the following questions is "No," please explain on a separate sheet): _____

Area	10	9	8	7	6	5	4	3	2	1
1. Was the form of any appearance?										
2. Were the practitioner's problem formulations (e.g., initial impressions, risk factors, assessment, etc.) appropriate?										
3. Did the practitioner's opinion or plan concerning the patient?										
4. Was all necessary information (e.g., history, physical, progress notes, operational notes, and comments) recorded by the practitioner in a timely fashion in the patient's medical record?										
5. Was the above information accurate/legible?										
6. Were the entries made in the patient's record by the practitioner appropriate?										
7. Was the practitioner's use of diagnostic services (e.g., lab, x-ray, and imaging) diagnostic/procedure appropriate?										
8. Were the practitioner's initial orders appropriate?										
9. Were the practitioner's follow-up orders appropriate?										
10. Was the practitioner's use of ancillary services (physical therapy, respiratory therapy, mental services, etc.) appropriate?										
11. Were complications anticipated, recognized promptly, and dealt with appropriately?										
12. Was medication reconciliation done appropriately?										
13. Were there any instances that the practitioner exhibited any dangerous or inappropriate behavior?										
14. Were there any instances of patient dissatisfaction with the practitioner?										
15. Were any concerns expressed about the practitioner by family or another staff?										

Overall Assessment

	Satisfactory	Unsatisfactory
Subject Matter: Does the practitioner demonstrate appropriate and effective for the treatment of health problems and the promotion of health, maintenance of professional skills.		
Depth of Knowledge: Does the practitioner understand and explain the medical, clinical and cognitive (e.g., epidemiological and psychosocial) aspects and the application of this knowledge to patient care.		
Practice-Based Learning and Improvement: Does the practitioner demonstrate and maintain a commitment to their own patient care, appraisal and evaluation of scientific evidence, and improvements in patient care.		
Interpersonal and Communication Skills: Did the practitioner demonstrate effective communication and teamwork with patients, staff, families and other health professionals.		
Professionalism: Does the practitioner demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.		
System-Based Practice: Is the practitioner able to demonstrate a commitment of and responsiveness to the larger system and system of health care and the ability to effectively utilize system resources to provide care that is of optimal value.		

Overall, how would you rate the practitioner's skill and competence in performing this examination? (Please circle one)

Excellent Good Fair Poor Unsatisfactory

Evaluator Name: _____ Date: _____
 Evaluator Signature: _____ Date: _____

This is a confidential professional/peer review and quality assurance document (PPQR). It is protected from disclosure pursuant to the provisions of MCL 1986.2(2)(b), MCL 1986.501, MCL 1986.502, MCL 1986.503, MCL 1986.504, MCL 1986.505, MCL 1986.506, MCL 1986.507, MCL 1986.508, MCL 1986.509, MCL 1986.510, and other state and federal laws. Unauthorized disclosure or duplication is absolutely prohibited.