



MEDICAL GROUP

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

Directions: Complete 10 evaluations monthly. Print one for each patient. Write legibly. Evaluator will review the findings with the NP/PA. Forms will be maintained by 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 Review (please check):

Chart Review: Concurrent _____ Retrospective _____

Direct Observation _____

Proctoring _____

Monitoring of Clinical Practice Patterns _____

External Peer Review _____

Discussion with Others Involved with Care of Patient _____

Patient Record Identifier: _____

Diagnosis: _____

Procedure: _____

Complications: _____

PLEASE ANSWER ALL OF THE FOLLOWING: If the answer to any of the following questions is "no," please explain on a separate sheet.

Yes No N/A

Table with 3 columns (Yes, No, N/A) and 16 rows of evaluation questions regarding care appropriateness, information recording, and medication reconciliation.

Overall Assessment table with columns for Satisfactory and Unsatisfactory, and rows for Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal/Communication Skills, Professionalism, and System Based Practice.

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

Outstanding

Acceptable

Unacceptable

Unable to evaluate because: _____

General comments: _____

Evaluator/Proctor's signature: _____ Date: _____

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