

## 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: ConcurrentRetrospective 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					
			4. We the least free constants				
			1. Was the level of care appropriate?				
			2. Was the practitioner's problem formulation (e.g., initial impressions, rule-outs,				
			assessment, etc.) appropriate?				
			3. Did the practitioner cooperate with you concerning this review?				
			4. Was all necessary information (e.g. history, physical, progress notes, operative notes,				
			summary) recorded by the practitioner in a timely manner in the patient's medical record?				
			5. Was the above information recorded legibly?				
			6. Were the entries made in the patient's record by the practitioner informative?				
			7. Were the entries made in the patient's record by the practitioner appropriate?	ia			
			8. Was the practitioner's use of diagnostic services (e.g. lab, x-ray, and invasive diagnostic procedures) appropriate?				
			9. Were the practitioner's initial orders appropriate?				
			10. Was the practitioner's drug use appropriate?				
			11. Was the practitioner's use of ancillary services (physical therapy, respiratory				
			therapy, social services, etc.) appropriate?				
			12. Were complications anticipated, recognized promptly, and dealt with appropriately?				
			13. Was medication reconciliation done appropriately?				
			14 Was there any evidence that the practitioner exhibited any disruptive or inappropriat	e behavior?			
			15. Was there any evidence of patient dissatisfaction with the practitioner?				
			16. Where any concerns expressed about the practitioner by nursing or ancillary staff?				
Overall				Unsatisfactory			
	Patient Care: Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health; demonstrates proficiency in procedural skills.						
	Medical Knowledge: About established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.						
Practice	Based Le	arning an	d Improvement: Involves investigation and evaluation of their own patient care,				
appraisa	l and assi	milation o	of scientific evidence, and improvements in patient care.				
Interpersonal/Communication Skills: That result in effective information exchange and teaming with patients, their							
families and other health professionals.							
	Professionalism: As manifested through a commitment to carrying out professional responsibilities, adherence to						
ethical principles, and sensitivity to a diverse patient population.							
System Based Practice: As manifested by actions that demonstrate an awareness of and responsiveness to the							
larger context and system of health care and the ability to effectively call on system resources to provide care that is							
	of optimal value.						
Gene	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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