

CONFIDENTIAL PEER REVIEW DOCUMENT
Procedural/Surgical Evaluation Form

This form is to be completed by the proctor and submitted to the Department Credentials Committee

Name of practitioner being reviewed: _____ MRN: _____ Procedure Date: _____

Name of proctor conducting review: _____ Review Type Prospective Concurrent Retrospective

Signature of proctor: _____ Date: _____ Diagnosis: _____

Procedure: _____

Complications: _____

PLEASE ANSWER ALL OF THE FOLLOWING: If the answer to any of the following is "no", please attach an explanation

Yes	No	N/A					
			Was the indication for the procedure appropriate and documented?				
	→		Was the practitioner's documentation appropriate and informative? If NO, <input type="checkbox"/> Documentation not present <input type="checkbox"/> Documentation timed and dated <input type="checkbox"/> Documentation not adequate <input type="checkbox"/> Documentation illegible <input type="checkbox"/> Documentation does not substantiate clinical course & treatment <input type="checkbox"/> Documentation not timely				
			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?				
			Was there documentation of site marking/time out?				
			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?				
OUTCOME							
	→		Was there an adverse outcome? If YES, <input type="checkbox"/> minor adverse outcome (complete recovery expected) <input type="checkbox"/> major adverse outcome (complete recovery NOT expected) <input type="checkbox"/> death				
OVERALL IMPRESSION OF CARE PROVIDED							
	→		Were you comfortable with all aspects of care provided by the practitioner? If NO, attach comments				
			Practitioner's skill & competence <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Unable to evaluate				
Basic Assessment	Satisfactory	Unsatisfactory	N/A	Basic Assessment	Satisfactory	Unsatisfactory	N/A
Basic medical knowledge				Communication skills			
Technical/Clinical skills				Professionalism			
Clinical judgment				Use of consults			
Interpersonal skills							05/01/09