

**MEDICINE DEPARTMENT
CONFIDENTIAL PROCTORING EVALUATION**

Physician Being Proctored: _____ Medical Record #: _____

Admission Date: _____ Discharge Date: _____

Diagnosis: _____

Please comment below for any "NO" responses.	Yes	No	n/a
1. Initial Workup: Was an adequate H&P dictated within 24 hours (which includes chief complaint, pre-illness specifics, review of systems, comprehensive current physical exam)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. General Documentation: Were all orders and progress notes, signed, dated and timed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Therapeutic Orders: Were the therapeutic orders appropriate to the specific disease being managed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diagnostic Workup: Were the diagnostic test ordered (lab, x-ray, etc.) appropriate to the disease being managed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consultations: Were appropriate consultations requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Progress Notes: Were there adequate and timely progress notes at least every 24 hours (dated, timed and signed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Diagnosis: Was the diagnosis consistent with the findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discharge Plan: Did the discharge plan include documented instructions to the patient, the patient's family or the guardian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL PERFORMANCE:

Satisfactory

Unsatisfactory
(Please explain under Comments)

Unable to Review
(Please explain under Comments)

Comments: _____

PROCTOR'S SIGNATURE

DATE

PROCTOR'S NAME (Please Print): _____

**PLEASE RETURN THE COMPLETED FORM TO THE
MEDICAL STAFF SERVICES OFFICE**