

**CONFIDENTIAL PERFORMANCE EVALUATION DOCUMENTATION
Surgical Evaluation Form**

PRACTITIONER:	STAFF CATEGORY:
SPECIALTY:	DATE:
NAME OF PROCTOR:	
PATIENT NAME:	MEDICAL RECORD NUMBER:
DIAGNOSIS AND/OR PROCEDURE:	
COMPLICATIONS:	

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

Yes	No	N/A	
			1. Was pre-operative justification for surgery documented?
			2. Were patient rounds made daily?
			3. Were calls answered promptly by the practitioner, if applicable?
			4. Did the practitioner cooperate with you concerning this review?
			5. Was all necessary information (i.e., history, physical, progress notes, operative notes and summary) recorded by the practitioner in a timely manner in the patient's medical record?
			6. Was the above information recorded in a legible manner?
			7. Were the entries made in the patient's record by the practitioner informative?
			8. Were the entries made in the patient's record by the practitioner appropriate?
			9. Was the practitioner's use of diagnostic services (i.e., lab, x-ray and invasive diagnostic procedures) appropriate?
			10. Was the practitioner's surgical technique appropriate?
			11. Did the pre-operative diagnosis coincide with post-operative findings?
			12. Was post-operative care adequate?
			13. Was the operative report complete, accurate and timely?
			14. Were complications, if any, recognized and managed appropriately?
			15. Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?
			16. Where consultants used appropriately when indicated?
			17. Was there any evidence of patient dissatisfaction with the practitioner?

Complications: _____

BASIC ASSESSMENT		Satisfactory	Unsatisfactory	Unable to Assess
1.	Clinical judgment			
2.	Communication skills			
3.	Use of consultants			
4.	Professional attitude			
5.	Recordkeeping			
6.	Relationship to patient			

Generally, how would you rate this practitioner's skill and competence in performing this procedure?

Outstanding
 Standard
 Substandard
 Unacceptable
 Unable to evaluate because _____

Additional comments: _____

Proctor's Signature: _____ Date _____

Printed Name: _____