

**Clinical Practice**

**Practice Assessment Report**

**Clinical Observation Form - Procedural**

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

Physician Name:

**#1 Patient ID (Initials and Date of Birth):**

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**Procedure being observed:**

**PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

**Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):**

**PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.**

**Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?):**

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**Monitoring of the patient (Does the physician remain with the patient at all times? If appropriate, is the patient monitored appropriately by the anesthesiologist?):**

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**Infection control (Are appropriate sterile techniques being used? If appropriate, is the specimen managed according to standards?):**

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**Communication Skills (Does the physician participate effectively and appropriately with the interprofessional team?):**

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