

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):

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?):

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

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

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

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

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

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

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

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

General Comments:

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Patient Examination (Was the exam appropriate to the problem?):

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Formulation of Differential Diagnosis (Did the physician formulate an appropriate diagnosis?):

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Management Plan, Investigations and Treatment, including referrals (Was the treatment, investigation, management plan and/or referral appropriate?):

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