

**CONFIDENTIAL PEER REVIEW DOCUMENT**  
**Non-Procedural Proctoring (FPPE) Evaluation Form**

**This form is to be completed and submitted to the Medical Staff Office by the physician PROCTOR.**  
**Do not give a copy to the Provisional member being evaluated.**

Name of proctor conducting review : \_\_\_\_\_ Review Type: Concurrent Retrospective

Name of practitioner being reviewed: \_\_\_\_\_ Patient MRN: \_\_\_\_\_

Admit & Treat  Consult  Other \_\_\_\_\_

Patient Location: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_

Complications: \_\_\_\_\_

Yes	No	N/A	<b>DIAGNOSTIC WORKUP</b>				
			Was there adequate evidence to support the patient's admission?				
			Was the diagnosis correct?				
			Was the initial plan and level of care appropriate?				
			Was the practitioner's proposed use of diagnostic services (e.g., lab, X-ray, invasive procedures) appropriate?				
			Were the practitioner's initial orders appropriate?				
			Was the practitioner's documentation appropriate and informative? If NO, <input type="checkbox"/> Documentation not present <input type="checkbox"/> Documentation does not substantiate clinical course & treatment <input type="checkbox"/> Documentation not timely <input type="checkbox"/> Documentation illegible				
Yes	No	N/A	<b>PATIENT MANAGEMENT</b>				
			Was the practitioner's drug and blood product use appropriate?				
			Was the practitioner's use of ancillary services (e.g. physical therapy, respiratory therapy, social service) appropriate?				
			Were complications anticipated, recognized promptly, and dealt with appropriately?				
			Was the patient's length of stay appropriate?				
Yes	No	N/A	<b>PATIENT DISCHARGE</b>				
			Was the patient discharged to an appropriate level of care?				
Yes	No	N/A	<b>RELATIONSHIP WITH PATIENTS AND HOSPITAL EMPLOYEES</b>				
			Did the practitioner interact and communicate well with patient, family and staff?				
Yes	No		<b>OUTCOME</b>				
→			Was there an adverse outcome? If YES, describe: <input type="checkbox"/> Refer to Peer Review				
Yes	No		<b>OVERALL IMPRESSION OF CARE PROVIDED</b>				
	→		Were you comfortable with all aspects of care provided by the practitioner? If NO, attach comments				
			<b>Practitioner's skill &amp; competence</b> <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							

Proctor's Signature \_\_\_\_\_

Date \_\_\_\_\_