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| **Figure 5.14** | **Surgical Monitoring Report Form** | | | |
| CONFIDENTIAL for the file of:  Date: Medical record #: Diagnosis: Procedure/exam: Monitor’s name printed/typed: Monitor’s title/position: Monitor’s specialty:  o Concurrent/direct observation o Retrospective/chart review | | | | |
| **Knowledge/skill** | | **Performance** | | |
| 1. Was the practitioner on time? | | o Yes | o No | o N/A |
| 2. Was preop exam consistent with chief complaint? | | o Yes | o No | o N/A |
| 3. Were consent and options discussed with the patient? | | o Yes | o No | o N/A |
| 4. Were potential risks explained to the patient? | | o Yes | o No | o N/A |
| 5. Was documentation appropriate, legible, and timely? | | o Yes | o No | o N/A |
| 6. Was there adeouate evidence to support the admission? | | o Yes | o No | o N/A |
| 7. Were technical skill and clinical knowledge adeouate? | | o Yes | o No | o N/A |
| 8. Was clinical judgment appropriate? | | o Yes | o No | o N/A |
| 9. Were there any complications? (Specify below.) | | o Yes | o No | o N/A |
| 10. Were complications recognized and managed appropriately? | | o Yes | o No | o N/A |
| 11. Was the practitioner able to manage multiple, complex problems  simultaneously? | | o Yes | o No | o N/A |
| 12. Were consults obtained promptly if needed? | | o Yes | o No | o N/A |
| 13. Were ancillary services appropriately utilized? | | o Yes | o No | o N/A |
| 14. Was the plan of care appropriate to the diagnosis? | | o Yes | o No | o N/A |
| 15. Was drug use appropriate? | | o Yes | o No | o N/A |
| 16. Was conduct appropriate? | | o Yes | o No | o N/A |
| Overall rating of practitioner’s skill and competence in performing this procedure (circle one): 1 = No concerns  2 = Some concerns (Provide details below.)  3 = Significant concerns (Provide details below and refer to clinical service chief immediately.)  Comments:  Monitor signature: Date: | | | | |