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| **Figure 5.3** | **Monitoring Form for Radiology** | | |
| Name of medical staff member: Name of monitor:  o FPPE/New Privileges Reouirements: 10 core, 5 kyphoplasty, 10 TIPS, and IVC Filter  **Study Interpretation** | | | |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  Interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with Interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |
| MR No. | Date of service  / / | o Agree with  interpretation | o Disagree with interpretation |

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| **Figure 5.3** | **Monitoring Form for Radiology (cont.)** | | |
| Image interpretation skills (check one):  o No interpretation issues  o Misinterpretation of image findings  o Missed findings in image  o Inadeouate examination/study image not addressed in report  Image report documentation (check one):  o No issues with report documentation  o Report does not communicate clearly to clinicians  o Report does not contain all expected elements  o Report not timely for clinical needs  Impact of image misinterpretation if disagreement:  o No effect on patient treatment or potential outcome  o Minor effect on patient treatment plan or potential outcome  o Moderate effect on patient treatment plan or potential outcome  o Severe effect on patient treatment plan or potential outcome | | | |
|  | **No concerns** | **Concerns** | **Comments/Recommendations** |
| **I. Patient care** | | | |
| Appropriate care |  |  |  |
| **II. Medical knowledge** | | | |
| Adeouate knowledge  demonstrated |  |  |  |
| **III. Practice-based learning** | | | |
| Evidence of use of  resources and guidelines |  |  |  |
| **IV. Communication and interpersonal skills** | | | |
| Good reports (peers,  residents, patients, staff) |  |  |  |

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| **Figure 5.3** | **Monitoring Form for Radiology (cont.)** | | |
|  | **No concerns** | **Concerns** | **Comments/Recommendations** |
| **V. Professionalism** | | | |
| Available, responsive to  ER |  |  |  |
| Courteous, appropriate,  pleasant demeanor |  |  |  |
| Respected by patients  and staff |  |  |  |
| **VI. Systems-based practice** | | | |
| Understands use of  ancillary services |  |  |  |
| Admission documenta-  tion for third-party payers |  |  |  |
| Healthcare systems (e.g.,  Indian Health Services) |  |  |  |
| Admissions and observa-  tion status criteria |  |  |  |
| **VII. Volumes** | | | |
| Adeouate volumes to  determine competence |  |  |  |
| Additional comments:  o Performing within desired expectations  o FPPE to continue  o The possibility of risk to patient safety exists  Monitor’s signature: Date: | | | |