|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Figure 5.4** | **General Monitoring Evaluation Form** | | | |
| Name of medical staff member:  Name of monitor:  o FPPE/New Privileges o FPPE/Focused Review o FPPE/External Review o OPPE Charts reviewed: | | | | |
| MR No. | Admit Date | | Primary Diagnosis | |
| MR No. | Admit Date | | Primary Diagnosis | |
| MR No. | Admit Date | | Primary Diagnosis | |
| MR No. | Admit Date | | Primary Diagnosis | |
| MR No. | Admit Date | | Primary Diagnosis | |
| MR No. | Admit Date | | Primary Diagnosis | |
|  | 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) |  |  | |  |
| **V. Professionalism** | | | | |
| Available, responsive to ER |  |  | |  |
| Courteous, appropriate,  pleasant demeanor |  |  | |  |
| Respected by patients and  staff |  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Figure 5.4** | **General Monitoring Evaluation Form (cont.)** | | |
| **VI. Systems-Based Practice** | | | |
| Understands use of  ancillary services |  |  |  |
| Admission documentation  for third-party payers |  |  |  |
| Healthcare systems (e.g.,  Indian Health Services) |  |  |  |
| Admissions and  observation 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 |