Stony Brook University Hospital

CONFIDENTIAL PEER REVIEW DOCUMENT

Cognitive Diagnostic/Medical Evaluation Form- FPPE

This form is to be completed by the evaluated and submitted to the Department Credentials Committee

Name of practitioner being reviewed: _____ **MRN:**_____ **Dates of Service:** _____

Name of evaluator conducting review: _____ **Review Type** □ **Prospective** □ **Concurrent** □ **Retrospective**

Privilege as Stated on Privilege Sheet: _____ **Procedure:** _____

Complications: _____

Yes	No	N/A	DIAGNOSTIC WORKUP
			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, □ Documentation not present □ Documentation timed and dated □ Documentation not adequate □ Documentation illegible □ Documentation does not substantiate clinical course & treatment □ Documentation not timely
Yes	**No**	**N/A**	**PATIENT MANAGEMENT**
			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?
			Was there evidence of daily rounds?
Yes	**No**	**N/A**	**PATIENT DISCHARGE**
			Was the patient discharged to an appropriate level of care?
Yes	**No**	**N/A**	**RELATIONSHIP WITH PATIENTS AND HOSPITAL EMPLOYEES**
			Did the practitioner interact and communicate well with patient, family and staff?
			OUTCOME
→			Was there an adverse outcome? If YES, □ minor adverse outcome (complete recovery expected) □ major adverse outcome (complete recovery NOT expected) □ death
			OVERALL IMPRESSION OF CARE PROVIDED
	→		Were you comfortable with all aspects of care provided by the practitioner? If NO, attach comments
			Practitioner's skill & competence □ Acceptable □ Unacceptable □ 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							

Signature of Evaluator: _____ **Date:** _____

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