

OUT OF HOSPITAL PREMISES INSPECTION PROGRAM CLINICAL OBSERVATION

CLINICAL OBSERVATION FORM Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.	
Physician's name	
Assessor's name	
Patient ID: Patient Initials	D.O.B
Procedure being observed	
Initial encounter with the patient Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?	
Procedure being performed Does the physician demonstrate proficient and appropriate use of procedural skills?	



Monitoring of the Patient Does the physician remain with the patient at all times? If appropriate, is the patient monitored appropriately by the anesthesiologist?
Infection control Are appropriate sterile techniques being used? If appropriate, is the specimen managed according to standards?
Communication Skills Does the physician participate effectively and appropriately with the interprofessional team?
General Comments: