



# Maine Medical Association External Peer Review Program

## Professional Practice Evaluation

**Purpose:** This worksheet and reviewer process developed by MMA's Committee on Clinician Quality is designed to encourage excellence in medical care that is provided in a blame free environment with the goal of improving patient care.

**Procedure:** Reviewer(s) will use this worksheet for each chart reviewed. This form may not be appropriate for all reviews and modifications will be made as needed. All areas of the form MUST be completed and returned to the MMA. Upon the discretion of the Coordinator for Peer Review & Quality, these worksheets may be forwarded to the ordering facility.

<b>Clinician Reviewed:</b>	<b>Type of Review:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Focused
<b>Specialty:</b>	<b>Reviewer:</b>
<b>Date of Service/Discharge:</b>	<b>MR#</b>

**Case Summary:**

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**Key Questions for Reviewer:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**To be completed by Professional Clinician Reviewer: PLEASE PRINT LEGIBLY**

**Conflict of Interest?**  No  Potential \_\_\_\_\_ **Total Review Time:** \_\_\_\_\_  
**Explain potential conflict**

Overall Clinician Care: Check one	
1	Excellent/Acceptable (Meets standard of care)
2	Opportunity for Improvement
3	Needs Improvement
0	Reviewer Uncertain, needs more information

Issue Identification	
A	No issues with clinician care
<b>Clinician Care Issues: Check all that apply</b>	
B	Diagnosis ( Pt Care)
C	Clinical Judgment/Decision-making ( Pt Care)
D	Technique/Skills ( Pt Care)
E	Planning ( Pt Care)
F	Supervision: House Clinician or Non-Clinician Clinician ( Pt Care)
G	Knowledge (Medical Knowledge)
H	Timely/Clear Communication (Comm/IP Skills)
I	Responsiveness (Professionalism)
J	Follow-up/Follow-through (Professionalism)
K	Policy Compliance (System based Practice)
O	Other:

**Note:** If Overall Care = 1, then Issue must = (A);  
 If Overall Care = 2, 3 or 0,  
 then Issue must = (B) through (O)

**Complete on all cases**

<b>Clinician Documentation: Check all that apply</b>	
1	No issue with clinician documentation
2	Documentation does not substantiate clinical course/ treatment
3	Documentation not timely to communicate with other caregivers
4	Documentation unreadable
9	Other:

**Documentation Issue Description:**

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**Clinician Reviewer Comments:**

If **Overall Clinician Care** rated **Acceptable**, provide a **brief description** of the basis for reviewer findings:

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If **Overall Clinician Care** rated **Opportunity for Improvement**, **Needs Improvement** or **Uncertain**, please complete the following:

**A. Brief description of the basis for reviewer concerns**

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**B. What questions are to be addressed by the Committee and/or do you recommend the committee ask of the clinician(s)?**

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**Exemplary Nominations:** \_\_\_ Clinician Care \_\_\_ Clinician Documentation \_\_\_ Non-Clinician Care

**Brief Description:** \_\_\_\_\_

**Non-Clinician Care Issues:** \_\_\_ Potential System or Process Issue \_\_\_ Potential Nursing/Ancillary Care Issue

**Issue Description:** \_\_\_\_\_

**Additional Comments:**

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<b>Reviewer Signature</b>	<b>Date:</b>
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This Professional Evaluation Form is protected by Maine State Statute, Title 32: PROFESSIONS AND OCCUPATIONS, Chapter 48: BOARD OF LICENSURE IN MEDICINE HEADING: PL 1993, C. 600, PT. A, §197 (RPR), Subchapter 3: GENERAL PROVISIONS. All information contained in this document is protected medical quality and hospital quality review information.