

OPPE Report Card: OB-GYN Form – SAMPLE

Appointee: _____

Appointment period: _____

General Competencies	Indicator	Rate/Department mean			
		1 st half 20xx	2 nd half 20xx	1 st half 20xx	2 nd half 20xx
Patient Care - <i>Technical/Clinical Skills</i>	*Indicators to be chosen by department				
Patient Care - <i>Clinical Judgment</i>	*Indicators to be chosen by department				
<i>Medical/Clinical Knowledge</i>	*Indicators to be chosen by department				
<i>Interpersonal and Communication Skills</i>	Patient satisfaction scores or survey of peers				
<i>Professionalism</i>	Patient or staff member behavioral complaints against practitioner				
<i>Practice-Based Learning and Improvement</i>	Core measure compliance				
<i>Systems-Based Practice</i>	Delinquent MR suspension				
	Peer reviewed cases (total)				
	Peer reviewed cases with recommendation				
	FPPE episodes				
Other Hospital Indicators					
	Admissions				
	Number of procedures				

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Updated: January 2019

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General Competencies	Indicator	Rate/Department mean			
		1 st half 20xx	2 nd half 20xx	1 st half 20xx	2 nd half 20xx
	Autopsies				
	Blood utilization				
	Mortality rate				
	Non-formulary medication orders (no substitutions)				
Chief/Chair Recommendation	Maintain privileges as is				
	Revise privileges				
	Revoke privileges				
Date Chief/Chair Discussed with Appointee					
Credentials Committee	Maintain privileges as is				
	Revise privileges				
	Revoke privileges				

STATEMENT OF CONFIDENTIALITY: [Consult with counsel regarding the wording of an appropriate statement of confidentiality for insertion on each page of this document.]

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