

Midwife's Name: _____	Date Heard by Committee: _____
Texas License Number: _____	Committee Member Signature: _____
NARM CPM Number: _____	_____
Client Chart Number: _____	_____

Peer Review Case Assessment

After careful consideration of the information presented, reviewers are asked to complete this form. Score each item 1-4, as follows:

4 = excellent

3 = good

2 = fair

1 = poor; please note why you are scoring a 1.

0 = critically insufficient; please note why you are scoring a 0.

n/a = not applicable

Midwifery Care

1. ___ Midwife's screening criteria/assessment of client as a home birth candidate was appropriate.
2. ___ Midwife provided appropriate prenatal care.
3. ___ Midwife's attendance during labor and birth was adequate.
4. ___ Midwife perceived problem accurately.
5. ___ Midwife perceived problem in timely manner.
6. ___ Midwife provided prompt, appropriate action to resolve problem.
7. ___ Midwife demonstrated knowledge of appropriate action/intervention.
8. ___ Midwife provided adequate skills required in action taken.
9. ___ Midwife had adequate equipment available.
10. ___ Midwife interacted appropriately with woman during labor and birth.
11. ___ Midwife consulted when advisable.
12. ___ Midwife transferred/transported appropriately.
13. ___ Midwife provided adequate client follow-up, including postpartum care.
14. ___ Midwife adhered to personal practice guidelines.
15. ___ Midwife demonstrated creative problem solving in providing adequate care.
16. ___ Midwife offered client adequate informed consent.

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Issues of Charting and Presentation:

1. ___ Midwife communicated clearly during review session.
2. ___ Midwife was self-confident during review session.
3. ___ Midwife maintained adequate records in client chart.
4. ___ Midwife was able to supply information from client chart records.
5. ___ Midwife responded in a timely manner to review requirements.

Issues of Professional Communication:

1. ___ Midwife interacted appropriately with family and others present.
2. ___ Midwife interacted appropriately with other attendants present.
3. ___ Midwife interacted appropriately with medical/ambulance personnel.

Case Review Summary Statement:

Midwife under review: _____ Date: _____

Reviewers are asked to check the following statements as they apply to this review. For each item checked, state why or how the statement applies.

1. Midwife is found to have acted appropriately, specifically:

_____.
2. Midwife is found to have shown insufficient knowledge, specifically:

_____.
3. Midwife is found to have shown insufficient skill level, specifically:

_____.

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4. Midwife is found to have failed to consult appropriately, specifically:

5. Midwife is found to have used poor judgment, specifically:

6. Midwife is found to have been materially unprepared for appropriate response (lack of functioning equipment, lack of appropriate equipment or supplies), specifically:

7. Midwife is found to have been dishonest, specifically:

8. Midwife is found to have failed to appropriately inform client of risks, using informed consent, specifically:

9. Midwife is found to have acted fraudulently, specifically:

10. Midwife is found to have been under the influence of alcohol and/or drugs, specifically:

11. Midwife is found to have acted in her own self interest, with blatant disregard for client well being, specifically:

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I affirm that this document has been completed honestly, with the sincere intention of providing fair and impartial consideration of the information presented.

Signature: _____ *Date:* _____

Name: _____

Committee Review Recommendations:

(Based on this review, the Review group may make constructive recommendations to the midwife regarding areas of study, instances when consultation or assistance is advised, change of practice guidelines, etc. Compliance with these recommendations is voluntary.)

