

to be used ONLY for any privileges which require supervision or proctoring

Proctoring must be concurrent.

Name of Practitioner being proctored: _____

MRN _____

Date of Procedure _____

Privilege being proctored (as it appears on the Privilege sheet): _____

Diagnosis: _____

Procedure: _____

PLEASE ANSWER ALL OF THE FOLLOWING. If the answer is NO, please attach an explanation.				YES	NO	N/A	
Was the indication for the procedure appropriate and documented?							
Was a complete, relevant, and timely H&P performed and documented. (documentation required prior to the procedure, if a surgery or procedure is being evaluated)?							
Was site marking/time out conducted appropriately?							
Was the use of diagnostic services (e.g. lab, x-ray, invasive diagnostic procedures) appropriate?							
Was the practitioner's proposed procedural technique appropriate?							
Was length of procedure appropriate?							
Were the practitioner's contingency plans appropriate?							
Did the pre-operative diagnosis coincide with postoperative findings?							
Was postoperative care adequate?							
Was the operative report complete, accurate, and timely?							
Was the practitioner's documentation appropriate and informative? If it was not:							
<input type="checkbox"/> Documentation not present <input type="checkbox"/> Documentation does not substantiate clinical course & treatment <input type="checkbox"/> Documentation not timely <input type="checkbox"/> Documentation illegible							
Were complications, if any, recognized and managed appropriately?							
Was there an adverse outcome? If YES,							
<input type="checkbox"/> minor adverse outcome (complete recovery expected) <input type="checkbox"/> major adverse outcome (complete recovery not expected) <input type="checkbox"/> death							
OVERALL IMPRESSION OF CARE PROVIDED				YES	NO	N/A	
Were you comfortable with all aspects of care provided by the practitioner? If NO, attach comments							
Practitioner's skill and competence <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable <input type="checkbox"/> Unable to evaluate							
Basic Assessment	Satisfactory	Unsatisfactory	N/A	Basic Assessment	Satisfactory	Unsatisfactory	N/A
Basic Medical Knowledge				Clinical Judgment			
Technical/Clinical Skills				Professionalism			
Interpersonal Skills				Use of Consults			
Communication Skills							

Concurrent proctoring was performed by:

Printed Name of Proctor

Date

Signature of Proctor