



Huntington Hospital
ANESTHESIOLOGY
CONFIDENTIAL PROCTORING EVALUATION

Physician being Proctored: _____ Medical Record#: _____

Surgical Procedure Performed: _____ Date of Surgery: _____

Type of Anesthesia:

- General
- Spinal /Epidural
- Regional/Local with MAC
- Sedation Adult
- Sedation Pediatric (15 years & under)

Duration of Anesthesia: _____

ASA (circle): 1 2 3 4 5 E

Intubation: Nasal Fiberoptic Double-Lumen

Obstetrics: Epidural General C-Section Regional

Lines: Arterial CVP S-G Catheter

Pediatrics: Neonate Infant Child

Hypotensive

Cardiopulmonary Bypass

Please comment below for any "NO" responses.

	Yes	No	n/a
1. Was the pre-operative patient assessment performed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the pre-operative patient assessment pertinent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the intra-operative technique, judgment, and documentation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the post-anesthesia management timely and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the post-anesthesia note documented prior to the patient leaving PACU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were there any anesthesia complications? If so, were the complications recognized and appropriately managed in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Overall Performance:

A. Anesthesia type: Satisfactory Unsatisfactory

B. Special Procedure: Satisfactory Unsatisfactory

Comments: _____

PROCTOR'S SIGNATURE: _____

PROCTOR'S NAME (Please Print): _____ DATE: _____

***PLEASE RETURN THE COMPLETED FORM TO THE
MEDICAL STAFF SERVICES OFFICE***

Proctoring shall consist of a minimum of 50 acceptable and appropriate cases. For Anesthesiologists providing care to neonatal/infant patients (less than one year of age) proctoring requirements are: 3 major cases for those members with six months training in pediatric/neonatal anesthesia at a hospital with an anesthesia training program approved by the American Board of Anesthesiology and for all others, proctoring will be required on 10 major cases. Major cases are the following:

- Any procedure intracranial
- Any procedure surrounding the airway
- Any procedure intra-abdominal
- Any procedure in the chest
- Any procedure involving a major long-bone of the body
- Any premature infant (<37 weeks gestational age) that is less than 60 weeks post conceptional age
- Any infant requiring care in a neonatal intensive care unit (NICU), irrespective of age/weight