



**MEDICINE and PEDIATRIC DEPARTMENT – INVASIVE PROCEDURE
CONFIDENTIAL PROCTORING EVALUATION**

Physician being Proctored: _____ Medical Record#: _____

Procedure(s) Performed: _____

Admission Date: _____ Date of Procedure: _____

Case Start Time: _____ Case End Time: _____

Please comment below for any “NO” responses.	Yes	No	n/a
1. Was a “time out” performed and documented prior to the procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was there an H&P in the chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the pre-operative evaluation complete and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the pre-operative documentation support the indications for the procedure performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did any complications arise during the procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the post-operative evaluation complete and adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the pre-operative diagnosis consistent with the post-op findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the following items and comment below for any “POOR” responses.	Superior	Good	Poor
A) Elapsed time of procedure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Technical Skill:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Knowledge of the Procedure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Surgical Judgment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Conduct during the procedure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

PROCTOR'S SIGNATURE: _____

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

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