



Huntington Hospital

SURGERY DEPARTMENT CONFIDENTIAL PROCTORING EVALUATION

Physician being Proctored: _____ Date of Surgery: _____

Surgical Procedure(s) Performed: _____

Medical Record #: _____ Visit #: _____

Admission Date: _____ Case Start Time: _____ Case End Time: _____

Please comment below for any "NO" responses.		Yes	No	n/a
1.	Does the pre-operative documentation support the indications for the procedure performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a complete History and Physical documented in the chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was the surgical time appropriate for the procedure performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was the pre-operative diagnosis consistent with the post-op findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Was the amount of blood loss during the procedure appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the following items and make comments as appropriate.		Good	Fair	Poor
Technical Skill:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Procedure:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in the Operating Room:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i> _____				

Based off your observation for this procedure, would you:	
<input type="checkbox"/>	Recommend the physician without reservations
<input type="checkbox"/>	Recommend the physician with reservations: _____
<input type="checkbox"/>	Recommend additional proctoring
<i>Comments:</i> _____	
PROCTOR'S NAME (Please Print): _____ DATE: _____	
PROCTOR'S SIGNATURE: _____	

PLEASE RETURN THE COMPLETED FORM TO MEDICAL STAFF SERVICES

PROTECTED BY BUSINESS CODE 1157