Huntington Hospital

OBSTETRICS & GYNECOLOGY DEPARTMENT
CONFIDENTIAL PROCTORING EVALUATION

Physician being Proctored: _____ Medical Record#: _____

Surgical Procedure(s) Performed: _____

Admission Date: _____ Date of Surgery: _____

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?	☐	☐	☐
2. Does the pre-operative documentation support the indications for the procedure performed?	☐	☐	☐
3. Is there a complete History and Physical documented in the chart prior to the procedure?	☐	☐	☐
4. Is the surgical time appropriate for the procedure performed?	☐	☐	☐
5. Is the pre-operative diagnosis consistent with the post-op findings?	☐	☐	☐
6. Was the amount of blood loss during the procedure acceptable?	☐	☐	☐

Please evaluate the following items and comment below for any "POOR" responses.	**Superior**	**Good**	**Poor**
A) Technical Skill:	☐	☐	☐
B) Knowledge of Procedure:	☐	☐	☐
C) Surgical Judgment:	☐	☐	☐
D) Conduct in the Operating Room:	☐	☐	☐

Comments: _____

_____

PROCTOR'S SIGNATURE: _____

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

PLEASE RETURN THE COMPLETED FORM TO THE

MEDICAL STAFF SERVICES OFFICE