TORRANCE MEMORIAL | An Affiliate of Cedars Sinai

PROCEDURAL/NON-SURGICAL PROCTORING REPORT
PROCTORING REPORT
TEMPORARY& PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

OBSERVED PRACTITIONER: _____

PATIENT NAME: _____ **AGE:** _____

MEDICAL RECORD#: _____ **ADMIT/PROCEDURE DATE:** _____

ADMITTING DIAGNOSIS:_____

PROCEDURE: _____

****

REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

☐ **HISTORY & PHYSICAL** ☐ **CONSULT/ ADMIT** ☐ **DISCHARGE SUMMARY** ☐ **DAILY PROGRESS NOTES**

PLEASE CHECK √ ☐ **CONCURRENT PROCTORING** ☐ **RETROSPECTIVE PROCTORING**

	Meets Standard of Care	Does Not Meet Standard of Care **(PLEASE EXPLAIN BELOW)**	Not Applicable
1. Patient Work-up and Diagnostic Formulation **Psychiatry and Clinical Psychology includes**: Reason for Consult ; History of Present Illness Past Psychiatric History ; Medical History Family and Social History ; Mental Status Exam Diagnosis; Treatment Recommendation			
2. Judgment			
3. Technique			
4. Management			
5. Documentation			
6. Timeliness			
7. Sedation & Analgesia: **Proctored at time procedure is performed by anesthesia or a similar specialist with like privileges** **OR** **First three (3) by anesthesia if not able to demonstrate 3 cases in the past 12 months**			

COMMENTS: _____

_____

DID THE PRACTITIONER BEING OBSERVED ADMINISTER SEDATION? **YES** ☐ **NO** ☐

_____ _____ _____

PROCTOR NAME **PROCTOR SIGNATURE** **DATE**

PLEASE EMAIL THE COMPLETED FORM TO: _medicalstaffservices@tmmc.com
(PLEASE NOTE THERE IS AN UNDERSCORE AT THE BEGINNING OF THE EMAIL ADDRESS)
THE MEDICAL STAFF OFFICE 3330 Lomita Boulevard • Torrance, CA 90505-5073 • 310-517-4616 Phone