

TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER MEDICAL STAFF OB/GYN EVALUATION PROCTORING PROFILE

OBSERVED PRACTITIONER :	DATE						
MEDICAL RECORD #	PATIENT NAME		AGE				
PROCEDURE:	*************	• • • • • • • •	• • • • • • • •		• • • • • • • • • • • • •		
PLEASE CHECK √	CONCURRENT PROCTORING		RETROSPECTIVE PROCTORING				
		EXCEL	<u>LENT</u>	GOOD	<u>POOR</u>	N/A	
1. Pre-operative H & P dictated a	nd on the chart at time of surgery.						
2. Appropriate consent in scope of proposed operation and explanation to patient							
3. Scrub (properly executed for a sufficient length of time.							
4. Promptness in appearing at scheduled time.							
5. Proper and logical positioning of	of patient on the operating table.						
6. Appropriate provision made for necessary or desirable electronic monitoring.							
7. Operative incision (appropriate for planned procedure).							
8. Handling of tissue.							
9. Manual dexterity.							
10. Methods and measures of hemostasis.							
11. Appropriate use and direction of operative assistants.							
12. Conduct in the operating room (in respect to associates and other nursing							
personnel)	, ,						
13. Equanimity under stress (if ob	served).						
14. Efficient use of time (is surgeon methodical and orderly or seem uncertain)							
15. Evaluation of pathology obser	ved.						
16. Thorough exploration of body	cavity entered.						
17. Proper observation of sterile t	echniques during procedure.						
18. Techniques as to proper wour	nd and organ drainage						
19. Conformity to standard of the	procedure done.						
20. Sedation & Analgesia							
	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						
SURGEON	ASSISTANT						
ANESTHESIOLOGIST							
DID THE PRACTITIONER BEING OF	BSERVED ADMINISTER SEDATION? YES			NO			
PROCTOR NAME	R NAME PROCTOR SIGNATURE		DATE				
COMMENTS:							

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