



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

OBSERVED PRACTITIONER : \_\_\_\_\_ DATE \_\_\_\_\_

MEDICAL RECORD # \_\_\_\_\_ PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

\*\*\*\*\*

PLEASE CHECK v [ ] CONCURRENT PROCTORING [ ] RETROSPECTIVE PROCTORING

EXCELLENT GOOD POOR N/A

Table with 20 rows of criteria and 4 columns for ratings (EXCELLENT, GOOD, POOR, N/A). Criteria include: 1. Pre-operative H & P dictated and on the chart at time of surgery, 2. Appropriate consent in scope of proposed operation and explanation to patient, etc.

SURGEON \_\_\_\_\_ ASSISTANT \_\_\_\_\_

ANESTHESIOLOGIST \_\_\_\_\_

DID THE PRACTITIONER BEING OBSERVED ADMINISTER SEDATION? YES [ ] NO [ ]

PROCTOR 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
3330 Lomita Boulevard • Torrance, CA 90505-5073 • 310-517-4616 Phone