TORRANCE MEMORIAL | An Affiliate of Cedars Sinai

TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER MEDICAL STAFF
PAIN MANAGEMENT PROCTORING FORM

CONFIDENTIAL FOR THE FILE OF: _____, **M.D.** **DATE**_____

MEDICAL RECORD # _____**PATIENT NAME** _____ **AGE** _____

PROCEDURE _____

REPORT OF PROCTOR

	EXCELLENT	GOOD	POOR	N/A
1. Pre-operative H & P dictated and on the chart.				
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 patient on the operating table.				
6. Appropriate provision made for necessary or desirable electronic monitoring.				
7. Operative incision (appropriate for planned procedure, needle placement or insertion)				
8. Manual dexterity				
9. Methods and measures of hemostasis.				
10. Appropriate use and direction of operative assistants.				
11. Intraoperative Judgment				
12. Conduct in the operating room (in respect to associates and other nursing personnel)				
13. Equanimity under stress (if observed).				
14. Efficient use of time (is surgeon methodical and orderly or seem uncertain)				
15. Conformity to standard of the procedure done.				
16. 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**				
17. PACU Care				

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 OFFICE3330 Lomita Boulevard • Torrance, CA 90505-5073 • 310-517-4616 Phone