



**PROCTORING REPORT  
TEMPORARY& PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST**

**Physician Being Observed:** \_\_\_\_\_

The following physician has successfully completed proctoring for the privileges listed below in accordance with the proctoring requirements as stated in the **Department of Pathology**, Rules and Regulations:

		YES	NO	N/A
<b>59.00</b>	Management of clinical chemistry, hematology, blood bank, immunohematology, transfusion medicine, microbiology, evaluation of special laboratory tests, perform consultations, autopsies and fine needle aspirations; fine needle aspiration of palpable superficial masses.			
<b>59.01</b>	Surgical Pathology			
<b>59.02</b>	Frozen Section			
<b>59.03</b>	Performance and interpretation of bone marrow aspiration/biopsy			

**COMMENTS:** \_\_\_\_\_

_____ <b>PROCTOR NAME</b>	_____ <b>PROCTOR SIGNATURE</b>	_____ <b>DATE</b>
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Proctoring Policy

1. The first four days of the new physician's specimen grossing activities will be intermittently supervised by a pathologist.
2. The first ten frozen sections performed will be verified by one of the pathologists. Additional frozen section review will be done at the department's discretion.
3. Every tenth surgical pathology report will be reviewed for accuracy during the first month. Additional frozen section review will be done at the department's discretion.
4. Every biopsy or bone marrow with a malignant diagnosis will be confirmed by one of the pathologists for a period of one month and on an ongoing basis thereafter, as per the department's continuing quality improvement policies.
5. For the first two bone marrows and the first two fine-needle aspiration biopsy procedures, an active staff pathologist is required to observe.
6. All CT or ultrasound guided biopsies, fine-needle aspirates and aspirates from Radiology with a malignant diagnosis will be confirmed by one of the pathologists for a period of one month and intermittently thereafter, as per the department's continuing quality improvement policies.

PLEASE EMAIL THE COMPLETED FORM TO: [\\_medicalstaffservices@tmmc.com](mailto:_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**