



TORRANCE MEMORIAL MEDICAL CENTER

DEPARTMENT OF ANESTHESIA PROCTORING REPORT

TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

PHYSICIAN BEING OBSERVED: _____

PATIENT NAME: _____ AGE: _____

MEDICAL RECORD#: _____ ADMIT/PROCEDURE DATE: _____

ADMITTING DIAGNOSIS/ PROCEDURE: _____

TYPE OF SEDATION: _____

REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

	Meets Standard of Care	Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW)	Not Applicable
1. Pre-operative evaluation			
2. Selection of Anesthesia Drugs			
3. Selection of monitors			
4. Intraoperative Judgment			
5. Airway Management			
6. Technical capability			
7. Interactions with OR Personnel			
8. PACU Care			
9. 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: _____

PROCTOR NAME

PROCTOR SIGNATURE

DATE

PLEASE RETURN THIS FORM TO THE MEDICAL STAFF OFFICE WHEN COMPLETED

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