



**TORRANCE MEMORIAL HOSPITAL MEDICAL CENTER MEDICAL STAFF  
SURGICAL EVALUATION PROCTORING PROFILE**

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

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

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

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	<u>EXCELLENT</u>	<u>GOOD</u>	<u>POOR</u>	<u>N/A</u>
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).				
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 observed).				
14. Efficient use of time (is surgeon methodical and orderly or seem uncertain)				
15. Evaluation of pathology observed.				
16. Thorough exploration of body cavity entered.				
17. Techniques as to proper wound and organ drainage				
18. Conformity to standard of the procedure done.				
19. 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				

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

ANESTHESIOLOGIST \_\_\_\_\_

DID THE PRACTITIONER BEING OBSERVED ADMINISTER SEDATION? YES

NO

ANESTHESIOLOGIST PROCTORING SEDATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PROCTOR NAME \_\_\_\_\_

PROCTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO THE MEDICAL STAFF OFFICE WHEN COMPLETED.**

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