CentraCare

PROCTORING EVALUATION

Individual Proctored: _____ Privilege: _____

Proctor Name: _____

Date of Review: _____ Condition: _____

MRN: _____

Type of Review: ☐ Direct/Concurrent Review ☐ Retrospective Review ☐ Simulation

	ACCEPTABLE	MARGINAL (explain)	NOT ACCEPTABLE (explain)	Not Applicable
Preoperative Workup				
History & physical are complete/accurate	☐	☐	☐	☐
Lab and x-ray are appropriate	☐	☐	☐	☐
Consent(s) appropriate/signed	☐	☐	☐	☐
Indication for procedure	☐	☐	☐	☐
Intraoperative Phase				
Surgical Technique				
Management of any complication	☐	☐	☐	☐
Surgical Judgment				
Completeness and degree/extent of resection	☐	☐	☐	☐
Degree to which operation conforms to accepted practices	☐	☐	☐	☐
Accuracy of Diagnosis				
Preop diagnosis compares with postop	☐	☐	☐	☐
Procedures appropriate to consent signed	☐	☐	☐	☐
Surgery justified by the findings	☐	☐	☐	☐
Retrospective Observations				
Operative reports/progress notes are appropriate and timely	☐	☐	☐	☐
Chart reflects discharge plans, including instruction to the patient	☐	☐	☐	☐
Length of stay within accepted standards	☐	☐	☐	☐
Complications appropriately documented	☐	☐	☐	☐
Surgery was justified by the pathology reports	☐	☐	☐	☐
Overall Performance				
Appropriate use of consultants	☐	☐	☐	☐
Interaction with the patient, colleagues, staff	☐	☐	☐	☐
Care provided meets community standards	☐	☐	☐	☐

Is there any aspect of this evaluation and treatment with which you are uneasy or uncomfortable (marginal or unacceptable evaluations)? ☐ No ☐ Yes (If yes, please explain below.)

_____

Proctor Signature Date

A copy of this report shall be provided to the individual proctored pursuant to proctoring guidelines. Return this form to Medical Staff Operations via email for tracking and to be added to your privileging file: medicalstaffoperations@centracare.com