

## Proctoring Report

Physician Name: \_\_\_\_\_

Department/Section: \_\_\_\_\_

**NOTE: Proctoring shall be completed within 12 months of appointment date or date of new privilege.**

As a Medical Staff Member at Stanford Hospital and Clinics and Lucile Salter Packard Children's Hospital you shall be proctored as the method for determining clinical/technical competence as new applicant, reappointment requesting new privilege(s) or having no activity for a particular privilege(s) in the past two years.

**Your proctoring details are as follows:**

Facility: \_\_\_\_\_

Proctoring Due Date: \_\_\_\_\_

Privileges being Proctored: \_\_\_\_\_

Total Requirement: \_\_\_\_\_

Requirement Details: \_\_\_\_\_

Total Completed: \_\_\_\_\_

Evaluation of Observed cases should include, but not limited to: pre-operative work up, surgical technique (if applicable), accuracy of diagnosis, appropriate and timely Op reports/progress notes and overall performance. Evaluation of a chart should include, but not limited to, assessment and management of plan of treatment, required elements of H&Ps, appropriate consultations and performance of any procedures performed.

As stated in the Bylaws, if a sufficient amount of clinical activity has not occurred during the provisional period, proctoring may be extended beyond the provisional period upon formal request to, and approval by, the Service Chief and approval by the Credentials Committee.

Please confirm by checking the appropriate box and signing below that above named physician has or has not met all of the qualifications of his/her assigned proctoring.

- Proctoring requirements have been met and there are no concerns.

Please write Medical Record Numbers that were proctored:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Proctoring requirements have not been met. Provisional Status to remain until next reappointment and proctoring requirements have been completed. Please comment below.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Return to:**

Kristen Anderson; Fax: 650-644-0206

Email: [Kranderson@stanfordmed.org](mailto:Kranderson@stanfordmed.org)