

COMMUNITY MEMORIAL HOSPITAL OF SAN BUENAVENTURA

PEDIATRIC PROCTOR'S REPORT

Physician Under Proctorship: _____ Proctor: _____

Patient Name: _____

Admitting Diagnosis: _____

Date of Admission: _____ Date Proctor Notified: _____

Procedure(s) performed: _____

Admit/Treat to Hospital/ER/ICU (5) Cases; Normal Newborn Care (6) Cases; Circumcision (3) Cases; C-Section Standby (3) Cases

EVALUATION

** At least Average (2)

Below Average: (1)

Poor (0)

Adequacy of H & P: _____

Adequacy of workup in view of age, prior conditions: _____

Management Expertise: _____

Follow-up consistency: _____

Was consultation advisable? If so, was it obtained?
Were recommendations considered or followed? _____

Were procedures listed above appropriate? Did you observe performance?
Ability demonstrated was: _____

Adequacy of records: _____

Suggestion for improvement? _____

**** It is expected that candidates will get a score of at least 12. Please do not evaluate any section higher than 2 points.**

Additional Remarks: _____

I understand that this information is confidential and will be used for the purpose of establishing privileges and for consideration of release from future proctorship.

Proctor's Signature: _____ Date: _____

PLEASE FORWARD TO MEDICAL STAFF SERVICES TO BE FILED IN THE PROCTORED PHYSICIAN'S CREDENTIALS DOSSIER.