



Return to: **CREDENTIALING OFFICE**
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PROCTORING FORM
 UNIVERSITY OF NEW MEXICO HOSPITALS

Patient Name: _____ Chart #: _____
 Proctoring Date(s): _____ Physician: _____
 Proctor: _____ Hospital: _____
 Diagnosis: _____
 Operative Procedure: _____

PROCEDURE	OUTSTANDING	APPROPRIATE	OPPORTUNITY FOR IMPROVEMENT	UNSATISFACTORY	N/A
Pre-op evaluation of patient					
Pre-op care planning					
Use of consultants					
Technical aspects of procedure					
Postoperative management					
Recognition/management of complications					
Utilization of resources					
Discharge planning					
Charting (H&P, notes, discharge summary, operative note, etc.)					

COMMENTS (Any Ratings above other than outstanding or appropriate, REQUIRE specific comments):

 SIGNATURE (PROCTOR)

RETURN TO MEDICAL STAFF OFFICE – DO NOT LEAVE ON PATIENT CHART

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