

**Columbia St. Mary's Medical Staff Clinical  
Service of Heart and Vascular Proctor  
Form: Non-Interventional Procedures**

Name of Surgeon Being Proctored: \_\_\_\_\_

Patient Health Record Number: \_\_\_\_\_ Patient's Age: \_\_\_\_\_

Procedure Performed: \_\_\_\_\_

**EVALUATION OF PATIENT CARE: Please check (✓) appropriate box**

	Excellent	Standard	Unacceptable	Unable to Evaluate
Pre-procedure evaluation				
Diagnostic judgment				
Procedural technique				
Quality of medical record documentation				

Procedure time was:  Reasonable  Excessive

Was there unnecessary risk to patient? Yes No

Were there any complications? Yes No

In your opinion, does this surgeon need further education/training beyond required proctorship? Yes No

If yes, please explain below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proctor printed name \_\_\_\_\_ Signature of Proctor \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed Proctor Form to:**  
CSM Central Credentials  
4425 N. Port Washington Road, Suite 327, Glendale, WI 53212  
Fax: (414) 326-1728  
E-mail: [centralcred@columbia-stmarys.org](mailto:centralcred@columbia-stmarys.org)

*"Health Care Services Review, privileged and confidential, protected from disclosure pursuant to Wis. Stats. 146.37 and 146.38"*