

**Columbia St. Mary's Medical Staff  
Proctor Form: Robotic Surgery**

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
Preoperative evaluation				
Diagnostic judgment				
Operative technique				
Quality of medical record documentation				

Operative time was:  Reasonable  Excessive

Use of technology was:  Warranted  Excessive

Blood loss was:  Reasonable  Excessive

Was there unnecessary risk to patient?  Yes  No

Was the procedure finished laparoscopically?  Yes  No

Were there any complications?  Yes  No

In your opinion, does this surgeon need further proctoring?  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"*