



APPENDIX 1: SAMPLE PROCTORING FORM

Name of the Surgeon:

Name of Proctor:

Date of Surgery/Proctoring:

Procedure Performed:

Patient's name:

Was the surgery performed for an appropriate indication:

Yes / No

If no, discuss:

Was the pre-operative work-up adequate? Yes/No.

Yes / No

If no, discuss:

Please rate the surgeon's knowledge of the surgical anatomy and the steps of the surgery?

Poor / Satisfactory / Excellent

1 2 3 4 5 Comments, if any:

Please rate the surgical competence during this surgery, for his/her level of experience with Robotics.

Poor / Satisfactory / Excellent

1 2 3 4 5

Comments, if any:

Does the surgeon require proctoring for his/her cases in future?

Yes / No

If yes, for how many more cases would proctoring be required?

Comments:

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____