SAN ANTONIO REGIONAL HOSPITAL **FPPE –ANESTHESIA DEPARTMENT** PRECEPTOR REPORT CONFIDENTIAL REPORT

Physician Being Proctored:	Date of Surgery:					
Surgical Procedure(s) Performed:		Patient Name:				
Medical Record #:	Admission Date:			□ Retrospective Review		
Case Start Time:	_ Case End Time:			□ Direct Observation		
Type of Anesthesia:	Intubation:	🗆 Nasal	□ Fiberoptic	Double-Lumen		
□ General			L.			
□ Spinal/Epidural	Obstetrics:	□ Labor Ep	idural 🗆 C-Sec	ction Type: 🗆 Spinal 🗆 Epidural		
Regional Block Type:	_			□ General		
Peripheral	Lines:	□ Arterial	□ CVP	□ S-G Catheter		
□ Local with MAC	Dedictrice		□ Infant			
□ Sedation	Pediatrics:					
Duration of Anesthesia:		Cardiopulmonary Bypass				
ASA (circle) 1 2 3 4 5 E						

Please comment below for any "NO" responses.			NO	N/A
1.	Was the pre-operative patient assessment performed in a timely manner?			
2.	Was the pre-operative patient assessment pertinent?			
3.	3. Was the intra-operative technique, judgment, and documentation adequate?			
4.	Was the post-anesthesia management timely and adequate?			
5.	Was the post-anesthesia note documented prior to the patient leaving PACU?			
6.	Were there any anesthesia complications? If so, were the complications recognized and appropriately managed in a timely manner?			
7.	Overall Performance			
	A. Anesthesia Type: 🗆 Satisfactory 🗆 Unsatisfactory (Please explain under Comments)			
	B. Special Procedure:			

Comments:		
PROCTOR'S SIGNATURE	DATE	
PROCTOR'S NAME (Please Print):		

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE