SAN ANTONIO REGIONAL HOSPITAL FPPE –EMERGENCY DEPARTMENT PRECEPTOR REPORT CONFIDENTIAL REPORT

Physician Being Proctored:		Patient Name:	
Medical Record #:	_Admission Date:	Discharge Date:	
Diagnosis:		□ Retrospective Review	□ Direct Observation

Please	comment below for any "NO" responses.	YES	NO
1.	Initial Workup: Did the initial workup include chief complaint, present illness specifics, an applicable		
	review of systems, and a physical examination?		
2.	General Documentation: Were all orders and progress notes, signed, dated, and timed?		
3.	Therapeutic Orders: Were the therapeutic orders appropriate to the specific disease being managed?		
4.	Diagnostic Workup: Were the diagnostic test ordered (lab, x-ray, etc.) appropriate to the disease being managed?		
5.	Consultations: Were appropriate consultations requested?		
6.	Invasive Procedure Performed:		
	A. Was a "time out" performed and documented prior to the procedure?		
	B. Were the procedures performed appropriate to the chief complaint?		
	C. Did the practitioner exhibit appropriate technical skill in performing this procedure?		1
7.	Diagnosis: Was the diagnosis consistent with the findings?		
8.	Discharge & Follow-Up Plan: Did the discharge plan include documented instructions to the patient, the patient's family or the guardian?		

□ Satisfactory	□ Unsatisfactory (Please explain under Comments)	□ Unable to Review (Please explain under Comments)
Comments:		
PROCTOR'S SIGNATURE	DATE	
PROCTOR'S NAME (Please P	rint):	