## SAN ANTONIO REGIONAL HOSPITAL FPPE -MEDICINE & FAMILY MEDICINE DEPARTMENT PRECEPTOR REPORT – Retrospective and/or Invasive Procedural Preceptoring CONFIDENTIAL REPORT

Physici	an Being Proctored: Patient Name:								
Medica	Medical Record #: Admission Date: Discharge Date:								
Diagno	Diagnosis:   Retrospective Review  Direct								
Invasive Procedures Only:									
Surgical Procedure(s) Performed:									
Case St	art Time: Case End Time:								
PLEAS	E COMPLETE FOR <u>ALL</u> CASES: <i>Please include comments on reverse for any "NO" responses.</i>		YES	NO					
	tial Workup: Was an adequate H&P dictated within 24 hours (which includes chief complaint, pre-illness	specifics,							
rev	iew of systems, comprehensive current physical exam)?								
2. <u>General Documentation</u> : Were all orders and progress notes, signed, dated, and timed?									
3. <u>Th</u>	erapeutic Orders: Were therapeutic orders appropriate to the specific disease being managed?								
4. <u>Dia</u>	gnostic Workup: Were diagnostic test(s) ordered (lab, x-ray, etc.) appropriately to the disease being mana	ged?							
5. <u>Co</u>	nsultations: Were appropriate consultations requested if applicable?								
6. <u>Pr</u>	ogress Notes: Were there adequate and timely progress notes at least every 24 hours (dated, timed, and sign	ied)?							
7. <u>Dia</u>	gnosis: Was the diagnosis consistent with the findings?								
	charge Plan: Did the discharge plan include documented instructions to the patient, the patient's family/gu	ardian?							
	N/A for invasive procedures								
FOR INVASIVE PROCEDURES PLEASE COMPLETE THE FOLLOWING QUESTIONS; Please include commentsYESNOon reverse for any "NO" responses.YESYES									
9. Wa	s a "time out" performed and documented prior to the procedure?								
10. Wa	s there pre-operative evaluation complete and adequate?								
11. Do	es the pre-operative documentation support the indications for the procedure performed?								
12. Wa	s the procedure completed without any complications or untoward outcomes?								
13. Wa	s the post-operative evaluation complete and adequate?								
14. Wa	s the pre-operative diagnosis consistent with the post-op findings?								
	<u>VASIVE</u> PROCEDURES please evaluate the following items and include comments on reverse for or "responses.	Superior	Good	Poor					
	Elapsed time of procedure:								
B)	Technical Skill:								
C)	Knowledge of the procedure:								
D)	Clinical Judgment:								
E)	Conduct during the procedure:								
Ple	ase complete reverse side								

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PRECEPTOR REPORT – Retrospective and/or Invasive Procedural Preceptoring

CONFIDENTIAL REPORT

OVERALL PERFORMANCE:	□ Satisfactory				
	<ul> <li>Unsatisfactory - (Please explain under Comments)</li> <li>Unable to Review - (Please explain under Comments)</li> </ul>				
Comments:					
PROCTOR'S SIGNATURE		DATE			
PROCTOR'S NAME (Please Pr	int):				

## <u>PLEASE RETURN THE COMPLETED FORM TO THE</u> <u>MEDICAL STAFF SERVICES OFFICE</u>

## Via HAND DELIVERY or Inter-Office Mail