

SAN ANTONIO REGIONAL HOSPITAL
FPPE –ALLIED HEALTH
 PRECEPTOR REPORT
 CONFIDENTIAL REPORT

Practitioner Being Proctored: _____	Patient Name: _____
Medical Record #: _____	Admission Date: _____ Discharge Date: _____
Diagnosis: _____	<input type="checkbox"/> Retrospective Review <input type="checkbox"/> Direct Observation

Please comment below for any “NO” responses.	YES	NO
1. History & Physical: Was an adequate H&P dictated within 24 hours (which includes chief complaint, pre-illness specifics, review of systems, comprehensive current physical exam)?		
2. General Documentation: A) Were all orders and progress notes, signed, dated, and timed? B) Do the progress notes document patient’s clinical course?		
3. Documentation of Supervision: Were all orders and progress notes, signed, dated and timed by the Supervising physician within 24 hours?		
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. Patient Education: Was the patient or family member/guardian provided with appropriate education in terms of medication, diet, social habits, family planning and long-term disease management?		
7. INVASIVE PROCEDURES		
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?		
D. Was the procedure free of complications?		
E. If there were complications, were they promptly recognized and properly treated?		

OVERALL PERFORMANCE:		
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory (Please explain under Comments)	<input type="checkbox"/> Unable to Review (Please explain under Comments)
Comments: _____ _____ _____		
_____ PROCTOR’S SIGNATURE	_____ DATE	
PROCTOR’S NAME (Please Print): _____		

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE