

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: <input type="checkbox"/> General <input type="checkbox"/> Spinal/Epidural <input type="checkbox"/> Regional Block Type: _____ <input type="checkbox"/> Peripheral <input type="checkbox"/> Local with MAC <input type="checkbox"/> Sedation Duration of Anesthesia: _____ ASA (circle) 1 2 3 4 5 E	<p><u>Intubation:</u> <input type="checkbox"/> Nasal <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Double-Lumen</p> <p><u>Obstetrics:</u> <input type="checkbox"/> Labor Epidural <input type="checkbox"/> C-Section Type: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> General</p> <p><u>Lines:</u> <input type="checkbox"/> Arterial <input type="checkbox"/> CVP <input type="checkbox"/> S-G Catheter</p> <p><u>Pediatrics:</u> <input type="checkbox"/> Neonate <input type="checkbox"/> Infant <input type="checkbox"/> Child</p> <input type="checkbox"/> Hypotensive <input type="checkbox"/> Cardiopulmonary Bypass
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Please comment below for any “NO” responses.	YES	NO	N/A
1. Was the pre-operative patient assessment performed in a timely manner?			
2. Was the pre-operative patient assessment pertinent?			
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. <u>Overall Performance</u>			
A. Anesthesia Type: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <i>(Please explain under Comments)</i>			
B. Special Procedure: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <i>(Please explain under Comments)</i>			

Comments: _____

PROCTOR'S SIGNATURE _____ DATE _____

PROCTOR'S NAME (Please Print): _____

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE