

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

Physician 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. 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?		
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?		

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