

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

Physician Being Proctored: _____	Patient Name: _____
Medical Record #: _____	Admission Date: _____ Discharge Date: _____
Diagnosis: _____	<input type="checkbox"/> Retrospective Review <input type="checkbox"/> Direct Observation
<i>Invasive Procedures Only:</i>	
Surgical Procedure(s) Performed: _____	
Case Start Time: _____	Case End Time: _____

PLEASE COMPLETE FOR ALL CASES: <i>Please include comments on reverse for any "NO" responses.</i>	YES	NO	
1. Initial Workup: 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: Were all orders and progress notes, signed, dated, and timed?			
3. Therapeutic Orders: Were therapeutic orders appropriate to the specific disease being managed?			
4. Diagnostic Workup: Were diagnostic test(s) ordered (lab, x-ray, etc.) appropriately to the disease being managed?			
5. Consultations: Were appropriate consultations requested if applicable?			
6. Progress Notes: Were there adequate and timely progress notes at least every 24 hours (dated, timed, and signed)?			
7. Diagnosis: Was the diagnosis consistent with the findings?			
8. Discharge Plan: Did the discharge plan include documented instructions to the patient, the patient's family/guardian? **N/A for invasive procedures			
FOR INVASIVE PROCEDURES PLEASE COMPLETE THE FOLLOWING QUESTIONS; <i>Please include comments on reverse for any "NO" responses.</i>	YES	NO	
9. Was a "time out" performed and documented prior to the procedure?			
10. Was there pre-operative evaluation complete and adequate?			
11. Does the pre-operative documentation support the indications for the procedure performed?			
12. Was the procedure completed without any complications or untoward outcomes?			
13. Was the post-operative evaluation complete and adequate?			
14. Was the pre-operative diagnosis consistent with the post-op findings?			
FOR INVASIVE PROCEDURES please evaluate the following items and include comments on reverse for any "poor" responses.	Superior	Good	Poor
A) Elapsed time of procedure:			
B) Technical Skill:			
C) Knowledge of the procedure:			
D) Clinical Judgment:			
E) Conduct during the procedure:			
<i>Please complete reverse side.....</i>			

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

OVERALL PERFORMANCE: Satisfactory
 Unsatisfactory - (Please explain under Comments)
 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**

Via HAND DELIVERY or Inter-Office Mail