

SAN ANTONIO REGIONAL HOSPITAL
FPPE –OB/GYN DEPARTMENT
 PRECEPTOR REPORT
 CONFIDENTIAL REPORT

Physician Being Proctored: _____ Date of Surgery: _____

Surgical Procedure(s) Performed: _____ Patient Name: _____

Medical Record #: _____ Admission Date: _____ Retrospective Review

Direct Observation

Case Start Time: _____ Case End Time: _____

| Please comment below for any "NO" responses. | YES | NO |
|--|-----|----|
| 1. Was a "time out" performed and documented prior to the procedure? | | |
| 2. Does the pre-operative documentation support the indications for the procedure performed? | | |
| 3. Is there a complete History and Physical documented in the chart prior to the procedure? | | |
| 4. Is the surgical time appropriate for the procedure performed? | | |
| 5. Is the pre-operative diagnosis consistent with the post-op findings? | | |
| 6. Was the amount of blood loss during the procedure acceptable? | | |

| Please evaluate the following items and comment as appropriate. | Superior | Good | Poor |
|---|----------|------|------|
| A) Elapsed time of Procedure: | | | |
| B) Technical Skill: | | | |
| C) Knowledge of the Procedure: | | | |
| D) Surgical Judgment: | | | |
| E) Conduct during the Procedure: | | | |

OVERALL PERFORMANCE:

Satisfactory Unsatisfactory Unable to Review
 (Please explain under Comments) (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