

SAN ANTONIO REGIONAL HOSPITAL
FPPE – RADIOLOGY
 PRECEPTOR REPORT
 CONFIDENTIAL REPORT

Physician Being Proctored: _____ **Medical Record #:** _____

Procedure: _____ **Patient Name:** _____

Date of Procedure: _____ **Direct Observation** **Retrospective Review**

Reason for Review: **New Member** **New Privilege**

INVASIVE PROCEDURES: Please comment below for any "NO" responses.	YES	NO	N/A
1. Appropriate Procedure for diagnosis?			
2. Appropriate level of technical ability?			
3. Appropriate judgment displayed?			
4. Appropriate outcome?			
5. Appropriate documentation?			

DIAGNOSTIC PROCEDURES: Please comment below for any "NO" responses.	YES	NO	N/A
1. Was the radiologic interpretation correct?			
2. Was the documentation appropriate?			

OVERALL PERFORMANCE:

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

Comments: _____

PROCTOR'S NAME (Please Print): _____

PROCTOR'S SIGNATURE _____ **DATE** _____

PLEASE RETURN THE COMPLETED FORM TO THE MEDICAL STAFF SERVICES OFFICE