

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