SAN ANTONIO REGIONAL HOSPITAL

FPPE –SURGERY 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. Does the pre-operative documentation support the indications for the procedure performed?		
2. Is there a complete History and Physical documented in the chart prior to the procedure?		
3. Is the surgical time appropriate for the procedure performed?		
4. Is the pre-operative diagnosis consistent with the post-op findings?		
5. Was the amount of blood loss during the procedure acceptable?		

Please evaluate the following items and comment as appropriate.	**Superior**	**Good**	**Poor**
A) Technical Skill:			
B) Knowledge of the Procedure:			
C) Surgical Judgment:			
D) Conduct in the Operating Room:			

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