Competency Project (Personal Rating Form)

Protocol #: 11 **Case #:** 1 **Panelist #:** 11

Subject #: 11 **Training level:** PY

Reel ID #: 08-007

Date: 3-6-08

Directions: For each item, circle the score that represents your best personal judgment.

	Unacceptable (seriously flawed performance)			Acceptable (possibly flawed, but workable performance)			Superior (flawless or nearly flawless performance)		
SP Encounter									
1. History	1	2	3	4	5	**(6)**	7	8	9
2. Physical exam	1	2	3	4	**(5)**	6	7	8	9
3. Conclusion/ summation	1	2	3	4	5	6	**(7)**	8	9
SOAP Note									
4. Subjective note	1	2	3	4	**(5)**	6	7	8	9
5. Objective note	1	2	3	**(4)**	5	6	7	8	9
6. Assessment note	1	2	3	**(4)**	5	6	7	8	9
7. Plan note	1	2	3	4	**(5)**	6	7	8	9
Overall Score	1	2	3	4	**(5)**	6	7	8	9

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Openended Q's

Notes:

CC Right HA
→ PMH: - Asthma - meds
- IBS -
- Advil

PE: PERRL; EOM's
hands, pulse,
Musc strength
palpate temporal artery
Ausc carotids
" " lungs thru shirt
Romberg, finger to nose

∅ fundus exam

FMH -
Habits -
Surg.

Tension/Migraines sy
Dizziness ↓ ortho, anemia

HA - duration - location - quality - severity - [probing questions; good summarizing for pt.
Emesis - triggers, exacerbators/aggrav. factors]

All:
→ Fatigue; ∅ stress, dizzy, visual scotoma; neuro sympt ~~numbness tingling~~