Competency Project (Personal Rating Form)

Panelist #: 1 **Date:** 1/11/08

Protocol #: 5 **Subject #:** 5 **Case #:** 1

Reel ID #: 08-001

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

Comments:

Poor audio

tired
trauma
muscle aches
description of h.a.
flashing lights
headband
eye
sweating
vertigo
stress
meds
IBS
depression

FH headaches?

No
head sx/one sided sx
wake from sleep
? fever
? cough etc
flu?
CO?
stiff neck

Noorthostatics
funny vision
No fundi
No reflexes
sensation
no LE
No heart/lung