## Competency Project (Personal Rating Form)

Protocol #: 7 Case #: 1 Panelist #: 1

Subject #: 7 Training level: _____

Reel ID #: 08-003

Date: 7-12-08

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 |

~~NO FEVER~~ NO cold/heat intol

Notes:

CBC
anemia
thyroid
didn't specifically say B12

squiggly lines

Tell me about it from 2D
gradual
trauma
anything bring it on
this is most severe of her HAs.
Location
No radiation
describe
constant
better/worse
specifically asked about foods, noises, lights

keep awake
Anything else?
exhausted tired, dizzy
XT mo → orthostatic
didn't explore "tired"

Meds
- albuterol
- advil
- IBS
- depression 5-6 mo ago - treated?

surgery
h.a. in bath
p cleaning garage

No fever
sweats
Δ in wt

leg + feet fall asleep
gait OK
No fall
menses not heavy
bowels ok
No tarry
Diet ok
occupation

NO FH mig raines
No allergies

PE - placed hand stood on R side more for R fundus
heart + lung on top
shirt
very brief neuro exam

- depression very well
- habits