Competency Project (Personal Rating Form)

Protocol #: 9 **Case #:** 1 **Panelist #:** 11

Subject #: 9 **Training level:** _____

Reel ID #: 08-005

Date: 7-26-08

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

Notes:

hx – HA
- Meds →
- Assoc – visual, emesis, } no clarifying ?'s
- ø N/o sign.
- not rested

then to health hx → closed ?'s,
back to HA
Social hx – got depr hx
FMH (Good)
ROS –

? psych-mental status,
irrit bowel syndr, tingling feet on toilet

PE: eyes ? fundi – visual acuity
A: lungs, carotid
Abd – palp → poor
No neuro exam

CT scan