Competency Project (Personal Rating Form)

Protocol #: 17 **Case #:** 2 **Panelist #:** 3 **Reel ID #:** 08-008

Subject #: 15 **Training level:** ______ **Date:** 3/11/08

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) circled	8	9
2. Physical exam	1	2	3	(4) circled	5	6	7	8	9
3. Conclusion/ summation	1	2	3	(4) circled	5	6	7	8	9
SOAP Note									
4. Subjective note	1	2	3	4	5	6	(7) circled	8	9
5. Objective note	1	2	3	(4) circled	5	6	7	8	9
6. Assessment note	1	2	3	4	(5) circled	6	7	8	9
7. Plan note	1	2	3	4	5	6	(7) circled	8	9
Overall Score	1	2	3	4	(5) circled	6	7	8	9

Notes:

frequency, timing, mod factors (+), meds help, location, quality
confirm past hx, "way worse" strenuous, D/s, setting ? Dep hx ~~? SI~~
meds + med hx, side effects ? ~~Drugs/drug use~~ DU addressed ? potential other causes
flu on prior plans ? flu [illegible] ? Dysphagia