Competency Project (Personal Rating Form)

Protocol #: 20 **Case #:** 2 **Panelist #:** 11

Subject #: 18 **Training level:** ______

Reel ID #: 08-012

Date: 4-22-08

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
quality
description - throbbing, pressure
alleviating/aggr. (when bend over, photophobia, phonophobia
⊘ fever, chills, rhinorrhea, allergies, facial tenderness
rating 6/10; nasality to voice - lower pitch
not sleeping well = terminal insomnia
Depression - prozac - sad, ↓ energy, ↓ appetite
Nausea c eating - reglan seems to help emesis not nausea
hard to swallow?
Desires pregnancy - can't get pregn -

Misc
"whats" open ended
- ? hard to understand ?'s

PE: ? fundus } focus?
CV/Pulm cursory over clothes
Abd.
No neuro -