

Competency Project (Personal Rating Form)

Protocol #: 27 Case #: 2 Panelist #: 1
 Subject #: 25

08-019
 Reel ID #: 07-010(3)
 Date: 6/10/08

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
4. Interpersonal skills	1	2	3	4	5	6	7	8	9
SOAP Note									
5. Subjective note	1	2	3	4	5	6	7	8	9
6. Objective note	1	2	3	4	5	6	7	8	9
7. Assessment note	1	2	3	4	5	6	7	8	9
8. Plan note	1	2	3	4	5	6	7	8	9
Overall Score	1	2	3	4	5	6	7	8	9

Notes:

feeding disorder?
 trouble swallowing? check note
 10 lb wt. loss
 menses
 food stuck?

thru gown

Mary

No gut or
 rhombic
 or
 sensory
 or
 cell bellum