

Patient Centered Medicine 2 - Database: Preceptor's Evaluation of Write-up
#1 H&P due 12/2/08; #2 H&P due 2/10/09; #3 H&P due 3/17/09; #4 H&P due 4/7/09
 Return completed form with Write-up to Course Coordinator, Educational Affairs, Bldg. 120, Room 320

Student: _____ **Preceptor(s):** _____ **H&P #** _____

Does Not Meet Expectations		Meets With Concern	Meets Expectations	Exceeds Expectations	
History					
<input type="checkbox"/>	Omits part or all of patient identifying data (age, sex)	<input type="checkbox"/>	<input type="checkbox"/>	Includes all appropriate identifying data (ie age, sex...)	
<input type="checkbox"/>	Chief complaint: omitted CC; or used medical jargon instead of using pt's own words	<input type="checkbox"/>	<input type="checkbox"/>	Chief complaint: a brief line using the patient's own words when applicable for why pt is seeing doctor	
<input type="checkbox"/>	HPI: does not flow logically or chronologically; or incomplete. Difficult to understand.	<input type="checkbox"/>	<input type="checkbox"/>	HPI: mostly chronological and flows logically. Includes most details for patient's symptoms.	<input type="checkbox"/>
<input type="checkbox"/>	Pt perspective of illness is not included in HPI	<input type="checkbox"/>	<input type="checkbox"/>	Pt perspective of illness included at end of HPI showing how illness, sxs, or treatment affects pt/family or pt's fears/concerns regarding symptoms/illness	
<input type="checkbox"/>	PMHx/Social hx/ Family hx is not included and should have been included; or incomplete documentation	<input type="checkbox"/>	<input type="checkbox"/>	PMHx/Social hx/ Family hx: included and documented appropriately	
<input type="checkbox"/>	Allergy history: omitted or incomplete	<input type="checkbox"/>	<input type="checkbox"/>	Allergy history: allergy history documented in write-up	<input type="checkbox"/>
<input type="checkbox"/>	Medications: omitted or incomplete; or omits OTC or herbal medicines; or uses JCAHO unacceptable abbreviations (qd, qod, U, IU, ug, MS, MSO4 are NOT approved)	<input type="checkbox"/>	<input type="checkbox"/>	Medications: medications listed include over the counter (OTC), Herbal, and prescription medications. Avoids JCAHO unacceptable abbreviations (qd, qod, U, IU, ug, MS, MSO4 are NOT in write-up)	<input type="checkbox"/>
<input type="checkbox"/>	Review of systems: skipped or missed multiple systems or so minimal detail written you cannot determine if ROS was adequate	<input type="checkbox"/>	<input type="checkbox"/>	Review of systems: Includes most systems with enough detail to document adequate review	<input type="checkbox"/>
<input type="checkbox"/>	Physical Exam: skipped or missed relevant organ systems or used incorrect or lay terminology to describe findings	<input type="checkbox"/>	<input type="checkbox"/>	Physical Exam: documented all appropriate systems and used correct medical terminology to describe findings	<input type="checkbox"/>
Thought Process/Analytical Thinking					
<input type="checkbox"/>	Pertinent positives and negatives: missed most or all pertinent positives and negatives and therefore could not make an assessment or differential diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Pertinent positives and negatives: identified most relevant symptoms and physical findings	<input type="checkbox"/>
				Pertinent positives and negatives: complete and thorough list of relevant symptoms and other data from history and physical exam to make an accurate assessment and differential diagnosis	

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Thought Process/Analytical Thinking (continued)						
<input type="checkbox"/>	Problem List: Missed important problem(s) or only identified problems in HPI and ignored problems identified in rest of write-up and PE (ie – forgot smoking or melena from ROS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Problem List: Identified most problems from the HPI and the rest of the history and physical exam, using appropriate medical terminology	<input type="checkbox"/>	Problem List: Complete documentation of all the patient's problems from both the HPI and the entire H&P) in the problem list, using appropriate medical terminology
<input type="checkbox"/>	Assessment: Fails to identify key problems; limited differential diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Assesment: Identifies most key symptoms and problems and creates a differential diagnosis that demonstrates adequate understanding	<input type="checkbox"/>	Assessment: Identifies all key symptoms and problems, synthesizes findings into thorough differential differential diagnosis
<input type="checkbox"/>	Plan: Missing 3 part plan (diagnostic, therapeutic; patient education – where applicable) for some or all of patients problems	<input type="checkbox"/>	<input type="checkbox"/>	Plan: Identifies appropriate 3 part plan for most of patients problems. (diagnostic, therapeutic; patient education – where applicable)	<input type="checkbox"/>	Plan: Comprehensive 3 part plan (diagnostic, therapeutic, pt education – where applicable) for all identified problems. Already working at level of third year student
Professionalism						
<input type="checkbox"/>	Not prepared for meetings; talks down to patients or other office/hospital staff; does NOT wear white coat when seeing pts; comes late for meetings	<input type="checkbox"/>	<input type="checkbox"/>	Comes prepared; treats everyone with respect; dresses professionally with white coat and ID badge; arrives on time for meetings		
<input type="checkbox"/>	Legibility: Sloppy handwriting, hard to read	<input type="checkbox"/>	<input type="checkbox"/>	Legibility: write-ups are legible and easy to read		

Facilitator(s) Comments: Note: Any “*Does not Meet*”, “*Meets with Concern*” or “*Exceeds*” box checked above **Requires** a comment below.

Student Signature/Date

Preceptor Signature/Date

Hospital/Clinic