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| **Does Not Meet Expectations** | **Meets With Concern** | **Meets Expectations** |
| **History**  |
| 🞏 Omits part or all of patient **identifying data** (i.e. age, sex…). |  | 🞏 Includes all appropriate **identifying data** (i.e. age, sex…). |
| 🞏 Does not include **language** needs of patient. |  | 🞏 Includes **language** preference and need for interpreter and notes interpreter’s ID, if applies. |
| 🞏 **Chief complaint**: omitted CC; or used medical jargon instead of using pt’s own words. |  | 🞏 **Chief complaint**: a brief line using the patient’s own words when applicable for why pt is seeing doctor. |
| 🞏 **HPI**: does not flow logically or chronologically; or incomplete. Difficult to understand. |  | 🞏 **HPI**: mostly chronological and flows logically. Includes most details for patient’s symptoms. Includes pertinent +/- |
| 🞏 **Pt perspective of illness** is not included in HPI. |  | 🞏 **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. |
| 🞏 **PMHx/Social hx/ Family hx** is not included and should have been included; or incomplete documentation. Does not ask military Hx when applicable. |  | 🞏 **PMHx/Social hx/ Family hx:** included and documented appropriately. Includes military Hx if applicable. |
| 🞏 **Allergy history:** omitted or incomplete. | 🞏 | 🞏 **Allergy history:** allergy history documented in write- up. |
| 🞏 **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). | 🞏 | 🞏 **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). |
| 🞏 **Review of systems:** skipped or missed multiple systems or so minimal detail written you cannot determine if ROS was adequate. | 🞏 | 🞏 **Review of systems:** Includes most systems with enough detail to document adequate review. |
| 🞏 **Physical Exam:** skipped or missed relevant organ systems or used incorrect or lay terminology to describe findings.🞏 Does not document or address **chaperone** presence. | 🞏 | 🞏 **Physical Exam:** documented all appropriate systems and used correct medical terminology to describe findings.🞏 Includes documentation of presence of **chaperone**, name/job for breast, GU/rectal examinations *when applicable.* |
| **Thought Process/Analytical**  |
| 🞏 **Pertinent positives and negatives:** missed most or all pertinent positives and negatives and therefore could not make an assessment or differential diagnosis. | 🞏 | 🞏 **Pertinent positives and negatives:** identified most relevant symptoms and physical findings. |
| 🞏 **Problem List:** Missed important problem(s) or only identified problems in HPI and ignored problems identified in rest of write-up and PE (i.e. – forgot smoking or melena from ROS, etc.). | 🞏 | 🞏 **Problem List:** Identified **most** problems from the HPI and the rest of the history and physical exam, using appropriate medical terminology. |
| 🞏 **Assessment:** Fails to identify key problems; limited differential diagnosis. | 🞏 | 🞏 **Assessment:** Identifies most key symptoms and problems and creates a differential diagnosis that demonstrates adequate understanding. |
| 🞏 **Plan:** Missing 3 part plan (diagnostic, therapeutic; patient education – where applicable) for some or all of patients problems. | 🞏 | 🞏 **Plan:** Identifies appropriate 3-part plan for most of patients’ problems. (diagnostic, therapeutic; patient education – where applicable). |
| **Professionalism** |
| 🞏 **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. | 🞏 | 🞏 **Comes prepared; treats everyone with respect**; dresses professionally with white coat and ID badge; arrives **on time** for meetings. |
| 🞏 **Last minute**, or late in arranging meetings, rushed. | 🞏 | 🞏 **Contacts preceptor** in timely fashion to accomplish requirements. |

**Preceptor Comments:** Comments are required on this form for all students.

(Please specifically address any “**Does Not Meets Expectations**” or “**Meets with Concern**.”)

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**Preceptor Signature & Date** **Student Signature & Date**