

Chart Review Reporting Form

Candidate: _____ **Assessor:** _____ **Date:** _____

Setting of Patient Interaction:

Office
 Hospital Out-patient
 Hospital In-patient
 ER
 Other: _____

Domain of Care (select ONE most relevant):

Behavioral medicine/mental health Elderly
 Children/adolescents Palliative
 Maternity/newborn Procedural Skills
 Adults Vulnerable/Underserved

		Y	N	Comments
1.	Note indicates whether patient care was provided in person or via telemedicine.			
2.	Note is organized (e.g. easy to find relevant information, has clear sections (history/subjective; examination/objective; impression/assessment; management; plan).			
3.	Pertinent positives and negatives from history and exam are included in the note.			
4.	History is synthesized and clear.			
5.	Assessment of case linked to data recorded.			
6.	Plan reflects assessment.			
7.	Medications given/changed are documented appropriately and existing medications reviewed.			
8.	Plan includes direction for future care, including follow-up and next steps in investigation or management.			
9.	Note is legible and signed			
10.	Avoids confusing acronyms or abbreviations			
11.	Corrections/changes are clearly indicated and dated			
12.	Results of investigations are document, including follow-up action.			
13.	New information about patient is updated on flow sheets.			
14.	Critical thinking process is seen in this note			
15.	Another physician would be able to know what the next steps for the patient were if asked to assume care of this patient.			
16.	It is possible to see clearly from this note why the patient came to see the physician, what was done and why, and what follow-up plan has been made.			

Assessor Comments

Candidate Comments

Assessment on this Chart Review (select one)

Competence Not Demonstrated <input type="checkbox"/>	Competence Partially Demonstrated <input type="checkbox"/>	Competence Demonstrated <input type="checkbox"/>
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Candidate Signature

Assessor Signature
