

Preview Form

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EMR History and Physical Feedback v2

Insufficient contact to evaluate (delete evaluation)

For each aspect of the H&P in the EMR, please mark the highest level of ability demonstrated. When complete, please provide the student with face-to-face feedback with specific comments and select the RIME level that most represents the quality of the H&P. If you prefer to edit the H&P on paper, please print out the document from the EMR.

Reason for Visit (Chief Complaint)/History of Present Illness						
	Did Not Observe	Incomplete	Reporter	Interpreter	Manager	Educator
1. Reason for Visit*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccuracies	<input type="radio"/> Includes some, but not all basic information (e.g. age, gender or duration missing)	<input type="radio"/> Includes, age, gender and duration of symptom	<input type="radio"/> N/A	<input type="radio"/> N/A
2. History of Present Illness*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccuracies	<input type="radio"/> Accurate, sufficient detail in most areas but may lack minor details; includes few pertinent positives and/or negatives	<input type="radio"/> Detailed; written in descriptive, narrative style; includes nearly all pertinent positives and negatives	<input type="radio"/> Exceptional, 'paints a picture'; appropriately detailed with precise description; reflects thorough understanding of disease process and patient context 'illness-script driven'	<input type="radio"/> N/A
Summary of Contextual Information						
	Did Not Observe	Incomplete	Reporter	Interpreter	Manager	Educator
3. Past Medical and Surgical Histories*	<input type="radio"/>	<input type="radio"/> Absent; major omissions, and/or with inaccuracies	<input type="radio"/> Complete, clear, but relevant additional details not always present; templated phrase with incomplete updates to EMR entries	<input type="radio"/> Documented in the EMR or manually with detailed and ranked by clinical importance with relevant additional details including length of diagnosis, degree of control	<input type="radio"/> Documented in the EMR or manually with detailed and ranked by clinical importance with relevant additional details including length of diagnosis, degree of control, complications, managed by who, previous and current treatments	<input type="radio"/> N/A
4. Social and Family Histories*	<input type="radio"/>	<input type="radio"/> Either SH or FH absent, with major omissions (e.g. N/A),	<input type="radio"/> Lacking in detail, but address most major components of SH and FH	<input type="radio"/> Appropriately detailed social history; anticipates effects of social factors on	<input type="radio"/> N/A	<input type="radio"/> N/A

		and/or with inaccuracies	(e.g. employment, current activity level, living situation)	patient's disease or condition; FH appropriately detailed for HPI and patient's age		
5. Allergies and Medications*	<input type="radio"/>	<input type="radio"/> Templated list; either medications or allergies absent, with major omissions, and/or with inaccuracies; meds listed w/o corresponding diagnosis in PMH; disorganized	<input type="radio"/> Complete (e.g. dose, route, frequency) but with occasional trade names; no documentation of medication reconciliation; allergies listed but reactions absent	<input type="radio"/> Comprehensive (e.g. dose, route, frequency) with exclusive generic names; includes OTC and herbal Rx; allergies listed with specific reactions	<input type="radio"/> Comprehensive with exclusive generic names and OTC medications with complete written medication reconciliation (e.g. if pt taking; when last dose; if not taking, why; therapy completed)	<input type="radio"/> N/A

Data Gathering

	Did Not Observe	Incomplete	Reporter	Interpreter	Manager	Educator
6. Physical Exam*	<input type="radio"/>	<input type="radio"/> Inaccurate exam (e.g. templated w/o edits for maneuvers actually completed); multiple pertinent sections of exam absent; frequent omissions related to HPI	<input type="radio"/> Complete exam with 10 systems documented; most pertinent physical exam findings related to HPI identified	<input type="radio"/> Comprehensive with subtle findings in addition to all findings pertinent to HPI; no relevant omissions	<input type="radio"/> N/A	<input type="radio"/> N/A
7. Review of Systems*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccuracies	<input type="radio"/> 10 systems documented; some important omissions in setting of clinical context	<input type="radio"/> 10 systems documented; appropriately detailed for clinical context	<input type="radio"/> N/A	<input type="radio"/> N/A
8. Labs and Studies*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccuracies	<input type="radio"/> Templated smartphrase; occasional minor omissions	<input type="radio"/> Pertinent labs reviewed with significant labs documented related to HPI; includes baseline values and relevant historical trends	<input type="radio"/> Comprehensive labs reviewed, including prior imaging studies, diagnostic procedures pertinent to HPI; Documents significant lab values related to HPI; Significant studies addressed including baseline values and relevant historical trends if applicable	<input type="radio"/> N/A

Analysis						
	Did Not Observe	Incomplete	Reporter	Interpreter	Manager	Educator
9. Assessment/Problem Representation*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccurate	<input type="radio"/> Lengthy, wordy assessment; does not include appropriate semantic qualifiers (e.g. acute/chronic, pleuritic, substernal, bilateral, arthritis, arthralgia); may lack specific risk factors or include risk factors not pertinent to diagnosis; omits pertinent specific history, physical exam or lab findings that correlate to illness scripts of generated differential diagnoses; does not include proposed differential or diagnosis	<input type="radio"/> One to two sentences; translates symptoms and findings into appropriate semantic qualifiers; most RFs included pertinent to diagnosis; includes only specific elements pertinent to generated differential diagnosis; proposes a prioritized differential or documents an accurate diagnosis	<input type="radio"/> Concise one to two sentences using appropriate semantic qualifiers; excludes extraneous past medical history not relevant to differential diagnosis; excludes non-specific symptoms or physical exam findings; proposes an appropriate and prioritized differential that includes illness script driven diagnoses as well as can't miss diagnoses or uses appropriate and specific medical terminology for diagnosis (hospital acquired pneumonia, sepsis secondary to gram + cocci bacteremia from catheter associated infection)	<input type="radio"/> N/A
10. Differential Diagnosis*	<input type="radio"/>	<input type="radio"/> Absent, major omissions, and/or inaccurate	<input type="radio"/> Lists 1-2 reasonable diagnoses for chief complaint; does not include clinical reasoning for each differential or diagnoses; may include diseases already ruled out by labs or imaging; may include unlikely uncommon diagnoses	<input type="radio"/> Considers and prioritizes 3-5 diagnoses for chief complaint with documented clinical reasoning for all diagnoses; differential diagnoses list includes most common diseases as well as can't miss diagnoses; disease processes that have been ruled out by reported data is not included; includes 1-2 primary, peer-reviewed sources (online textbooks)	<input type="radio"/> Considers and prioritizes 3-5 appropriate diagnoses for chief complaint with documented clinical reasoning including peer-reviewed literature integrated into analysis which applies directly to the patient	<input type="radio"/> N/A
11. Problem List*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> N/A

	Absent and/or grossly inadequate	Identifies all major active problems but misses some minor problems from HPI; minimal evidence of ranking by clinical importance; does not group signs and symptoms by syndrome	Identifies both active and stable problems; groups signs and symptoms by syndrome; generates complete, prioritized problem list	Generates a complete and prioritized problem list that is grouped by signs and symptoms; comprehensive documentation of each problem with appropriate medical terminology, level of control/status, complications, and etiology	
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Management and Plan

	Did Not Observe	Incomplete	Reporter	Interpreter	Manager	Educator
12. Treatment Plan*	○	○ Does not make obvious associations between symptoms and patient's conditions and/or social context	○ Lists treatment plan for diagnosis related to chief complaint but lacks specific details such as medications dosages or routes; fails to appreciate impact of co-morbidities; fails to contextualize with patient's social factors	○ Lists treatment plan for chief complaint including relevant work-up; documents details regarding medical management including dosages and routes; secondary problems not fully addressed; does not consistently contextualize patient's social situation	○ Discusses and reveals comprehension of both core and less common disease treatment plans; appreciates impact of co-morbidities; fully addresses secondary problems including risk stratification, health maintenance and references to guideline driven management practices	○ Tailors guideline and standard of care practices to patient preferences and social factors; Able to discuss and apply high-value care practices
13. Disposition*	○	○ Attempts consideration of factors relevant to discharge planning	○ Documents need for ancillary service needs but may misappropriate resources	○ Documents need for ancillary services with mostly appropriate resources; documents predicted plan for transition out of hospital	○ Includes appropriate need for consult services, including therapy, social work and other sub-specialties (i.e. OPAT, GI); documents need for follow-up after discharge with other sub-specialty services	○ Documents patient education/acceptance of appropriate and comprehensive treatment plan

14. Face-to-Face feedback given on: *

* Required fields ■ Option description (place mouse over field to view)

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