

Post-call Reflection / Debriefing Tool

Medical Record # _____ Date of Service _____ Resident _____

1. Appropriate History Documented (circle one)

Unsatisfactory Borderline Satisfactory

Comments:

2. Appropriate Examination Documented (circle one)

Unsatisfactory Borderline Satisfactory

Comments:

3. Assessment and Plan

A. Ordered Problem List Unsatisfactory Borderline Satisfactory

B. Differential Diagnosis Unsatisfactory Borderline Satisfactory

C. Treatment Plan Unsatisfactory Borderline Satisfactory

4. Agreement with Resident's perceived urgency rating

Unsatisfactory Borderline Satisfactory

Comments:

Evaluator's Name _____

1 – minor (e.g. nonspecific symptoms, cornea abrasion, conjunctivitis, ecchymosis)

2 – significant (e.g. hyphema, orbital cellulitis, lid laceration, corneal ulcer, cranial nerve paresis)

3 – severe (e.g. open globe, papilledema, angle closure, giant cell arteritis)