

Resident Name: _____

Date: _____

Record Review Checklist

This Record Review Checklist should be completed for documentation of an initial history and physical dictation, for progress notes, consult notes and outpatient clinic notes. This checklist should serve as a means of providing feedback to the pediatric resident about the importance of a complete and accurate medical record. This completed checklist may be faxed (650-497-8228), or emailed (mrennels@lpch.org) to include in the resident's portfolio.

	Competent	Developing Competence	Not Applicable
PATIENT CARE			
Documents essential and accurate information about the patient.			
Reviews past medical history and medical records relevant to the presenting problem			
Documents an appropriately detailed and focused examination			
INTERPERSONAL AND COMMUNICATION SKILLS			
Uses the medical record effectively to communicate the assessment and plan of care to the health care team			
Effectively documents instructions given to patients and families			
Effectively uses the medical record to communicate consultant opinions			
PROFESSIONALISM			
Completes medical record documents in a timely manner			
PRACTICE-BASED LEARNING AND IMPROVEMENT			
Documents evidence-based guidelines for the evaluation and treatment of the patient			
SYSTEMS-BASED PRACTICE			
Documents a multi-disciplinary plan of care			

COMMENTS: (Please provide details to the resident about what was done well and what aspects of the exam could still improve.) _____

Supervisor's signature: _____

Check one please:

- ☐ Faculty
- ☐ Fellow
- ☐ Senior Resident