

**Name of Resident:** \_\_\_\_\_ **Name of Assessor** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Task I Mini Chart Audit

**Today's focus is on charting.**

The attending physician should randomly select TWO charts to audit. Should take 5-6 minutes to complete. The charts (or temporary copies) of the charts should be held until a point in the shift where feedback can be effectively given with both resident and attending physician reviewing the chart.

CHECKLIST	CHART 1			CHART 2		
	DONE	DONE BUT NEEDS ATTENTION	NOT DONE	DONE	DONE BUT NEEDS ATTENTION	NOT DONE
Completes all basic identifiers (Self, Attending, Date, Times)						
Information relevant to CC and HPI recorded						
Physical Examination - relevant systems						
Physical Examination - documents specific elements; avoids broad sweeping generalizations						
Relevant Investigations (e.g. ECG, relevant labs, Imaging indicated)						
Documents procedures e.g. type of closure, suture type, anesthetic - type and dose						
Reassessments documented (including time); changes noted						
Disposition plan documented (e.g. Consultation time/discussion; Discharge Instructions - relevant and appropriate; Rx or continuation orders as appropriate)						
Completion of Ancillary Paperwork (Rx, referral forms, etc..)						

RATE THIS TASK   CIRCLE NUMBER THAT THAT BEST DESCRIBES LEVEL OF PROFICIENCY						
1	2	3	4	5	6	7
<b>Needs Assistance in area</b> Requires extensive charting by attending to compensate for missing items.		<b>Requires significant charting by attending to rectify charting.</b>		<b>Requires minimal charting by attending to clarify charting.</b>		<b>Ready for Next Steps</b> Attending documents no additional or further information that is not already contained in the chart.
Resident's chart is described by ANY of the below: • Charting is incomplete and missing key items (noted above). • Chart fails to provide a synthesis of the resident's decision-making and thinking process. • Inefficient/verbose, illegible or incoherent documentation.		Resident's chart is roughly described by the below: • Charting fails to provide a thorough narrative of the patient-doctor encounter in the ED but to incorporate parts all the important elements. • Chart fails to provide a synthesis of the resident's decision-making & thinking process. • Hard to read.		Resident's chart is roughly described by the below: • Charting provides a complete narrative of the patient-doctor encounter in the ED. • Confusing, but still is able to convey the overall thinking process to external reader. • Efficient, legible documentation.		Resident's chart is described by ALL of the below: • Charting provides a thorough narrative of the patient-doctor encounter in the ED. • Chart provides a succinct and nuanced synthesis that fully explains the resident's decision-making & thinking process. • Efficient, legible documentation.

**The Evidence:** Please provide an example of the learner's behaviour with an explanation that supports your rating. Add enough details to ensure another faculty member can quickly understand your rationale for the above score. (MANDATORY)

**The next step:** Based on the above evidence, please give one specific suggestion (Education Prescription) for the resident to attempt during his/her next shift.