

Major Task I Documentation

Today's focus is to assess the completeness of the resident's medico-legal documentation.

The attending physician should randomly rate two of the residents charts using the following checklist and rating scale. 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	N/A FOR CASE	DONE	DONE BUT NEEDS ATTENTION	NOT DONE	N/A FOR CASE
Time of assessment & reassessments recorded								
Organized & Legible								
Involved Parties documented (self, attending, consultants) including his/her signature and printed name								
Initial plan documented and guides reader to understand their thinking process.								
Reassessments documented; changes noted								
Results from pertinent investigations are documented.								
Orders are thorough and complete (times documented)								
Documents procedures appropriately								
Disposition plan (i.e. discussion with consultant, Discharge instructions, Follow-up plans) are documented.								

RATE THIS TASK CIRCLE NUMBER THAT THAT BEST DESCRIBES LEVEL OF PROFICIENCY						
1 Needs Assistance: Requires extensive charting by attending to compensate for missing items.	2	3 Requires significant charting by attending to rectify charting.	4	5 Requires minimal charting by attending to clarify charting.	6	7 Ready for Next Steps: 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: <ul style="list-style-type: none"> • Charting is incomplete and missing key items (noted above). • Chart fails to provide a synthesis of the resident's decision-making and thinking process. • Incomplete charting • Inefficient/verbose, illegible or incoherent documentation. 		Resident's chart is approximately described by the below: <ul style="list-style-type: none"> • 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 mostly described by the below: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.