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)