

## READ Workshop: Individual Feedback Form for Intern Admission Note

***This questionnaire was completed by your colleagues at the READ Workshop. Small groups of your peers worked together to evaluate your admission note using this questionnaire as a guide. The numbers that appear above each column correspond to the numbers marked on the document called "Individual Feedback Template" that is attached to this sheet. The goal of these sessions is to improve documentation in the medical record, which will in turn improve patient care.***

### **I. Basic Elements**

	1	2
The following basic elements are present:	Yes	No
Date	<input type="checkbox"/>	<input type="checkbox"/>
Time	<input type="checkbox"/>	<input type="checkbox"/>
Chief complaint	<input type="checkbox"/>	<input type="checkbox"/>
Signature	<input type="checkbox"/>	<input type="checkbox"/>
Printed or stamped name	<input type="checkbox"/>	<input type="checkbox"/>
Pager number	<input type="checkbox"/>	<input type="checkbox"/>

### **II. History**

	1	3	2
The intern note contains	Yes	No	<i>Incomplete</i>
a complete and directed HPI based on the chief complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a complete past medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a social history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a family history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a complete medication list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
documentation of allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **III. Physical Exam**

	1	3	2
The intern physical exam contains documentation of	Yes	No	<i>Incomplete</i>
a complete set of vital signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at least the 9 essential body areas/organ systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
findings (positive or negative) pertinent to history elements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **IV. Data**

	1	3	2
The intern note contains complete information on	Yes	No	<i>Incomplete</i>
laboratory data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other diagnostic studies (e.g., CXR, EKG).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**V. Assessment**

	<b>1</b>	<b>3</b>	<b>2</b>
	<i>Yes</i>	<i>No</i>	<i>Incomplete</i>
The intern note contains			
a summary statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mention of a differential diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discussion of diagnostic studies with abnormal results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a problem list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VI. Plan**

	<b>1</b>	<b>3</b>	<b>2</b>
	<i>Yes</i>	<i>No</i>	<i>Incomplete</i>
The intern note contains			
a complete and well outlined diagnostic and therapeutic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a plan that is appropriate based on the assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a discussion of code status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VII. Overall**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
This is an effective note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More detail is needed in this note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much detail is provided in this note.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of this note is appropriate for the complexity of the visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I didn't know this patient, this note would help me care for him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. Additional comments or suggestions:**