TRANSITION TO DISCIPLINE #2: COMPLETE DOCUMENTATION AND ORDERS ASSOCIATED WITH A CLINICAL ENCOUNTER

Short Description: Write relevant documentation of history and orders/prescription, if applicable, for a patient who presents with a mental health concern.

Assessment Options:
● Direct observation
● Review of documentation
● Written exam
● OSCE (if applicable station)

Scope:
● Adult in clinical or educational setting

Possible Clinical Settings:
● Any psychiatry rotation

Milestones:

**Write a clinical note**
The note should be an accurate portrayal of the clinical encounter, including pertinent positives and negatives. The expectation is that the learner be able to document the history taken, but will require assistance in completing the remaining portions of the diagnosis and management plan.

**Write a mental status exam**
The Mental Status Examination should cover all major domains of a standard MSE.

**Write appropriate orders**
A learner should be able to complete a standard set of orders or prescription using an acceptable format. Medication orders should include route of administration, dosage, generic medication name and timing of administration, with appropriate abbreviations. PRN medications should include indication and maximum daily dosage. These orders should be placed in relevant medical record format for the setting (i.e. electronic records).

**Note is legible and content is clear**
This speaks to the utility of the note and whether it can be understood by other health care providers.