The Hong Kong College of Family Physicians

香港家庭醫學學院



**Pre-Exit Medical Record Review (PERM)**

|  |  |
| --- | --- |
| Candidate |  |
| Practice name & address | (Working in the practice since\_\_\_\_\_/\_\_\_\_\_) |

|  |  |
| --- | --- |
| Assessor |  |
| Date of assessment |  |
| Signature |  |

**Introduction**

PERM is an interim assessment for candidates who are preparing to attempt the Exit Examination of the Hong Kong College of Family Physicians (HKCFP). For the details please refer to the **PERM workshop.** Materials presented in the workshop is available on HKCFP internet website.

In summary:

* Candidate needs to prepare:
* **100 medical records**:
* medical records of 100 different patients in a six-week period between 1st of May and 31st August of the same year.
* The format and requirement should be in line with the Part D of Practice Assessment, Exit Examination
* The format of medical records can be computerized, paper or a hybrid of both.
* **100-Case Log**:
  + A table summary of the 100 medical records collected, in the specified format.
* An Assessor (candidate’s Clinical Supervisor in higher training or a PA Examiner) needs to:
* choose ten medical records from the 100-case log to mark, and
* give feedback (with documentation) to the candidate,

– using the **PERM Assessment Form,** the completed and assessor-signed Formwill become a **PERM Report**

* Candidate must keep the ten medical records marked till 31st March of the next year. These records may be reviewed by delegates of Specialty Board for:
  + suspected misconduct in PERM when necessary; OR
  + quality assurance, as agreed by the candidates and assessors.
* Documents to be submitted at the Exit Examination Application are:
  + **100-case log**
  + **PERM Report** --- please note any part(s) rated grade “N” will not be accepted.

Appendix: Template for 100-Case Log

**PERM Assessment Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Enter the serial number of the records (i.e., 1 – 100) chosen from the 100-Case log 🡪*** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |
| 1. **Legibility** |  |  |  |  |  |  |  |  |  |  |
| 1. **Basic Information** |  |  |  |  |  |  |  |  |  |  |
| * Allergy / Adverse drug reactions * Current medication list * Problem list (Current / Past health) * Family history (with genogram as appropriate) | | | | | * Social history, occupation * Height, weight, BMI/ growth chart; blood pressure * Immunization * Tobacco & alcohol use; physical activity | | | | |
| **Grade** (please circle one) |  | | | | | | | | | |
| **A** | Very good to Outstanding, mastery of most components and capability | | | | | | | | | |
| **C** | Satisfactory to good in most components | | | | | | | | | |
| **E** | Need to overcome some omissions / defects that have impact on patient care | | | | | | | | | |
| **N** | Need attention to avoid unsafe practice | | | | | | | | | |
| 1. **Consultation notes** | | | | | | | | | | |
| Main reason(s) of consultation |  |  |  |  |  |  |  |  |  |  |
| Clinical findings |  |  |  |  |  |  |  |  |  |  |
| Diagnosis/ Working diagnosis |  |  |  |  |  |  |  |  |  |  |
| Management |  |  |  |  |  |  |  |  |  |  |
| Anticipatory care advice |  |  |  |  |  |  |  |  |  |  |
| **Grade** (please circle one) |  | | | | | | | | | |
| **A** | Very good to Outstanding, mastery of most components and capability | | | | | | | | | |
| **C** | Satisfactory to good in most components | | | | | | | | | |
| **E** | Need to overcome some omissions / defects that have impact on patient care | | | | | | | | | |
| **N** | Need attention to avoid unsafe practice | | | | | | | | | |

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| --- | --- | --- | --- |
| **Overall performance** | | | |
| **Grade** (please circle one) | |  | |
| **A** | | Very good to Outstanding, mastery of most components and capability | |
| **C** | | Satisfactory to good in most components | |
| **E** | | Need to overcome some omissions / defects that have impact on patient care | |
| **N** | | Need attention to avoid unsafe practice | |
| **Feedback:** | |
| 1. **Basic Information** | |
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| 1. **Consultation notes** | |
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| **Overall / other comments** |
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**Please tick the area(s) need attention / improvement according to the overall performance:**

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| --- | --- | --- |
| **Overall performance on Basic Information:**  **area(s) need attention / improvement** | If applicable, please ✓;  higher priority ✓✓, etc. | remarks |
| * Insufficient positive / significant negative information |  |  |
| * Inaccurate / inconsistent with other part(s) of the record |  |  |
| * Information not updated |  |  |
| * Documentation: length not appropriate OR unclear |  |  |
| * Others: |  |  |

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| --- | --- | --- |
| **Overall performance on Consultation Notes:**  **area(s) need attention / improvement** | If applicable, please ✓;  higher priority ✓✓, etc. | remarks |
| * Main reason(s) of consultation unclear |  |  |
| * Insufficient documentation of clinical findings |  |  |
| * Diagnosis/ Working diagnosis unclear |  |  |
| * Suboptimal management |  |  |
| * Lack of / inappropriate anticipatory care advice |  |  |
| * Documentation: length not appropriate OR unclear |  |  |
| * Others: |  |  |

***Assessor please sign on the front page***

***--- end ---***

***Appendix***

**Template for 100-Case Log**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Serial no.** | **Patient record number** | **Patient initials** | **sex** | **age** | **diagnosis** | **Date of the consultation** | **Date of first attended the clinic** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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| **100** |  |  |  |  |  |  |  |