

Online Appendix. Data collection form for collecting steps of a patient visit

PLEASE DO NOT write any identifying patient information on this sheet.

Time of Patient Arrival _____ Time of Patient Departure _____

Room Number _____

<i>Step</i>	<i>Start time</i>	<i>End time</i>	<i>Notes</i>
Meeting patient, taking vitals			
History, Physical Exam			
Presenting & consulting resident (optional)			
Seeing patient with resident (optional)			
Presenting & consulting attending			
Seeing patient with attending			
Writing prescription, dispensing medication			
Writing SOAP note, other paperwork (optional)			
Other (specify) (optional)			