FREE SELF-REFLECTION WORKBOOK

Dot Phrase Library Satisfaction Self-Assessment

Use these questions to understand how well your current dot phrases support your work, where friction remains, and to help decide what to work on next. Little changes can make a big difference.

START WITH THE BIG PICTURE

1. Overall, how satisfied are you with your current dot phrases?

1	2	3	4	5	6	7	8	9	10

2. If your score is below eight, what could realistically get you to an eight?

3. What are your top 10 visit diagnoses? Do you have dot phrases for them, and how well do those phrases work?

#	Common diagnosis or visit type	Dot phrase?	Works well? 1-10
1		Yes / No	
2		Yes / No	
3		Yes / No	
4		Yes / No	
5		Yes / No	
6		Yes / No	
7		Yes / No	
8		Yes / No	
9		Yes / No	
10		Yes / No	

REFLECT ON DOCUMENTATION FLOW

Where does the work feel easy or tedious?

Let’s look for patterns.

4. What are your fastest visits to document, and what makes them easier than the rest?

5. What are your slowest visits to document, and what makes them more tedious?

6. How well do your current dot phrases support visits with an extensive differential diagnosis?

7. How quickly can you document your five most frequent chronic-condition initial and follow-up visits? What slows you down?

8. How easy is it for you to manage the problem list?

9. What is your current habit for documenting workups that include a large amount of testing?

REFLECT ON COMPLEXITY AND JUDGMENT

Where does your current library need more nuance?

If several areas come to mind, use these questions to identify a practical place to begin.

10. How do you currently document conditional if/then plans?

11. Do you have a quick way to capture shared decision making and why a decision was made?

12. How do you document complex social situations or conversations that may receive greater legal scrutiny?

13. Do you document differently when you are more worried about a patient? What does that look like?

14. For procedures, can you easily capture anything unique that happened in addition to the boilerplate?

15. Are any colleagues particularly strong in this area? What do they do differently that you could learn from?

TURN REFLECTION INTO ACTION

Choose your next step

Look for the repeated sources of friction across your answers. Try to find something small enough to finish in one sitting to help build momentum.

Current satisfaction	____ / 10	**Target**	____ / 10
Most repeated friction		**A strength to reuse**	
One improvement that matters most		**How I will know it helped**	

PATH ONE: START SMALL

Pick three common diagnoses to improve

Choose diagnoses that are frequent and tedious. For each one, choose a step to take. Here are some ideas: clearer options, a complete work up, a visible conditional plan, shared-decision making language, a more reliable follow-up section, or fine tune it to what you actually say in the room.

Diagnosis / visit	Current friction	Next step

PATH TWO: USE A LARGE LANGUAGE MODEL (LLM)

Use a draft to get past the blank page

An LLM can organize your reflection answers, propose a reusable structure, and create a first draft when time or a blank page is the main obstacle. The tradeoff is familiarity: templates you author personally are easier to remember, use quickly, and trust because you know why every line is there. Treat generated text as raw material. Verify it, rewrite it in your own language, and remove anything you would not independently choose to document.

REVIEW BEFORE YOU REUSE

Jump start the process with an LLM

Use generated text as a first draft if you have time constraints or find it intimidating to get started. The key is to then make the output your own. Consider using this review loop before relying on generated language.

1	**Protect the boundary** Use only patient-independent context. Never paste patient notes, PHI, identifiers, or screenshots into an LLM.
2	**Check the clinical content** Verify every statement independently. Remove invented facts, unsupported recommendations, and assumptions that do not reflect your practice.
3	**Check local fit** Review medication, testing, referral, billing, legal, and policy language with particular care.
4	**Personalize the language** Rewrite the draft so the structure, vocabulary, and level of detail match how you actually think and document.
5	**Test combinations** Use generic examples to test defaults, optional paths, conditional language, formatting, and copied output.
6	**Own and maintain it** Name an owner, record a review date, and keep a recoverable backup. Revisit the template when your workflow changes.

Before importing an LLM-generated workspace: export your current Repertoire workspace as a backup. Import replaces reusable templates and starting notes; it does not merge a few new templates into the current file. Browser preferences and the current draft stay unchanged. Review the import summary before confirming.

COPY-AND-PASTE PROMPT: PART 1

Begin with your reflection answers

```
Help me design patient-independent reusable clinical documentation templates.

Here are my answers to a dot phrase library satisfaction self-assessment:

[PASTE OR SUMMARIZE YOUR GENERIC ANSWERS TO QUESTIONS 1-15 HERE. REMOVE ANY PATIENT-SPECIFIC INFORMATION FIRST.]

My current satisfaction score is: [__/10]. My target is: [__/10]. The documentation friction I most want to improve is: [DESCRIBE IT].

To get started, help me create a first draft of a new template library to help me address these concerns.
```

LLM HANDOFF FOR REPERTOIRE IMPORT

Ask an LLM to build an import file for Repertoire

If you already have a template library that you would like to use inside Repertoire, then use the following prompt to create an import file. Give the task, your approved source content, and the required structure below to an LLM. It can use that context to create a complete **.json** file that Repertoire can accept through **Browse** → **Import**. Carefully review the returned file before importing. Import replaces reusable templates and starting notes; browser preferences and the current draft stay unchanged.

```
Task: Convert my reviewed, patient-independent dot phrase library
into a complete structured workspace file for import into Repertoire,
a clinical template management tool.

Source content:
[PASTE ONLY APPROVED DOT PHRASES OR TEMPLATE DRAFTS HERE]

Existing workspace:
[ATTACH A CURRENT EXPORT TO PRESERVE IT, OR WRITE START FRESH]

Preserve my wording and meaningful alternatives. If an existing workspace
is provided, preserve it and add or replace only my approved templates.
Do not add clinical content. Return one valid JSON object in this structure:

{
  "format": "repertoire-workspace",
  "version": 2,
  "exportedAt": "CURRENT_ISO_8601_TIMESTAMP",
  "templates": [TEMPLATE_OBJECTS],
  "customTemplates": [TEMPLATE_OBJECTS],
  "repertoire": {"moves": [], "blocks": [], "selections": [], "lines": []},
  "startingNotes": [],
  "activeStartingNoteId": "built-in-default",
  "startingDocument": "<h2>Assessment / Plan</h2><p></p>",
  "preferences": {
    "autoCopy": false,
    "includeTemplateNames": true,
    "showInferenceDetails": true,
    "skipNewPatientConfirmation": false,
    "onboardingComplete": true,
    "theme": "sage"
  }
}

TEMPLATE_OBJECTS must use this shape:
{
  "id": "unique-lowercase-id",
  "title": "Precise Template Title",
  "category": "Other",
  "triggers": {
    "primary": "Precise Template Title",
    "aliases": ["specific alias"]
  },
  "sections": [
    {
      "id": "stable-text",
      "kind": "text",
      "label": "Narrative",
      "text": "Patient-independent wording reviewed by the user."
    },
    {
      "id": "visible-options",
      "kind": "optionGroup",
      "label": "Plan options",
      "options": [
        {"id": "option-one", "text": "First reviewed option"},
        {"id": "option-two", "text": "Second reviewed option"}
      ],
      "selection": {
        "defaultSelected": [],
        "mode": "multiSelect",
        "control": "toggle",
        "outputMode": "separate"
      }
    }
  ]
}

Final checks before returning JSON:
- Use only kinds "text" or "optionGroup" in this starter file.
- Keep every template, section, and option ID unique.
- Keep aliases specific, unique, and at least 3 characters long.
- Put the same new template objects in templates and customTemplates.
- Use empty defaultSelected unless I explicitly approved a default.
- Escape quotation marks and line breaks so the result is valid JSON.
- Return the complete workspace object only, with no markdown fences.
```

FOLLOW ALONG AS REPERTOIRE DEVELOPS

Explore Repertoire early access

Try the workspace, follow product updates, and share ideas that can help shape what comes next.

Stay involved as Repertoire develops

Visit the early access page to try the workspace, join for occasional updates, or share feedback about the workflows you want Repertoire to explore.

Visit noterepertoire.com/early-access