

## Outpatient Internal Medicine

**Instructions:** Students are expected to have the types and numbers of interactions with patients as shown below. Below each encounter, students must document the initials and date of each patient interaction. A signature of the appropriate supervising resident or faculty for level II\* or level IV\* exams or procedures is required. This log must be returned to the clerkship director at the end of your clerkship. Indicate if patient is inpatient, outpatient, standardized patient or computer/paper case. Please check appropriate location of encounter.

<u>Encounter</u>	<u>Required Minimum</u>	<u>Level of Care*</u>	<u>Patient's Initials/Date</u>	<u>In-patient</u>	<u>Out-patient</u>	<u>Stan. Patient</u>	<u>Computer/Paper Case</u>	<u>Supervising Signature if necessary</u>
Congestive heart failure	2	II						
Hypertension	3	II						
Lipid Disorders	3	II						
Skin Problems/Rash	1	II						
Dysuria	1	II						
Incontinence	1	II						
Prostate hypertrophy/cancer	1	II						
HIV Disease	2	II						
Back pain	3	II						
Joint disease or pain	1	II						
Depression	2	II						
Substance abuse – tobacco	3	II						
COPD	2	I						
Cough	2	II						
Diabetes Mellitus	3	II						
*Levels of Care: I=Observe examination or management OR participate in discussion of a patient;								
II=Examination and presentation to a resident/faculty attending; III=Observe procedure; IV=Perform procedure.								

**Student Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_