

University of California, Irvine  
School of Medicine

Ambulatory Medicine Clerkship  
Academic Year 2010-2011

Student Handbook



Alpesh Amin, M.D.  
Director, Ambulatory Medicine Clerkship  
University of California, Irvine  
101 The City Drive South  
Route 1, Building 58, Room 110  
Orange, CA 92868  
aamin@uci.edu  
(714) 456-3785

Desiree Avery  
Clerkship Program Representative  
(714) 456-5176

**University of California, Irvine  
Division of General Internal Medicine  
Ambulatory Medicine Clerkship  
Ambulatory Medicine Workbook**

Name \_\_\_\_\_ Preceptor & Telephone \_\_\_\_\_

Clerkship Site \_\_\_\_\_ Date of Clerkship \_\_\_\_\_

**Goals for Your Ambulatory Internal Medicine Segment**

1. Provide the skills necessary to assess adult patients in an ambulatory setting with both defined and undefined health problems.
2. Focus on problems that are common in ambulatory internal medicine.
3. Develop the ability to take a problem-oriented history and perform a directed physical exam.
4. Work with a preceptor on developing diagnostic and therapeutic decision-making skills in the outpatient setting.
5. Learn to provide continuity of care.
6. Emphasize the importance of coordination of care by communicating with subspecialty colleagues and other members of health care team in the office practice and community agencies.
7. Learn to work as a practitioner within a community with its unique population.
8. Understand the basic concepts of office practice management and the roles and responsibilities of the staff members.
9. Demonstrate the importance of self-directed learning.
10. Incorporate preventive care strategies into routine patient health maintenance.

**Introduction**

Welcome to the ambulatory care part of your internal medicine clerkship. You will certainly get a different experience compared to your weeks on the inpatient side. The setting, ways of thinking, level of ambiguity, and acuteness of illnesses are among the many differences you will find between your inpatient and outpatient experiences. I hope by the end of your ambulatory care rotation you will have a flavor of what a primary care doctor deals with in his/her daily practice and an exposure to common problems in ambulatory internal medicine.

Each of you will be on ambulatory for 4 weeks, in addition to your 8-week inpatient medicine clerkship. While on ambulatory, you will spend 15-16 half days with your preceptor in clinic and 1 half day in Ambulatory Care Rounds at UCI (Thursday afternoon).

Attached you will find a copy of what your sample day is like. You are expected to be at your preceptor's office by 8 am every morning. Please call your preceptor prior to your first day so you know when and where to exactly meet. Please also remember that many times you might be seeing your preceptor's private patients – so professionalism, timeliness, and courtesy are all important. You should treat all the patients you see with respect and courtesy and treat each of them as if you are "treating your own family member." Please also remember your dress code is of vital importance and a first impression goes a long way. **Absolutely no scrubs are allowed while on your ambulatory care rotation.** There is no call while you are on this leg of your clerkship so scrubs should not be required.

Besides our goal of teaching and exposing you to some of the common internal medicine cases and problems seen in the internal medicine clinic, we will also be focusing on the humanistic and professional aspects of being a physician. Attached you will find 3 copies of an evaluation form on professionalism. I would like you to ask 3 different patients you see (on 3 separate occasions) after your visit with them to fill this form out for you. You can use an introductory statement like, "*Mr. Smith, I am a third year medical student at UC Irvine and would appreciate it if you could give me some feedback on my professional behavior during my interaction with you. I would be interested in learning from any comments you might have. This is not used towards my grade, but I will use it for my own personal and professional growth. Thank you very much.*" Make sure you turn them into Desiree Avery in the medical education office. These will not be used towards your final grade, but will be a point for discussion and for personal and professional growth. It must be completed though in order to receive a grade in this course.

You will also find 1 evaluation form on professionalism and organizational skills. Please give this form to your preceptor to fill out at the end of your rotation. Ask your preceptor for a brief exit interview at the end of your rotation to give you some feedback and use this and your ambulatory care evaluation forms to facilitate the feedback process. Please turn in all forms at the end of your rotation to Desiree Avery in the medical education office. You should ask your preceptor for verbal feedback mid-rotation around the completion of your first week.

In your packet you will also find an evaluation form to give to your preceptor which will be used towards your final grade. Please make sure your preceptor has a copy of the form and it is mailed back to Desiree Avery in the medical education office.

Enclosed you also find multiple copies of the patient log form which I would like you to fill out. The form is developed to guide you on a patient directed approach to learning and incorporating evidence-based medicine into your learning. There are few basic questions for you to fill out (see attached form) which is patient specific to the patient you saw. As far as the question you want answered, it should be relevant to questions that might have surfaced during your visit. We will discuss more on this during your orientation. You must turn in at least 10 patient logs to Desiree Avery before the end of the rotation. ***(see pg. 15 for a detailed list of assignments to be turned in at the completion of the Ambulatory Medicine rotation).***

We have limited the number of patients you will see to at least 2-3 per half day session and there is no call so there should be plenty of time for you to fill these forms out and do good literature searches as needed in an evidence based medicine format. There should also be plenty of time to read.

I hope you have a rewarding and enjoyable ambulatory care experience. If you have any problems, feedback, questions, or suggestions, please feel free to let me know ASAP.

### **Reading Material**

Primary Care Medicine textbook by Gorroll, et al  
Ambulatory Medicine textbook by Barker, et al  
Various Handouts in your packet

Alpesh Amin, M.D.  
Director, Ambulatory Medicine Clerkship

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** Medicine-editors Fishman, Hoffman, Klausner, Thaler

**Reviewers:** Two

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
Medicine 4 <sup>th</sup> Edition 1996	Lippincott -Raven	\$36.00 (used copies available through amazon.com for \$22.00)	approx 70 chapters, 11 sections, 620 pages	Divided into subspecialty sections, most disease-based but a few symptom-based chapters	1. Text is very readable 2. Short enough to be read during a clerkship 3. Presents a good brief overview prior to further reading from other, more complete, sources	1. Published in 1996- some areas out of date 2. Disease oriented without consideration of broad topics such as fever, weight loss, chest pain or other symptoms 3. Far too brief a description of major illnesses for junior students – eg, the chapter on coronary artery disease only briefly describes the myriad symptoms that comprise angina pectoris, provides a very limited and general overview of the differential diagnosis, and fails to define contraindications for exercise stress tests 4. Very limited on patho-physiology 5. Very little evidence-based medicine presented 6. Limited number of references 7. Many chapters do not discuss adverse effects of the therapies presented.

**Comments:** A very general and readable text. However, the student would clearly need to read more in-depth resources on major diseases and presenting symptoms.

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** Cecil Essentials of Medicine—editors Carpenter, Griggs, Loscalzo

**Reviewers:** Three

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
Cecil Essentials of Medicine- editors Carpenter, Griggs, Loscalzo	W.B. Saunders	\$49.00	133 chapters, 1000 pages	Sixteen sections organized primarily by disease/organ system; chapters further divided by pathophysiology, specific disease states, and treatment principles.	1. The writing is clear and easy to understand with good explanations. 2. Contains appropriate, clinically-based reviews of physiology and pathophysiology useful at the third year clerkship level. These discussions seem to promote understanding and retention of the clinical principles which follow (and in this way this book is superior to some of the other more “list-like” abbreviated texts) 3. Well-referenced and includes a useful table of commonly-used laboratory values 4. Although a bit expensive (\$35- 45), a companion study guide is available that directly references the full-sized Cecil Textbook of Medicine 5. Contains interesting sections on genetics, aging/geriatrics and substance abuse, and one on evidence-based medicine	1. At approximately 1000 pages, tends to be a bit long and approaches a “full textbook” length book. It is dense reading, hard to get through “digestible” sections for nightly reading. It would be difficult for a student to read on an 8-12 week clerkship. 2. Contains very little information concerning ambulatory or primary care medicine, or discussion of general approach to undifferentiated symptoms like fever, weight loss, chest pain, fatigue, etc. 3. Does not include review/application questions

**Comments:** An extremely useful resource for students at the third year clerkship level. Although perhaps difficult to read ‘cover-to-cover’ during a traditional 8-12 week clerkship because of length, it provides a good interface between an abbreviated and full textbook of medicine with adequate depth to cover the expectations of national curricular standards.

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** Harrison's Principles of Internal Medicine Companion Handbook

**Reviewers:** One

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
Harrison's Principles of Internal Medicine Companion Handbook, 14 <sup>th</sup> Edition 1998	McGraw - Hill	\$35.00	1237 pgs. 16 sections	Introductory sections on “important signs and symptoms” and “medical emergencies”; otherwise organized by discipline (i.e. GI, endocrinology, etc.)	1. Similar in breadth to the full length textbook – extremely comprehensive for an abbreviated text that provides more than adequate coverage of significant topics in medicine 2. Useful format that concisely reviews etiology, risk factors, pathology, pathophysiology, clinical features, diagnosis and treatment of most major disorders 8. Helpful sections on psychiatric disorders, adverse drug reactions and laboratory values 9. Includes references to other more detailed information sources for most topics 10. Good index and effective use of tables and 'flow charts'	1. Text is small and bulky in size, making it inconvenient to carry on rounds 2. Does not include review questions, although a separate review text is (around \$45)

**Comments:** A "hybrid" between an abbreviated textbook and pocket book; unfortunately, size, length and depth make it less useful as a pocket referral resource, and small size makes it inconvenient for use as a text for programmed reading in a clerkship context. However, it provides the necessary information appropriate for use in a basic medicine clerkship.

NOTE: This book will apparently not be published again in the future (due to change in format).

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** Kochar’s Concise Textbook of Medicine

**Reviewers:** Two

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
Kochar’s Concise Textbook of Medicine, 3 <sup>rd</sup> Edition	Williams and Wilkins	\$35.00	1039 pgs. 15 sections 261 chapters	1. Introductory section on the “Art and Science of Medicine” 2. Subsequent sections organized primarily by organ system 3. Nice method of emphasis on important points with outline and “bold” formats.	1. Text is very readable and chapter/section length good for a rapid review of major subject/problem areas 2. Includes a nice blend of underlying physiology/patho physiology with disease presentation and practical management 3. Includes topics appropriate to ambulatory medicine (i.e. prevention and screening) as well as inpatient medicine 4. Each section has 10-20 review questions and suggested readings 5. Appendix includes 33 color plates of skin disorders and blood smears 6. Reasonably up to date	1. Review question answers are not explained

**Comments:** Truly a ‘concise’ textbook that provides a broad-based exposure to the content and approach of internal medicine practice. Very useful/appropriate as a primary study text in the context of an 8-12 week medicine clerkship. Seems superior to Stobo given year of publication and enhanced readability.



**Member Services Committee**

**Review of "Abbreviated" Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** The Principles and Practice of Medicine—editors Stobo, Hellman, Ladenson, Petty, Traill

**Reviewers:** Two

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
The Principles and Practice of Medicine, 23 <sup>rd</sup> Edition 1996	McGraw-Hill (published initially by Appleton & Lange)	\$49.95	1064 pgs. 15 sections, each section with 2 to 15 subsections	Sections organized by organ system and disease (i.e. cardiovascular disease, rheumatology, etc.); includes sections on neurology and psychiatry, and a section on "special topics" that includes areas such as preventive medicine and perioperative medical management of surgical patients	<ol style="list-style-type: none"> <li>1. Text is very readable and chapter/section length good for review of major subject/problem areas</li> <li>2. Very strong in reviewing physiology and pathophysiology of major disorders; management tends to be discussed in more general terms</li> <li>3. Good use of tables, flow diagrams and illustrations</li> <li>4. Each subsection has a brief summary highlighting key points of that subsection</li> <li>5. Includes 8 pages of color plates of skin disorders, physical exam findings and blood smears</li> </ol>	<ol style="list-style-type: none"> <li>1. Does not contain any review questions</li> <li>2. References for further reading, while still appropriate, are becoming somewhat outdated</li> <li>3. Text is also somewhat outdated on topics with newer developments (e.g., H pylori, low molecular weight heparins)</li> <li>4. Text tends to focus on disease processes and does not tend to address specific aspects of inpatient vs. ambulatory medicine</li> <li>5. Wordy</li> </ol>

**Comments:** An updated version of William Osler's original text published in 1892 by the faculty of John Hopkins. An excellent basic text quite useful as a primary resource for a basic medicine clerkship. Despite being a relatively older work (1996) and in need of an update, it still is appropriate given its strong coverage of basic medical principles at a junior student level. Probably the strongest on pathophysiology of those we reviewed.

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** NMS Medicine- Allen R. Myers

**Reviewers:** Two

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
NMS Medicine 4 <sup>th</sup> edition © 2001	Lippincott Williams and Wilkins	\$35.00	Approx 700 pgs. 11 Sections, 143 chapters	Organized by system Text in outline format Each chapter followed by 2-4 pages Q&A End of book has ~60 pages Case studies/ Comprehensive board style exam	1. Text is very readable, important points in bold 2. Outline format makes it easy to find information, skim rapidly 3. Nice diagrams/tables, although relatively few 4. Broad, generally good overviews 5. Question and Answer at end of each chapter, clinical problem solving cases and comprehensive exam at end of book may help prepare students for end of clerkship examination and may facilitate learning. Answers of great educational value. 6. Very up to date in some areas (i.e. newest treatments for Rheumatoid arthritis)	1. Outline format and dense text may make a little more difficult to read 2. Information substantially abridged in some areas; in other areas more detail than might be expected in overview textbook 3. Organization sometimes problematic 4. Not sure if always the “best” information (see below) 5. No dedicated section on Ambulatory Medicine 6. System-based. No chapters covering general approach to patients presenting with weight loss, edema, etc 7. More emphasis needed on differential diagnoses 8. No references at end of chapters 9. More graphics would be of value

**Comments:** Overall, a good overview textbook of medicine. Probably best used as a board review, as intended. As above, don't know if this text always has the “best” information. In a brief review, in the section on DVT, under causes of hypercoaguability, lists estrogen, malignancy and hyperviscosity, but does not mention the inherited/acquired causes of hypercoaguability, e.g. Factor V Leyden etc. Also lists CHF as a common cause of DVT. Questions nicely tied to reading but most are fact-based questions, fewer clinical scenarios. Clinical problem solving cases at end of book allow reader to understand thought process of approach to problems. Overall, recommend as a useful text for end of clerkship examination studying/self-evaluation. Would not recommend as the only text for the clerkship experience, although some may find it valuable for this.

**Member Services Committee**

**Review of “Abbreviated” Internal Medicine Texts for Clerkship Students**

**Reviewers:** Eric Alper, Anne Colbourne, Chip Legerton, Tayloe Loftus, Phil Masters, Doug Paauw, Julius Sagel

**Citation:** Guide to Internal Medicine-editors Paauw, Burkholder, Migeon

**Reviewers:** Three

<b>Title/ Edition</b>	<b>Publisher</b>	<b>Estimated Cost</b>	<b>Pages/ Chapters</b>	<b>Format</b>	<b>Strengths</b>	<b>Weaknesses</b>
Guide to Internal Medicine 1999	Mosby	\$ 29.00	232 pgs. 3 sections 36 chapters	Introductory section on the “Introduction to the Medicine Clerkship” Second Section on pts presenting with a symptom, sign or abnormal lab value, then third section on pts presenting with known condition, illustrative case-based questions at end of each chapter, 54-item exam at end of book	1. Text is very readable, no word wasted. Question and answer format reflects common educational style on rounds. 2. Based on SGIM/CDIM curriculum guide. 3. Gives clerkship level review of common conditions in an etiology, evaluation, and treatment format. 4. Important points summarized at end of each chapter, and cases give practice opportunities. 5. The “Introduction to the Clerkship” section includes “practical skills for medical students.” 6. Practice exam at end 7. Special sections on The Healthy Patient, Substance Abuse, Women’s Health, Ethics 8. Very clinically oriented 9. The text is brief so as to be easily read during the clerkship	1. Patho-physiology is not covered. 2. Topics covered fairly briefly, not in a lot of depth. 3. At least one case at the end of sections does not “match up” to the case described in the answer (11-1). 4. No literature citations. 5. Would be nice if it were pocket-sized as it would be good to have immediately available in clinical settings.

**Comments:** This is a VERY useful reference for students. It is a unique resource that encompasses an orientation to the clerkship, a question and answer format and case studies that seek to build clinical judgement. It cannot however be used as sole reference text for clerkship—it is probably best used as a “student-level-Washington-manual” type text.

**University of California, Irvine  
Division of General Internal Medicine  
Ambulatory Medicine Clerkship**

**Sample Day: Ambulatory Medicine Clerkship**

7:30 a.m. to 8:00 a.m.	Travel to preceptor's office site
8:00 a.m. to 9:00 a.m.	Telephone follow-up with patients being followed; review of labs; discussion with preceptor
8:30 a.m. to 11:30 a.m.	Hypertension Clinic (two assigned Wednesday During Geriatrics ONLY)
9:00 a.m. to 12:00 p.m.	Work-up of patients in preceptor's office practice (2-3 cases); fill out patient logs; read during down time; follow-up on labs and tests; call patients as needed
11:00 a.m. to 12:30 p.m.	Palliative/Hospice Home Visits
12:00 p.m. to 1:00 p.m.	Lunch with preceptor if possible; daily feedback and review; travel to UCI or to Dr. Sterling's office (2-3 assigned Thursdays)
1:00 p.m. to 5:00 p.m.	If with preceptor work-up of patients in preceptor's office practice (2-3 cases); fill out patient logs; read during down time; follow-up on labs and tests; call patients as needed
1:00 p.m. to 5:00 p.m.	Doctoring/Ambulatory Care Rounds Tuesday - Week 3
5:00 p.m. to 6:00 p.m.	Telephone follow-up with patients; review of labs

**\*\*\* NOTE:**

This is a sample schedule which may change somewhat based on your preceptor's schedule or clinic site. You should review your schedule with preceptor at the start of your rotation so both of you are clear of your responsibilities and schedules. Also you are **required** to attend Ambulatory Doctoring Rounds (during week #3 on Thursday afternoon at UCI).

**University of California, Irvine  
Division of General Internal Medicine  
Ambulatory Medicine Clerkship**

**\*Sample Week: Ambulatory Medicine Clerkship**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00-9:00</b>	Ambulatory Medicine Rounds				
<b>AM</b>	-Clinic	-Clinic	-Clinic	-Clinic	-Clinic
11:00-12:30	-Palliative/Hospice Home Visit	-Palliative/Hospice Home Visit	-Palliative/Hospice Home Visit	-Palliative/Hospice Home Visit	-Palliative/Hospice Home Visit
12:00-1:00		-Grand Rounds UCIMC (optional)			
12:00 - 1:00	Lunch/Travel <i>Noon Conf. UCIMC &amp; VA (Optional)</i>	-Lunch/Travel <i>Noon Conf. UCIMC &amp; VA (Optional)</i>	-Lunch/Travel <i>Noon Conf. UCIMC &amp; VA (Optional)</i>	-Lunch/Travel <i>Noon Conf. UCIMC &amp; VA (Optional)</i>	-Lunch/Travel <i>Noon Conf. UCIMC &amp; VA (Optional)</i>
<b>PM</b>	-Clinic	Doctoring/ Ambulatory Care Rounds at UCIMC (1:00-5:00)	-Clinic	-	-Clinic

*\*Please note: The following list is for informational purposes & may not reflect your actual schedule.*

- ◆ **Grand Rounds** - Grand Rounds are held at UCIMC only on Tuesday afternoons from 12:00-1:00 pm. These sessions are optional.
- ◆ **Clinic** – Students report to their preceptor’s office unless other activities are scheduled.
- ◆ **Noon Conferences** – Noon Conferences are offered at both UCIMC and LBVAMC. These sessions are optional.
- ◆ **Ambulatory Medicine Rounds (optional)**  
2<sup>nd</sup> and 3<sup>rd</sup> Monday, 8:00-9:00 AM

◆ **Doctoring/Ambulatory Care Rounds at UCIMC**

On Tuesday afternoons of week 3, students will report to UCIMC for Ambulatory Care Rounds. The schedule is as follows:

Schedule Times and Locations (Sample see official schedule)

	<b>Week 1 Tues.</b>	<b>Week 2 Tues.</b>	<b>Week 3 Tues.</b>	<b>Week 4 Tues.</b>
11am-12:00pm				
1:10-1:30pm	Ambulatory Clinic	Ambulatory Clinic	Travel Time	
1:00pm-2:00pm			Ethics	
2:00pm-3:00pm			Values	
3:00-4:00pm			Quality and Patient Safety	
4:00 – 5:00pm			Documentation and Billing	

The Quality and Patient Safety will be held Bldg. 22A, Rm. 2114 with Dr. Cohn.

The Documentation and Billing will be in Bldg. 22A, Rm. 2114

The Ethics sessions will be Bldg. 22A, Rm. 2114 with Drs. Butteri/Cohn.

The Values Session will be held in Bldg. 22A, Rm. 2114 Butteri/Cohn.

◆ **Shelf Exam**

The Final Shelf Examinations will be administered upon completion of both your Ambulatory and Inpatient rotation. It will be given on Friday from 9:00-11:20 am.

- Tracks 1 - 8 will test Friday, October 15, 2010
- Tracks 9 - 16 will test Friday, March 4, 2011
- Tracks 17 - 24 will test Friday, June 24, 2011

**Paperwork to be turned in during Ambulatory Rotation:**

Track # **AMBULATORY**

student	Preceptor	Patient evals (3)	H&P/Progress Notes (2)	Ambu Patient log	Ambu Procedure Logs	Patient learning Issues (10)	Patient Safety Assignment	ethics write-up	palliative care write-up	e-Doctoring Curriculum
contacts:	Med Ed	student	student	Completed online	student	student	student	student	student	Student completed online

**Ambulatory Medicine Rotation  
Patient Log**  
**Website:** <https://start.hs.uci.edu/sites/merlin>

Dear 3rd years:

Thank you all very much for trying out the patient log. It was a big hit with the directors at the meeting today and they are expecting you to use it starting next week. You will notice I added two fields to the log. "English speaking" and "age groups". Both of these are of interest to the clerkships so we know a bit about the diversity you are seeing.

A few guidelines to help you out...

1. PLEASE do NOT put the patient's full name anywhere. I need to keep this as deidentified as possible. The MR# will be used to ensure accuracy and responsibility.
2. For the "Brief Description of Care" you will not need to continue to put a full SOAP note in there, that was just for Foundations. However, you will need to tell us what you did with the patient so we understand what went on in that encounter. You can keep it brief, just give us the details.
3. Every field needs an answer. You won't save otherwise. If you don't remember something you can put in a "holder" and go look it up. You will be able to edit these later (it IS you log) although we will know if you are editing "frequently." =)
4. We expect you to be going to this log at least a few times a week and likely on a daily basis when you are on a clinic rotation. Don't fall behind or it will become a daunting task. Just jump in and log for a few minutes a day if necessary. An email and a page will go out to individuals who are not entering data on a regular basis. Be smart!
5. You can login from ANYWHERE as long as you have your username and password handy. If there is ever a case when you can see someone else's data please page me IMMEDIATELY so I can fix the problem. Only Course Directors and Meded should be able to see the big view. You should only see your entries.

That's it. By my count it should only take 1-3 minutes to complete a patient entry. Don't kill yourself on it, just be a regular contributor. By the end of the year I think you will be shocked about how many patients you actually see and I know the clerkships are eager to find out about the detail this log will provide.

If there are questions please email me or page me (paging is probably better.) Also, I will be deleting your Foundations entries over the weekend so don't be surprised if it is gone on Monday. I am teaching the Clerkship Directors about this log too so be nice to them, you guys have a 3-week advantage on them!

Very best regards,





**Department of Medicine**  
**Ambulatory Care Clerkship – Patient Evaluation of Student**

Evaluation Form

Student: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Clinic: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for helping us provide constructive feedback to our students in the Ambulatory Medicine Clerkship. Working with patients is a crucial skill for a physician. The preceptors, clinical staff, and patients are in a unique position to help us evaluate the people skills of our students and to prepare them for their careers. We are trying to help them be better doctors. Your input is greatly appreciated.

Please **circle** the phrase which best describes this student. Most students will be in the middle column. Outstanding students will be in the right column, and those who may be able to improve a lot will be in the left column.

<b>Appearance</b>	Wears surgical scrubs or other inappropriate clothing.	Dresses appropriately	Outstanding dresser, very professional in appearance.
<b>Listening Skills</b>	Frequently interrupts, never paraphrases concerns, does not answer questions.	Good skills	Excellent listening, consistently paraphrases concerns, asks appropriate follow-up questions.
<b>Communication Skills</b>	Frequently uses medical jargon, does not explain fully, does not answer or avoids questions.	Good communication	Always explains medical issues using understandable language, answers all questions completely.
<b>Empathy</b>	The student does not seem to care about me. The student does not take my feelings into account.	I am comfortable explaining most of my thoughts and feelings to the student.	I am very comfortable with the student. The student understands all of my concerns and feelings.
<b>Additional comments:</b>			

*Please enter on this form any ideas or comments you have that might help the student. Include any strengths or points for improvement.*

**Department of Medicine  
Ambulatory Care Clerkship – Patient Evaluation of Student**

Evaluation Form

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Clinic: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for helping us provide constructive feedback to our students in the Ambulatory Medicine Clerkship. Working with patients is a crucial skill for a physician. The preceptors, clinical staff, and patients are in a unique position to help us evaluate the people skills of our students and to prepare them for their careers. We are trying to help them be better doctors. Your input is greatly appreciated.

Please **circle** the phrase which best describes this student. Most students will be in the middle column. Outstanding students will be in the right column, and those who may be able to improve a lot will be in the left column.

<b>Appearance</b>	Wears surgical scrubs or other inappropriate clothing.	Dresses appropriately	Outstanding dresser, very professional in appearance.
<b>Listening Skills</b>	Frequently interrupts, never paraphrases concerns, does not answer questions.	Good skills	Excellent listening, consistently paraphrases concerns, asks appropriate follow-up questions.
<b>Communication Skills</b>	Frequently uses medical jargon, does not explain fully, does not answer or avoids questions.	Good communication	Always explains medical issues using understandable language, answers all questions completely.
<b>Empathy</b>	The student does not seem to care about me. The student does not take my feelings into account.	I am comfortable explaining most of my thoughts and feelings to the student.	I am very comfortable with the student. The student understands all of my concerns and feelings.
<b>Additional comments:</b>			

*Please enter on this form any ideas or comments you have that might help the student. Include any strengths or points for improvement.*

**Department of Medicine  
Ambulatory Care Clerkship – Patient Evaluation of Student**

Evaluation Form

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
 Clinic: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Thank you for helping us provide constructive feedback to our students in the Ambulatory Medicine Clerkship. Working with patients is a crucial skill for a physician. The preceptors, clinical staff, and patients are in a unique position to help us evaluate the people skills of our students and to prepare them for their careers. We are trying to help them be better doctors. Your input is greatly appreciated.

Please **circle** the phrase which best describes this student. Most students will be in the middle column. Outstanding students will be in the right column, and those who may be able to improve a lot will be in the left column.

<b>Appearance</b>	Wears surgical scrubs or other inappropriate clothing.	Dresses appropriately	Outstanding dresser, very professional in appearance.
<b>Listening Skills</b>	Frequently interrupts, never paraphrases concerns, does not answer questions.	Good skills	Excellent listening, consistently paraphrases concerns, asks appropriate follow-up questions.
<b>Communication Skills</b>	Frequently uses medical jargon, does not explain fully, does not answer or avoids questions.	Good communication	Always explains medical issues using understandable language, answers all questions completely.
<b>Empathy</b>	The student does not seem to care about me. The student does not take my feelings into account.	I am comfortable explaining most of my thoughts and feelings to the student.	I am very comfortable with the student. The student understands all of my concerns and feelings.
<b>Additional comments:</b>			

*Please enter on this form any ideas or comments you have that might help the student. Include any strengths or points for improvement.*

**Student (Midcourse) Evaluation for Ambulatory Medicine Clerkship**  
 Return to UCIMC Medical Education Bldg, 22a, Rm 2108 Orange, CA 92868 or fax to 714.456.5880 attn: Program Representative

STUDENT NAME: \_\_\_\_\_

DATE OF ROTATION: \_\_\_\_\_

EVALUATOR'S NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

<b>MEDICAL KNOWLEDGE</b> <i>Please be sure to check appropriate box. You may not leave any items blank.</i>		Problematic & Inadequate: Not competent in this area	Adequate but below the level expected for level of training	At expected for level of training (most students)	Above expected for level of training	Clearly outstanding (Top 5-10%)
<b>Knowledge</b> base of relevant basic and clinical science areas (30%)						
<b>Patient Care</b> – Observed history and physical exam (10%)						
<b>Patient Care</b> – Ability to present a case with appropriate coherence, organization & length (10%)						
<b>Patient Care</b> – Ability to create an appropriate and prioritized differential diagnosis (10%)						
<b>Patient Care</b> – Ability to devise a rational plan appropriate to the differential diagnosis (10%)						
<b>Practice-based Learning</b> – Motivation for learning & enthusiasm for teaching others (5%)						
<b>Practice-based Learning</b> – Informatics and critical appraisal skills (5%)						
<b>Interpersonal &amp; Communication Skills</b> – Therapeutic and ethically sound patient relationships (5%)						
<b>Interpersonal &amp; Communication Skills</b> – Use of open-ended & facilitative interviewing (5%)						
<b>Professionalism</b> – Integrity, accountability and teamwork (5%)						
<b>Professionalism</b> – Humanistic qualities and respect for diversity (5%)						
<b>Systems-based Practice</b> – Understanding and consideration of health systems, population-based health and the socioeconomic implications of care (0%)						

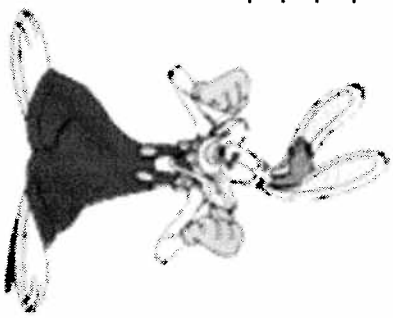
**Summative Comments:** \_\_\_\_\_

**Formative Comments:** \_\_\_\_\_

**SAMPLE**

Evaluator Signature: \_\_\_\_\_

Level: Faculty \_\_, Resident \_\_



## Student Evaluation for Ambulatory Medicine Clerkship

Return to UCIMC Medical Education Bldg, 22a, Rm 2108 Orange, CA 92868 or fax to 714.456.5880 attn: Program Representative

STUDENT NAME: \_\_\_\_\_

DATE OF ROTATION: \_\_\_\_\_

EVALUATOR'S NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

### MEDICAL KNOWLEDGE

*Please be sure to check appropriate box. You may not leave any items blank.*

	Problematic & Inadequate: Not competent in this area	Adequate but below the level expected for level of training	At expected for level of training (most students)	Above expected for level of training	Clearly outstanding (Top 5- 10%)
<b>Knowledge</b> base of relevant basic and clinical science areas (30%)					
<b>Patient Care</b> – Observed history and physical exam (10%)					
<b>Patient Care</b> – Ability to present a case with appropriate coherence, organization & length (10%)					
<b>Patient Care</b> – Ability to create an appropriate and prioritized differential diagnosis (10%)					
<b>Patient Care</b> – Ability to devise a rational plan appropriate to the differential diagnosis (10%)					
<b>Practice-based Learning</b> – Motivation for learning & enthusiasm for teaching others (5%)					
<b>Practice-based Learning</b> – Informatics and critical appraisal skills (5%)					
<b>Interpersonal &amp; Communication Skills</b> – Therapeutic and ethically sound patient relationships (5%)					
<b>Interpersonal &amp; Communication Skills</b> – Use of open-ended & facilitative interviewing (5%)					
<b>Professionalism</b> – Integrity, accountability and teamwork (5%)					
<b>Professionalism</b> – Humanistic qualities and respect for diversity (5%)					
<b>Systems-based Practice</b> – Understanding and consideration of health systems, population-based health and the socioeconomic implications of care (0%)					

Summative Comments: \_\_\_\_\_

Formative Comments: \_\_\_\_\_

**SAMPLE**

Evaluator Signature: \_\_\_\_\_

Level: Faculty \_\_\_\_\_, Resident \_\_\_\_\_

**Department of Internal Medicine  
Ambulatory Care Clerkship Evaluation Form**  
Return to UCIMC Medical Education Bldg. 22A, Rm. 2108, Orange, CA 92868  
or FAX to (714) 456-7515 Attn: Program Representative

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Clinic: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for helping us provide constructive feedback to our students in the Ambulatory Medicine Clerkship. Working with patients is a crucial skill for an internist. The preceptors, clinic staff, and patients are in a unique position to help us evaluate the people skills of our students and to prepare them for their careers. We are trying to help them be better doctors. Your input is greatly appreciated.*

*Please circle the phrase which best describes this student. (Most students will be in the middle column. Those outstanding students will be in the right column, and those who may be able to improve a lot will be in the left column.)*

**Professionalism:**

Timeliness	Frequently Late	Generally on Time	Always on Time
<i>Appearance</i>	Wears scrubs or other inappropriate clothing	Dresses appropriately	Outstanding dresser
<i>Attitude</i>	Frequently angry or short. Complains a lot. Not willing to help others. Frequently tries to evade responsibility. Makes you angry and frustrated. Won't answer questions. Not approachable.	Good	Very helpful. Always accepts responsibility. Good team player. Makes you feel good about your job. You can talk to him/her easily and friendly. Willing to answer questions. Very approachable.
<i>Relation to Patients</i>	Patients often complain about student. Student doesn't seem to care. Patients ask for a new doctor. Doesn't return patient calls. Not friendly. Trouble Communication	Good	Patients love this student. He/she is always available. Goes out of his/her way to provide care. Calls patients frequently. Listens to patients' concerns. Always acts happy to see the patients.

*Comments on Professionalism:*

**SAMPLE**

***Please enter on this form any ideas or comments you have that might help the student. Include any strengths or points for improvement.***

**Department of Internal Medicine  
Ambulatory Care Clerkship Evaluation Form**  
Return to UCIMC Medical Education Bldg. 22A, Rm. 2108, Orange, CA 92868  
or FAX to (714) 456-7515 Attn: Program Representative

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Clinic: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for helping us provide constructive feedback to our students in the Ambulatory Medicine Clerkship. Working with patients is a crucial skill for an internist. The preceptors, clinic staff, and patients are in a unique position to help us evaluate the people skills of our students and to prepare them for their careers. We are trying to help them be better doctors. Your input is greatly appreciated.*

*Please circle the phrase which best describes this student. (Most students will be in the middle column. Those outstanding students will be in the right column, and those who may be able to improve a lot will be in the left column.)*

**Organizational Skills:**

Time Management	Frequently takes longer than expected	Good	Outstanding. Always on time. Very considerate of patient's time.
<i>Handwriting</i>	Generally illegible, impossible to read.	Good	Always clear and careful.
<i>Charting</i>	Frequently incomplete, forms not filled in, notes not written.	Good	Charts complete and clear with forms filled out and all documents always clear, legible, and complete.

*Comments on Organizational Skills:*

**SAMPLE**

***Please enter on this form any ideas or comments you have that might help the student. Include any strengths or points for improvement.***



**University of California, Irvine  
Division of General Internal Medicine  
Ambulatory Medicine Clerkship  
Ambulatory Medicine Workbook**

**Exceptional Absence Voucher:**

As a courtesy, the Senior Administration of the University of California, Irvine College of Medicine will allow each student to have two flexible exceptional absence days off from clinical responsibilities for legitimate reasons as described below. You will receive two vouchers to be excused from your clinical activities on the two days of your choice for important events that can be anticipated in advance and for which no suitable alternative arrangement exists.

1. You must write on the voucher the reason for needing the day off.
2. Vouchers cannot be used for days when call is scheduled.
3. You must notify the Clerkship Coordinator 30 days prior to the beginning of the rotation if you need to be on a special call schedule.
4. It is your responsibility to keep track of the vouchers. They are not transferable, and they cannot be carried over into the next year. **Replacement vouchers will not be issued for those that are lost.**

**These vouchers are not to be used casually and they are not a guarantee for a day off. In addition, two extra days off are not the goal. You cannot take the days off unless you have a legitimate and significant reason. Examples of appropriate use of the vouchers include**

1. A personal religious holiday not on the University calendar.
2. A wedding or other important family event.
3. A doctor's visit or other personal health care need which cannot be scheduled on your regular day off.
4. Residency interviewing which cannot be accommodated during the usual vacation schedule.
5. Attending an academic meeting.

**Examples of inappropriate use of the Vouchers:**

1. A mental health day.
2. An extra day to study for an exam.
3. A laundry day.
4. To extend a long weekend.
5. Because you have a voucher left at the end of the year and you want to use it.

You should use your regular days off for these latter activities. You must notify the course director and the student coordinator a minimum of 30 days in advance of intent to use the voucher. This will allow the clinic schedules to be developed accordingly and not cause difficulty in patient care. **Requests made less than 30 days in advance will be honored only if they are not disruptive to existing schedules and patient care.**

Once the course director has signed off on the voucher, the course director will forward it to the Medical Education office in Building 22A, Room 2108 for tracking purposes. Please note that an attempt to duplicate the vouchers or use more than two is in violation of the honor code and will cause disciplinary action. You may not sell, trade, or otherwise convey your voucher privileges to another student. It is a violation of the Honor Code to falsify the justification for using the voucher.

Although this option has been made available to you, it is not a valid option when you have direct patient care (Sub I, Emergency Medicine or Substance Abuse). When you are on these rotations you will work the exact schedule that your team works. Therefore, if you want to observe these holidays, make sure you are not scheduled for a Sub I, Emergency Medicine or Substance Abuse rotation.

*University of California, Irvine  
Ambulatory Medicine Clerkship  
Department of Medicine*

**Re: Days off during Inpatient and Ambulatory Medicine rotations**

- Students are allowed one (1) day off per week while on Inpatient Medicine (not call or post-call days).
- Students get the weekend off between switching from UCI to LBVA or vice-versa. However, this will count as two (2) days off. The same principle would apply for the last weekend of Inpatient service. If a student chooses to take a holiday off, then that will count as their day off for the week. *(i.e: The 2006 two day Thanksgiving holiday would count as the "day off" for that week and not count against other weeks. However, the Thanksgiving holiday is Thursday and Friday. It does not include the weekend. Students would still have the weekend off when they switch service.)*
- 3<sup>rd</sup> year medical students get all official university holidays off. In general (excluding official university holidays, and the weekend between switching from UCI to LBVA), students get a total of eight (8) days off over eight weeks. Any additional days off will require approval of Clerkship Director and usage of a voucher.
- During Ambulatory Medicine students are only allowed to take weekends off, except if there is an official SOM holiday. Any other days off will require approval of Clerkship Director and usage of a voucher.

Alpesh Amin, M.D.  
Director, Ambulatory Medicine Clerkship

The UCIMC Gottschalk Plaza serves as a primary entry point into the UCI healthcare system for members of the UCI campus community and residents of the communities immediately surrounding the University. When the Plaza opened there was little educational activity allowed in the facility, but over the past ten years medical student education programs have expanded significantly. Today, students completing year one and year two clinical experiences, year three Family Medicine, Internal Medicine, and Pediatrics clerkships, the year four Neurosciences clerkship, and a variety of electives in medical and surgical subspecialties participate in patient care activities at the Plaza.

Feedback from patients, staff, and faculty all suggest that medical student participation in patient care activities at the Plaza is a tremendously positive experience. It is critically important however, to sustain the goodwill for medical education that has been developed at the Plaza. To this end I would like to reinforce a few important guidelines.

1. It is essential that all students participating in patient care activities at the Plaza (or any other UCIMC clinical facility) be professionally attired and wear their UCI identification badge.
2. Student conversations, patient oriented or otherwise, should not occur in hallways immediately outside of patient care rooms. Presentations should be made either in the exam room in front of the patient, or in the attending's consultation office. Social conversations should occur outside of immediate patient care areas. The staff lounge, on the second floor, is available for use by students while waiting for an attending to arrive or during breaks.
3. Computers at the nursing stations should not be used to check email. Students can access their email in the Learning Resources Center in the medical education building or may, with the attending's permission, use the computer in the consultation office.
4. Parking adjacent to the Plaza is scarce. The patient spaces are vigorously patrolled and student vehicles without passes will be cited. Students spending only a brief period at the Plaza for orientation or a didactic teaching session can obtain a pass from the Plaza Clinical Operations Manager, Sandra Longnecker, R.N. All other students should park in one of upper lots designated for student parking.

Michael D. Prislín, MD  
Associate Dean Student Affairs

**UCI MEDICAL CENTER  
MEMORANDUM**

**TO:** UCIMC Medical Staff and Residents  
**FROM:** Thomas Cesario, M.D., Dean  
Harry Skinner, M.D., President Medical Staff  
**DATE:** November 27, 2001  
**RE:** Physician Handwriting Legibility

It has been brought to the attention of the Medical Center and the Medical Staff that JCAHO is taking a closer look at physician documentation in the patient's record. Illegible documentation could result in two Type I recommendations IM.7.10, 7.10.1 and MS 8.2.3. The Institute of Medicine's report of medical errors and the role that illegible handwriting plays in the commission of such errors, has prompted the JCAHO to pay particular attention to physician documentation. If a surveyor request a physician or other healthcare professional to read an order or a progress note and they can't, then clearly legibility is a concern.

In light of this and the fact that illegible documentation can result in a misinterpretation of orders and/or progress notes UCIMC will be implementing a monitoring system. Charts will be reviewed on a random basis. If the reviewer has difficulty reading orders, progress notes, etc. the responsible practitioner will be notified and the matter discussed. If an effort is not made for improvement, corrective action may be taken. We encourage each of you to take a moment when writing your documentation to remember that someone else has to move forward with the patient's care based on what you have written.

While it is important to adhere to JCAHO standards, it is more important that we provide quality patient care. Illegible documentation could hinder this process.

We would like to thank you in advance for your cooperation and support in helping to improve our documentation and patient care process.

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
2. Intervention or Issue:
3. Alternative Approaches or Therapies:
4. Outcome Parameter:
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
  - What you found
  - Critical analysis of quality of the material
  - Description of the way in which this information would alter your care plan
- Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question



**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question

**Ambulatory Medicine Clerkship**  
**Patient Learning Issues**  
(10 for each student)

**Brief History**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Chief Complaint:*

---

---

*History of Present Illness:*

---

---

---

---

*Focused Physical Exam:*

---

---

---

---

1. Question that arise during the visit:
  
2. Intervention or Issue:
  
3. Alternative Approaches or Therapies:
  
4. Outcome Parameter:
  
5. Most Appropriate Resource Used to Search:

Case discussed with (preceptor signature) \_\_\_\_\_

Presentation should address:

- Search or review strategy
- What you found
- Critical analysis of quality of the material
- Description of the way in which this information would alter your care plan

Other resources which might be addressed to answer the question