

PRECEPTORSHIP DATES

Instructions on other side \longrightarrow

PATIENT LOG INSTRUCTIONS

Use this log to document all patient encounters during this Preceptorship. This ensures that you see at least one of each of the required 5 patient types.

Give the form to each instructor to sign off after each clinic. By two days before the end of the preceptorship, review with the coordinator the number of patients you have seen. The minimum required is 15 with you as the primary provider.

Date: Enter the date for each patient encounter.

Clinics: In columns to right, place a check for each patient in each clinic. (Acute Care, Prenatal, Sick Child, Well Child, Chronic Care, Screening Exam). The totals should add up to the total number of patients seen on the log.

Age: Check the age range for each patient.

History/Exam: Check your level of participation:

Primary:

- You ask the history and perform the exam from the CHAM. If your patient needs a shot or labs, it counts as your primary patient.
- You make the assessment(s) and determine the plan(s), including reporting, with help as needed.
- Submit a PEF for each patient
- Hx from elder is usually part of a primary visit for an older patient.

Active Participant:

- You participate in the care of another provider's patient. Ex: drawing blood, giving a shot, changing a bandage.
- You do not make the assessment or plan.
- Screening exam is a participant because no history is done & no assessments made.

- Assessment/Plan:**
- What problem(s) did the patient have?
 - On PEF Include multiple assessments if addressed during the visit.
 - There should be a plan for each assessment
 - Check/write in any shots, labs or procedures performed.

Instructor (Inst.) Initials: Have the instructor who worked with you or accompanied you sign initials.

REQUIRED PATIENT ENCOUNTER TYPES FOR PRECEPTORSHIP

5 Required Patient Visits	NUMBER OF PATIENTS SEEN:		Inst. Initials
	Primary	Participant	
Acute Care Adult # seen			
Acute Care Sick Child # seen			
Well Child Clinic # seen			
Prenatal # seen			
Chronic Disease # seen			
Screening Exam			
History from Elder (initial when done)			
Radio Medical Traffic Report			
Other			
TOTAL SEEN			
MINIMUM REQUIRED	15		



REMEMBER TO REPORT ALL PATIENTS TO YOUR INSTRUCTOR/ADVISOR