



Family Medicine Clerkship CLINICAL PASSPORT

In an effort to form a more accountable system of clinical experiences and feedback across the clerkship sites, we have developed this Clinical Passport. You will find areas to document your feedback as well as areas to document your clinical exposures and procedures.

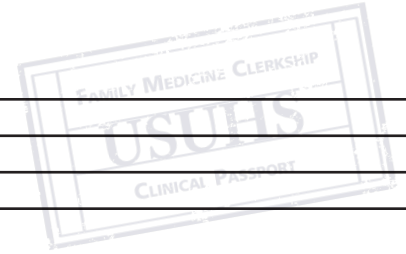
*** This Passport must be completed and submitted prior to sitting for the final exam. Otherwise, the grade of incomplete will be submitted to the Registrar until the Passport is received.

Student _____

Clerkship Site _____

Contact # _____

Rotation # _____



For student to sign when complete:

I assert that the items within this Passport have been completed by me with honesty and integrity.

Student Signature

MID-ROTATION FEEDBACK:

I have discussed mid-rotation feedback with this student to include areas of strength and improvement:

I would rate the student's performance as:

- ___ Above Expectations
- ___ At Expectations
- ___ Below Expectations*

* If the student is at risk for remediation/failure, I have contacted the Clerkship Director.

Clerkship Coordinator Signature Date

END OF ROTATION FEEDBACK:

I have discussed my end of rotation feedback and my preliminary evaluation with this student to include areas of strength and improvement.

Clerkship Coordinator Signature Date

USUHS Contact Information:

Jessica Servey, M.D.
Clerkship Director

(301) 295-3632 or 9470

If found, please mail to:

USUHS/FAP 4301 Jones Bridge Rd, Bethesda MD 20814



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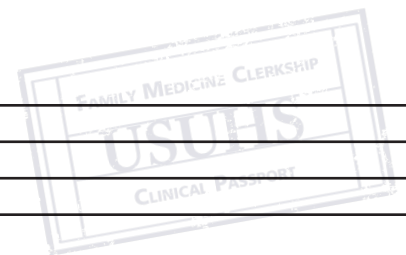
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Core Problem/Diagnosis List

Instructions: Document your experiences participating in the care of patients with the following Core List of problems and diagnoses. You may use one patient for up to two different diagnoses if you actively managed both diagnoses during the visit.

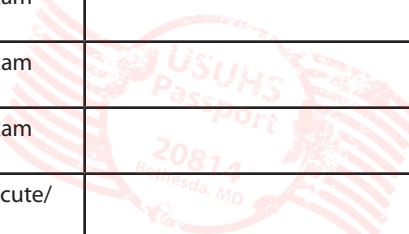
Problem		Min. #	Pt initials & date seen	
Headache		1		
Cold symptoms/sore throat/ear pain/SAR		3		
Back pain		2		
Joint Pain	Knee	1		
	Shoulder	1		
	Wrist/ankle/hip	1		
Menstrual disorder or vaginitis		2		
Hypertension		2		
Dyslipidemia		2		
Diabetes		2		
CHF/CAD or chest pain		2		
Asthma or COPD		2		
GERD or dyspepsia		2		
Obesity		1		
Mood disorder		1		
Substance use/abuse		1		
Geriatric syndrome		1		

Core Problem/Diagnosis List continued

Well/Preventative Care	Min. #	Pt initials & date seen	
Well adult visit	3		
Well child visit	3		
Annual gynecology visit	2		
Normal pregnancy	3		
Continuity	1		

Skill Observations

Instructions: A clinical preceptor must directly observe you performing all of the following skills. That preceptor must sign and date.

Skill	Preceptor signature/date
Problem-focused History & exam (acute problem)	
Problem-focused History & exam (chronic problem)	
Problem-focused History & exam (well visit)	
Patient education related to acute/chronic problem	
Patient education related on preventative medicine topic	
Assist with outpatient procedure	

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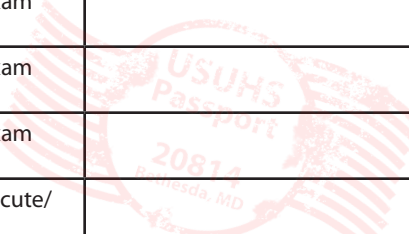
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