

Emergency Medicine/IMC Checklist

Student Name: _____ Date: _____

Location: _____

Physician Preceptor/M3 Mentor: _____

Please indicate whether you observed or performed the listed activities. Remember, your working knowledge of the History & Physical will progress over the course of the year. This is your opportunity to practice on a real patient!

Preceptor/Mentor Encounter Elements	Observed	Performed
Obtain elements of the history with which you are familiar		
Practice components of the physical exam you have learned		

Names of Staff/Health Care Team Members: _____

Please check the boxes of the elements you observed or performed. Remember, there is no expectation to complete all elements on each visit. Try to take note of the health care team (HCT) member's job title whenever possible.

Encounter Elements	HCT Member Job Title	Observed
Patient registration		
Triage		
Rooming patient		
Obtaining vital signs		
Patient transport		
Medication administration		
ECG completion		
X-ray completion		
Point-of-care ultrasound		
Phlebotomy		
Brace/splint teaching		
Discharge instructions and education		
Room turnover/housekeeping		
Infection control measures		

Please describe how your time shadowing the health care team member impacted you:

For PCM-1/PCM-3 Student Mentor Program ONLY: Attestation

I have met with my M1 student mentee. (check box)

M3 Name: _____

Date: _____

M3 Signature: _____

Upload to Sakai within 1 week of the encounter.