

# Outpatient 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.*

Health Care Team Encounter Elements	HCT Member Job Title	Observed
Patient check-in/registration		
Rooming patient		
Obtaining vital signs		
Medication reconciliation		
Social determinants of health screening		
Depression/anxiety screening		
Substance use screening		
Wound check/dressing change		
Obtaining ECG		
Vaccine administration		
Hearing/vision screening		
Point-of-care ultrasound		
Phlebotomy/urine testing		
Patient education		
Room turnover		

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

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

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

M3 Name: \_\_\_\_\_

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

M3 Signature: \_\_\_\_\_

*Upload to Sakai within 1 week of the encounter.*