

~ SUBINTERNSHIP WARD ~

NAME _____ PERIOD _____

SITE _____

Did you have exposure to these clinical conditions during your Sub-I wards month? If not, please notify Vivian Ortiz and you will be assigned an alternative experience.

CONDITION	Yes	NO
Diabetes Mellitus		
Dyspnea		
Electrolyte Disorders		
Pain Assessment/Control		
Reading an EKG		
Substance Use or Abuse		