Tasks of Clinical and Areas that will be evaluated by preceptor and/or clinical faculty.

(Expected to demonstrate increasing competence throughout quarter)

- **Abstracts or extrapolates chart data and health records**
  - Shows familiarity with charting system, able to verbalize to preceptor PMH, labs, and diagnoses that relate to current contact. (Usually demonstrated in client presentation to preceptor)
- **Establishes rapport / engages client into therapy**
  - Establishes confidentiality of contact, engages client, involves client in decision-making.
- **Uses appropriate mix of interviewing and listening skills**
  - Rephrases, reflects, listens as appropriate. Focuses client on this contact without losing rapport. Does not allow client to "ramble on".
- **Able to analyze presenting symptoms / concerns**
  - Identifies client and provider concerns, prioritizes concerns, gathers appropriate history of each concern. Systematically analyzes each to reach "most likely diagnosis, and possible differentials".
- **Able to elicit complete history**
  - Obtains complete history of client without unnecessary repetition or loss of rapport with client keeping in mind good management of time (may use aids, if non-detracting from contact).
- **Able to obtain directed or problem-focused history**
  - Obtains directed history of client without unnecessary repetition or wastage of time and loss of rapport with client (may use aids, if non-detracting from contact).
- **Selects appropriate physical exam techniques; recognizes abnormal findings**
  - Initiates appropriate physical exam for "preliminary dx/differentials", recognizing any abnormal findings and appropriately adapts exam to "test or further analyze" the finding. If not knowledgeable of appropriate branching exam(s), demonstrates recognition of abnormal findings and identifies them to preceptor, suggesting possible branching exam(s) and requesting assistance.
- **Applies pathophysiological concepts**
  - Able to verbalize / explain the pathophysiology related to client symptoms, signs, or conditions to preceptor, or demonstrates consistent self-directed learning related to the pathophysiology of presented symptoms, signs, or conditions.
- **Able to assess health risks and health promotion needs**
  - As per Clinical requirements and as requested will verbalize health risks and health promotion needs of specified clients.
- **Assesses and prioritizes health problems**
  - (See presenting symptom / concerns)
- **Able to arrive at logical plan of care for each problem**
  - While many diagnoses / conditions have "gold-standard" means of evaluation and plans of care, each client contact has its own identity and milieu; respecting these, plans of care should involve the client, recognize client and facility resources, and manage the condition without inappropriate waste or unnecessary intervention.
- **Able to discriminate relevant or unnecessary diagnostic tests**
  - Self-explanatory, does require self-directed learning as asking is okay but asking every time will annoy the preceptor.
- **Able to select non-pharmacologic strategies of management plan**
  - (See above)
- **Able to prescribe appropriate medications**
  - Able to verbalize range of medications appropriate and explain advantages or disadvantages of each in the specific condition to preceptor, as requested, and considers client capacities and facility formulary in the selection. Reviews and gains client acknowledgment of indication, contraindication, dosing, side effects, and follow-up with each medication.

- **Able to provide client education and counseling for health problems and health promotion**
  - Engages client in self-care, provides appropriate education / counseling.
- **Able to present cases to preceptor**
  - Includes client identification, indication for contact, history and findings, assessment, differentials, further evaluation / testing desired, and plan of management.
- **Able to record data in concise, accurate and timely manner, using SOAP format**
  - Writes legible, logical, and concise, but complete, notes (reflecting the case as presented to preceptor). Any alternate experience / theory should not be presented to the preceptor via the chart note. One should spend more time with the client than spent with the chart.
- **Able to collaborate with peers, co-workers and others**
  - Works with the preceptor and other clinic personnel. Appropriately requests assistance. Makes timely use of reference materials or consults appropriately. Collaborates with others to accomplish clinical tasks. Deals openly with all (in agreement or conflict).
- **Evaluates own effectiveness, progress and self directs / initiates clinical learning**
  - Able to identify positive behaviors and behaviors in need of improvement making modifications as appropriate**.**
- Clinical competence
  - Culmination of all of the above.

Clinical Requirements

- A readable copy of Course and personal objectives for the quarter must be presented by the second clinical day.
- A readable copy of the health risks and health promotion needs for this population (ages 12 to 19 years) must be presented by fourth clinical day.
- Written Rx for all legend drugs ordered (will not be used, just for practice and to learn how to avoid common errors). All our medications are ordered through a standardized medication order sheet unlike anything used in outpatient care.
- You may be required to demonstrate your patient instructions for each Rx or non-pharmacologic intervention (*Preceptor whim*).
- Present client cases (all) to preceptor.
- For 3-5 cases (*preceptor whim and time permitting*) verbally review the disease process and differentials for your primary assessment with the preceptor. This will hopefully assist you with any required write-ups.
- If required to audiotape a patient visit, notify the preceptor in advance and obtain WRITTEN CONSENT from the youth (the original must be placed in the medical record). Videotaping is not permitted at this site.