

# Appendix B — Example Patient Chart Review and Clinic Work Up Ambulatory Care Experiential Rotation Block

#### Face-to-Face Patient Visits

- Record information during the visit and immediately afterwards to capture what was done with the patient.
  - Note: At a minimum you will need the patient's initials, supervising MD/NP, clinic date and time of day (AM or PM)
- After the visit, obtain additional information from the medical record and be prepared to discuss the patient with preceptor.
  - Patient initials, age, race, disease states
  - Current and past medical history, social and family history
  - Medication list current and any past relevant medications
  - Allergies, vital signs, labs related to the disease state and active medications
    - Remember to think chronologically and to think about connections between disease states

#### Patient Discussion with Preceptor

- [Pt's initials] is a [age] year old [race] [gender] who presented for [chief complaint].
- Review the history of present illness (in chronological order). This should include acute and chronic illnesses.
- Past Medical History Present significant past medical, surgical, social, and family history.
- Medication History Include any inconsistencies in the medical record (what you obtained versus what was recorded).
- Allergies to medications be sure and include the reaction if available.
- Vital signs
- Significant Laboratory Findings Lab results related to the clinic visit (disease state) and medications. Consider how and what should be monitored for efficacy and safety. This is also a time to discuss the trends in labs.
- Significant Physical Finding These may be findings directly observed based on patient complaint
  or these may be findings the provider recorded in the physical exam section of their note.
   Remember to only report what is relevant to the patient's disease states and chief complaint.
- Conclude presentation with a prioritized problem list with assessment of control of the patient's disease states.
  - Communicate a plan for each of the disease states and discuss the rationale for each recommendation.
  - Be familiar with alternative therapies [i.e. if ACEI was first-line for BP control and the patient was allergic (angioedema) what would be the next step?] and be prepared to discuss.



### **Outpatient Clinic Visit – Diabetes**

| <u>Patient Name</u>                         |                        | <u>Provider</u> |
|---|------------------------|-----------------|
| <u>Vital Signs/Labs</u><br><b>BP Weight</b> | CrCl                   | HgB A1C         |
| Current Diabetes Medicat                    | <u>ions</u>            |                 |
| Other Pertinent Medication ASA              | ons<br>ACEI            | Statin          |
| Home Blood Glucose Rea                      | <u>dings (Average)</u> |                 |
| Recommendations and Fo                      | ollow up               |                 |



### **Outpatient Clinic Visit - Hypertension**

| <u>Patient Name</u>                         |                    |        | <u>Provider</u> |
|---|--------------------|--------|-----------------|
| <u>Vital Signs</u><br><b>Blood Pressure</b> | Pulse              | Weight |                 |
| <u>Current Blood Pressure</u>               | <u>Medications</u> |        |                 |
| Home Blood Pressure R                       | <u>Readings</u>    |        |                 |
| Recommendations/ Foll                       | low-Up             |        |                 |



## **Outpatient Clinic Visit – Hyperlipidemia**

| <u>Patient Name</u>              |                    |      | <u>Provider</u> |
|----------------------------------|--------------------|------|-----------------|
| Vital Signs/Lab Resu<br>BP Weigh |                    | LFTs |                 |
| Current Cholesterol              | <u>Medications</u> |      |                 |
| <u>Cholesterol Panel</u><br>Goal |                    |      |                 |
| Total Cholesterol                | LDL                | HDL  | Triglycerides   |
| Previous results                 |                    |      |                 |
| Recommendations/F                | ollow-Up           |      |                 |