

## Pediatrics Clerkship

**Instructions:** Students are expected to have the types and numbers of interactions with patients as shown below. Below each encounter, students must document the initials and date of each patient interaction. A signature of the appropriate supervising resident or faculty for level II\* or level IV\* exams or procedures is required. This log must be returned to the clerkship director at the end of your clerkship. Indicate if patient is inpatient, outpatient, standardized patient or computer/paper case. Please check appropriate location of encounter.

<u>Encounter</u>	<u>Required Minimum</u>	<u>Level of Care*</u>	<u>Patient's Initials/Date</u>	<u>In-patient</u>	<u>Out-patient</u>	<u>Stan. Patient</u>	<u>Computer/Paper Case</u>	<u>Supervising Signature if necessary</u>
Ambulatory rotation	20	II						
		II						
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		II						
		II						
	Peds Emergency Medicine	*	I or II					
Peds Endocrinology	*	I or II						
Peds Gastroenterology	*	I or II						
Peds Genetics	*	I or II						
Peds Hematology/Oncology	*	I or II						
Peds: Adolescents	*	I or II						
Peds: Cardiology	*	I or II						
Peds: Critical Care	*	I or II						
Peds: Infectious Disease	*	I or II						
Peds: Nephrology	*	I or II						

Peds: Neurology	*	I or II						
Peds: Normal newborn	8	II						
		II						
		II						
		II						
		II						
		II						
		II						
Peds: Pulmonary	*	I or II						
Peds: Well child	*	I or II						

**Student Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_