

Patient Encounter Form -- Summary Sheet

YEAR 3 SURGERY CLERKSHIP ROTATION AT CEDARS-SINAI

Student Name: _____

CS Service Name: _____ Dates: _____

Complete Workups – History and Physical Examination (Patient initials, Diagnosis, date of H&P)

1. _____
2. _____
3. _____

Daily Progress Notes – (Patient initials, Diagnosis)

1. _____
2. _____
3. _____

Clinical activities (fill in with date) – MUST complete AT LEAST 3

- _____ 1. Evaluate patient in the upon initial surgical consultation
- _____ 2. Do post-op check, with Resident or Attending supervision
- _____ 3. Perform bedside procedure (NGT tube, Foley catheter, dressing change) with nursing, Resident, or Attending supervision)
- _____ 4. Suturing in the OR (of skin, drain, chest tube, etc.), with Resident or Attending supervision

Please check off the following common diagnoses which you have seen:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Ischemic bowel |
| <input type="checkbox"/> Acute abdomen | <input type="checkbox"/> Malignant rectal disease |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Benign rectal disease | <input type="checkbox"/> Parathyroid disease |
| <input type="checkbox"/> Blunt Trauma | <input type="checkbox"/> Penetrating trauma |
| <input type="checkbox"/> Bowel obstruction | <input type="checkbox"/> Peptic ulcer disease |
| <input type="checkbox"/> Breast disease | <input type="checkbox"/> Perioperative complication (e.g., wound infection, pneumonia, myocardial infarction, DVT, etc.) |
| <input type="checkbox"/> Colon cancer | <input type="checkbox"/> Shock (septic or hemorrhagic) |
| <input type="checkbox"/> Gallstone disease | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Gastric Cancer | |
| <input type="checkbox"/> Gastroesophageal reflux disease | |
| <input type="checkbox"/> Hernia | |

RETURN THIS SHEET TO SHEILA ON LAST DAY OF EACH 3-WEEK ROTATION