

Appendix C – Op Log Requirements

A. Internal Medicine Patient Condition and Op-Log Expectations

Students must see patients in the inpatient setting from all of the 10 categories and 12 conditions or clinical presentations highlighted in red. Students will document interactions with 18 additional patients (30 total). Students must see patients with at least one condition or presentation from each diagnostic category. They will submit 30 op-logs total (12 mandatory + 18). 20 of the total submissions must be from patients seen in the inpatient setting and 10 of the total submissions must be from patients seen in the outpatient setting.

Diagnostic Category	PLFSOM Clinical Presentation Schemes	<i>Conditions or Presentations</i> (Level of involvement required is noted as: <i>0</i> = observe, <i>A</i> = Assist, <i>M</i> = Manage)
Cardiovascular	<ul style="list-style-type: none"> • Chest discomfort • Abnormal heart sounds • Heart murmurs • Syncope (see also neurological category) • Palpitations • Abnormal blood pressure 	<p style="color: red;">Chest Pain (including CAD/MI) (A, M)</p> <p>Heart failure</p> <p>Arrhythmia</p> <p style="color: red;">Hypertension (A, M)</p> <p>Shock</p> <p>Thromboembolism</p>
Respiratory	<ul style="list-style-type: none"> • Dyspnea • Pleural abnormalities • Cough • Wheezing • Cyanosis • Hemoptysis 	<p>Cough</p> <p>Dyspnea</p> <p>COPD</p> <p>Asthma</p> <p style="color: red;">Pneumonia (A, M)</p> <p>Pulmonary embolus</p>

Renal/Genitourinary	<ul style="list-style-type: none"> • Abnormalities of renal function • Disorders of serum Na⁺ • Intrinsic renal disease • Abnormalities of hydrogen ion concentration • Hypertension • Renal failure: Acute • Renal failure: Chronic • Male genitourinary disorders 	<p>Dysuria</p> <p>Acute kidney injury (A, M)</p> <p>Chronic kidney disease</p> <p>Nephrolithiasis</p> <p>Fluid, electrolyte and acid-base disorders</p>
Infectious Diseases	<ul style="list-style-type: none"> • Abnormal temperature/Fever 	<p>HIV Infection/AIDS</p> <p>Sepsis</p> <p>UTI/Urosepsis (A, M)</p> <p>Cellulitis</p> <p>Nosocomial infections</p>
Gastrointestinal	<ul style="list-style-type: none"> • Vomiting/Nausea • Diarrhea • Abdominal distention • Abdominal pain • Constipation • GI bleed • Liver function test abnormalities, Jaundice 	<p>Abdominal pain</p> <p>Gastrointestinal bleed (upper or lower) (A)</p> <p>Liver disease</p> <p>Pancreatitis</p> <p>Ascites</p> <p>Peptic ulcer disease</p>
Endocrine	<ul style="list-style-type: none"> • Diabetes, Hyperlipidemia • Hypothalamus/Pituitary axis • Disorders of thyroid function • Weight gain, obesity 	<p>Diabetes Mellitus (A, M)</p> <p>Dyslipidemias</p> <p>Obesity</p> <p>Thyroid disease (A, M)</p> <p>Adrenal disease</p>

Hematology/Oncology	<ul style="list-style-type: none"> • Abnormal hemoglobin • Abnormal white blood cells • Lymphadenopathy • Coagulation abnormalities 	<p>Anemia (A, M)</p> <p>Thrombocytopenia</p> <p>Coagulopathy</p> <p>Cancer (A, M)</p>
Rheumatology	<ul style="list-style-type: none"> • Joint pain • Numbness and pain 	<p>Arthritis</p> <p>Vasculitis</p> <p>Lupus/SLE</p>
Neurology	<ul style="list-style-type: none"> • Syncope (see also cardiovascular category) • Seizures and epilepsy • Stroke and aphasia • Delirium, stupor, and coma 	<p>Stroke/CVA</p> <p>Syncope/Dizziness</p> <p>Epilepsy</p> <p>Altered mental status (A, M)</p>
General Internal Medicine	<ul style="list-style-type: none"> • Substance abuse, withdrawal • Mood disorders • Panic and anxiety • Numbness and pain • Skin rashes • Skin ulcers (benign and malignant) • Itching • Hair and nail disorders (alopecia) 	<p>Drug toxicity</p> <p>Fever</p> <p>Rash/Cutaneous eruption</p> <p>Psychiatric disease, e.g., major depression, bipolar disorder, anxiety disorder</p> <p>Substance abuse (alcohol, drug) (A, M)</p> <p>Pain</p> <p>Testing/diagnostic evaluation</p>

***Observe** - The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient.

****Assist** - The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or participate in a procedure in a secondary role. The student does not play an active role in diagnosis or treatment decision-making.

*****Manage/Perform-** The student performs the history or physical exam AND formulates the differential diagnosis AND suggests the appropriate course of treatment under supervision of the preceptor, resident, or attending. For procedures, the student plays a primary role in performing the indicated procedure under supervision of the preceptor, resident, or attending.

B. Psychiatry Patient Conditions and Op-Log Expectations

Students are expected to log each patient that they see throughout the Psychiatry Clerkship. The LCME guidelines are that each student should see a minimum number of cases from diagnostic categories. The Clerkship Director and/or the Assistant Clerkship Director will review each student's Op-Log during Mid-Clerkship Feedback. (At least 15 patients must be entered in Op-Log by Mid-Clerkship Feedback). This will help monitor the types of patients that the student has seen and identify deficiencies which would need to be addressed by the clerkship director or coordinator. It is the student's responsibility to alert the clerkship director if a required category of psychopathology diagnoses have not been seen by the student by his midterm evaluation. The clerkship director will provide the student with simulated cases, case histories or notify an attending to provide an appropriate case.

Students are encouraged to stay current with their online log and enter the cases seen daily. The clerkship coordinator will be monitoring the log weekly to make certain that each student is entering the appropriate number of patient encounters. **By the end of rotation at least 30 cases need to be entered and all diagnoses in red (below) must be documented.**

Satisfactory completion of the Op-Log should be completed with at least the minimum number of patients by two weeks before the end of the rotation. If this log is not complete at that time, additional learning activities will be assigned. This could include reading from Case Files to be discussed with the clerkship director.

Diagnostic Category	Diagnosis (items in red font are mandatory)	Clinical Setting for required cases (Inpatient, Outpatient or Either)	Level of Responsibility <i>0= observe, A = Assist, M= Manage)</i>
Depressive Disorders	MDD (single or recurrent)	Either	A

Diagnostic Category	Diagnosis (items in red font are mandatory)	Clinical Setting for required cases (Inpatient, Outpatient or Either)	Level of Responsibility <i>0= observe, A = Assist, M= Manage)</i>
	Mild Moderate Severe w or w/o psychosis Persistent Depressive Disorder (Dysthymia) Other Specified Depressive Disorder 2° to GMC/Substance-Induced		
Bipolar and Related Disorders	Bipolar I or Bipolar II Cyclothymic Disorder 2° to GMC or Substance-Induced	Either	A
Schizophrenia Spectrum and Other Psychotic Disorders	SCZ , SCZ-affective (depressed or bipolar type) Brief Psychotic Disorder Schizophreniform Disorder Delusional Disorder 2° to GMC/Substance Induced Other Specified Schizophrenia Spectrum and Other Psychotic Disorder	Either	A
Anxiety Disorders	Panic Disorder Agoraphobia Specific Phobia Social Anxiety Disorder (Social Phobia) Generalized Anxiety Disorder Substance/Medication-Induced Anxiety Disorder Separation Anxiety Disorder	Either	A
Substance-Related and Addictive Disorders	Alcohol-Related Disorders Caffeine-Related Disorders Cannabis-Related Disorders Hallucinogen-Related Disorders Inhalant-Related Disorders Opioid-Related Disorders Sedative-, Hypnotic-, or Anxiolytic-Related Disorders	Either	A

Diagnostic Category	Diagnosis (items in red font are mandatory)	Clinical Setting for required cases (Inpatient, Outpatient or Either)	Level of Responsibility <i>0= observe, A = Assist, M= Manage)</i>
	Stimulant-Related Disorders Tobacco-Related Disorders		
Neurodevelopmental Disorders	Intellectual Disabilities Attention-Deficit/Hyperactivity Disorder Learning Disorders	Either	A
Neurocognitive Disorders	Dementia or Delirium	Either	A
Risk Assessment /Danger to self or others	SI HI Risk for harm	Inpatient	O, A
Personality Disorders	Cluster A Personality Disorders or Cluster B Personality Disorders or Cluster C Personality Disorders	Either	A
Disruptive, Impulse-Control, and Conduct Disorders	Oppositional Defiant Disorder or Intermittent Explosive Disorder or Conduct Disorder - subtypes	Either	A

C. Family Medicine Patient Conditions and Op Log Expectation

FM Table 8: Family Medicine Specific Op-Log Requirements and Clinical Expectations

<p>Students must document <u>every patient/disease</u> with which they come into contact, even if the condition is not listed below. Students are <u>required</u> to see at least two of every patient listed below, as they are the most commonly encountered conditions in the Family Medicine ambulatory clinic. The Clerkship Director will review Op-Log at Mid-Clerkship Feedback and prior to the End of the Block. Deficiencies and how to rectify are discussed immediately.</p>				
Diagnosis Category	Condition/Number of Patients Managed	Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)	Associated Clinical Presentation(s)	How to Make Up Missed Encounter
Allergy	Allergic Rhinitis: 2 patients	M		<p>If a student fears they will not encounter the appropriate number of patient conditions, the Clerkship Director must be notified immediately. The first plan of action would be to locate a patient with the particular condition. If that fails, the student will be expected to complete a simulated case (see alternative assignment list)</p>
Cardiovascular	Chest Pain: 2 patients Hypertension: 2 patients	M	Chest Discomfort Abnormal Blood Pressure – Hypertension and Shock	
Endocrine	Diabetes: 2 patients	M	Diabetes and Obesity	
ENT	Pharyngitis: 2 patients Upper Respiratory Infection: 2 patients	M	Sore Throat Dyspnea Cough Wheezing	
General	Physical Exam, Routine: 2 male patients and 2 female patients Palliative/End of life care: 2 patients	M A	Periodic Health Exam Adult Dying Patient, Bereavement	

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Diagnosis Category	Condition/Number of Patients Managed	Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)	Associated Clinical Presentation(s)	How to Make Up Missed Encounter
GI/Alimentary	Abdominal Pain: 2 patients	M	Vomiting/Nausea Abdominal Pain Diarrhea Constipation Abdominal Distension	
Metabolic	Dyslipidemia or Hyperlipidemia: 2 patients	M	Diabetes/ Hyperlipidemia	
Musculoskeletal	Knee Injury: 2 patients Low Back Pain: 2 patients	M	Bone Fractures, Joint Pain, Limp and Deformity	
Neurological/ Neurosurgical	Headache: 2 patients	M		
Preventative Care	Tobacco use/Smoker: 2 patients	M		
Psych/Behavioral	Depression: 2 patients Anxiety: 2 patients	M	Mood Disorders	

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Diagnosis Category	Condition/Number of Patients Managed	Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)	Associated Clinical Presentation(s)	How to Make Up Missed Encounter
Pulmonary/Thoracic	Asthma: 2 patients COPD: 2 patients	M	Dyspnea Cough Wheezing	
Urinary/Kidney	Urinary Tract Infection: 2 Patients Dysuria: 2 Patients (May also use Urethritis or Vaginitis in Men's or Women's Health Category)	M	Pelvic Pain Vaginal Discharge Men's Health	

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**Assist – The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or participate in a secondary role. The student does not play an active role in diagnosis or treatment decision making.

***Manage – The student performs the history or physical exam AND formulates the differential diagnosis AND suggests the appropriate course of treatment under supervision of the preceptor, resident or attending.

FM Table 9: Procedural Opportunities for Medical Students (only if available; not required). All procedures to be supervised by MD).

Procedure (as availability dictates)	Associated Clinical Scheme(s)	How to Makeup Missed Procedure
Vaccine Administration	Periodic Health Exam Adult and Child	These procedures are not required. Students are expected to make every effort to seek out these procedures, but due to patient demand and
Pap/Pelvic Exam	Screening and Prevention (Reproductive Unit)	

Rectal/Prostate Exam	CP1 Periodic Health Exam Adult	scheduling, it may not be possible for every student to do each procedure.
Breast Exam	Periodic Health Exam Adult	
ECG and Interpretation	Chest Discomfort, Abnormal Blood Pressure, Palpitations	
Ear Lavage	Hearing Loss and Tinnitus	
Punch Biopsy	Skin Lesions: Rash (Macules, Papules, Boils, Blisters)	
Joint Injection	Bone Fractures, Joint Pain, Limp and Deformity	
Casting	Bone Fractures, Joint Pain, Limp and Deformity	
Splinting	Bone Fractures, Joint Pain, Limp and Deformity	
Cryotherapy	Skin lesions: Rash (Macules, Papules, Boils, Blisters)	