

4th Year Elective
CLINICAL CASE LOG



Carolinan Medical Center
Carolinan HealthCare System

REQUIRED**Mid- Elective Feedback Session****Faculty Initial & Date****Case Log**

Final Count	# Required	# Completed	Completed Please circle
Patient Assessment Skills			Yes
Procedures & Interpretation of Test Results			No
Surgery			

PATIENT ASSESSMENT SKILLS

All skills to be performed under direct observation of Resident or Faculty. Complete 10 or more of 14 listed below.

Patient Assessment Skill (# to be performed)	Resident/Faculty Initials/Date
Other _____	

PROCEDURES & INTERPRETATION OF TEST RESULTS

Requirement: Observe 80% of the procedures listed below.

Procedure	Resident/Faculty Initials/Date
Ultrasound and Office Procedure	
Interpretation of Test Results	
Surgery	
Diagnostic laparoscopy -2	
Hysteroscopy -2	
IVF procedure -1	

