

CASE LOG TOTALS

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OPTIONAL FILTERS

Date Range: From To [Clear Filters](#)

Period: --All--

Rotation: --All--

Clinical Site: --All--

Preceptor: --All--

Item Filter #1: --None--

Item Filter #2: --None--

Click for a list of cases where that category was marked.

Total Cases Entered: 120

Total Unique Patients: 120

Total Days with Cases: 23

Total Patient Hours: 103.0 (+ 0.0 Total Consult Hours = ~103.0 Hours)

Average Case Load per Case Day: 5

Average Time Spent with Patients: 51 minutes

Rural Visits: 0 patients

Underserved Area/Population: 120 patients

Surgical Management: Complete: 0 patients

– Pre-op: 0 patients

– Intra-op: 0 patients

– Post-op: 0 patients

Operating Room experiences: 0 patients

Group Encounters: 0 sessions

CLINICAL SETTING TYPES

Outpatient: 100

Emergency Room/Dept: 0

Inpatient: 20

Long-Term Care: 0

Other: 0



CLINICAL EXPERIENCES

(based on rotation choices)

Family Medicine: 100

General Internal Medicine: 20

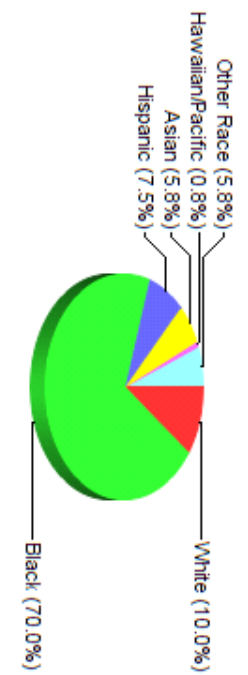


AGE	Ct	Hrs
<2 yrs:	0	0.0
2-4 yrs:	0	0.0
5-11 yrs:	0	0.0
12-17 yrs:	0	0.0
18-49 yrs:	61	46.5
50-64 yrs:	27	21.3
>=65 yrs:	32	35.2
Unmarked:	0	0.0



Geriatric Breakdown	Ct	Hrs
65-74 yrs:	20	20.7
75-84 yrs:	7	9.1
85-89 yrs:	5	5.4
>=90 yrs:	0	0.0

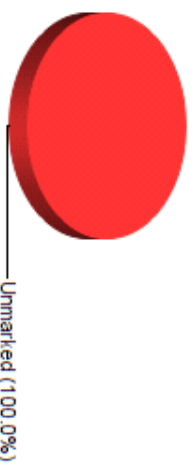
RACE	Ct
White Non-Hispanic:	12
Black:	84
Hispanic:	9
Asian:	7
Amer Indian/Alaskan:	0
Hawaiian/Pacific Isl:	1
Other Race:	7
Unmarked:	0



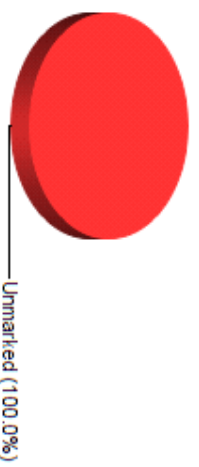
GENDER	Ct
Male:	57
Female:	63
Transgender:	0
Unmarked:	0



INSURANCE	Ct
None:	0
HMO:	0
PPO:	0
Private:	0
Medicaid:	0
Medicaid/HMO:	0
Medicaid/PPO:	0
Medicare:	0
Medicare/HMO:	0
Medicare/PPO:	0
Dual Eligible:	0
Work Comp:	0
Other:	0
Unmarked:	120



REFERRALS	Ct
None:	0
Allied Health:	0
Cert Nurse Spec:	0
Comm Services:	0
Mental Health:	0
Nurse Pract:	0
Nutritionist:	0
Occupat Ther:	0
Physical Ther:	0
Physician:	0
Physician Asst:	0
Other:	0
Unmarked:	120



TYPE OF DECISION-MAKING

Straight forward:	107 🗳️
Low Complex:	11 🗳️
Moderate Complex:	1 🗳️
High Complex:	1 🗳️
Unmarked:	0 🗳️



STUDENT PARTICIPATION

Observ. Only:	23 🗳️
Less than shared:	96 🗳️
Shared:	1 🗳️
Primary (>50%):	0 🗳️
Unmarked:	0 🗳️



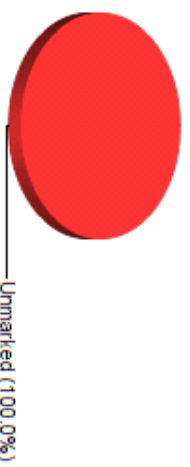
REASON FOR VISIT

Annual/Well-Person Exam:	18 🗳️
Employment Physical:	12 🗳️
Episodic:	10 🗳️
ER/ED Visit:	0 🗳️
Follow-up (Consult):	25 🗳️
Follow-up (Hospital Visit):	0 🗳️
Follow-up (Routine):	12 🗳️
Initial Visit:	7 🗳️
Long Term Care:	0 🗳️
New Admit:	20 🗳️
New Consult:	0 🗳️
Nursing Home Visit:	0 🗳️
Pv/Fam.Ed./Counseling:	0 🗳️
Scheduled Procedure:	3 🗳️
Screening/Health Promo:	6 🗳️
Sports Physical:	3 🗳️
Other:	4 🗳️
Unmarked:	0 🗳️



ENCOUNTER #

1:	0 🗳️
2-5:	0 🗳️
6-10:	0 🗳️
>10:	0 🗳️
Unmarked:	120 🗳️



TYPE OF H & P

Problem Focused:	50 🗳️
Expanded Prob. Focused:	13 🗳️
Detailed:	3 🗳️
Comprehensive:	54 🗳️
Unmarked:	0 🗳️



SOC. PROBLEMS ADDRESSED

Abused Child/Adult:	1	<input type="checkbox"/>	1	<input type="checkbox"/>	Abused Child/Adult
Caretaking/Parenting:	1	<input type="checkbox"/>	1	<input type="checkbox"/>	Caretaking/Parenting
Education/Language:	2	<input type="checkbox"/>	2	<input type="checkbox"/>	Education/Language
Emotional:	2	<input type="checkbox"/>	2	<input type="checkbox"/>	Emotional
Grief:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Grief
Growth/Development:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Growth/Development
Housing/Residence:	1	<input type="checkbox"/>	1	<input type="checkbox"/>	Housing/Residence
Income/Economic:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Income/Economic
Interpersonal Relations:	2	<input type="checkbox"/>	2	<input type="checkbox"/>	Interpersonal Relations
Issues w/Community Help:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Issues w/Community Help
Legal:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Legal
Neglected Child/Adult:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Neglected Child/Adult
Nutrition/Exercise:	5	<input type="checkbox"/>	5	<input type="checkbox"/>	Nutrition/Exercise
Palliative/End of Life:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Palliative/End of Life
Prevention:	1	<input type="checkbox"/>	1	<input type="checkbox"/>	Prevention
Role Change:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Role Change
Safety:	2	<input type="checkbox"/>	2	<input type="checkbox"/>	Safety
Sanitation/Hygiene:	3	<input type="checkbox"/>	3	<input type="checkbox"/>	Sanitation/Hygiene
Sexuality:	5	<input type="checkbox"/>	5	<input type="checkbox"/>	Sexuality
Social Isolation:	1	<input type="checkbox"/>	1	<input type="checkbox"/>	Social Isolation
Spiritual Issues:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Spiritual Issues
Substance Abuse:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Substance Abuse
Other:	0	<input type="checkbox"/>	0	<input type="checkbox"/>	Other

PROCEDURES/SKILLS

The minimum requirements are optionally entered by the administrator. Items with minimums will appear in red if the minimum has not been met, and will turn to blue once the minimum has been met. Critical items in bold.

General Competencies		DONE	MIN. REQUIRED	DESCRIPTION
OBSERVED	ASSISTED			
0	0	<input type="checkbox"/>	1	Arterial blood gas
0	0	<input type="checkbox"/>	0	Cesarean delivery
2	0	<input type="checkbox"/>	0	Code
0	0	<input type="checkbox"/>	2	Complete breast exam
0	0	<input type="checkbox"/>	1	Culture obtained (blood, throat, wound, vaginal)
2	0	<input type="checkbox"/>	2	Injections (IM, ID, SQ)
0	0	<input type="checkbox"/>	0	IV Starts
0	0	<input type="checkbox"/>	0	Nasogastric incubation
0	0	<input type="checkbox"/>	1	Pelvic Exam
0	0	<input type="checkbox"/>	1	Rectal exam
0	0	<input type="checkbox"/>	0	Surgery
0	0	<input type="checkbox"/>	0	Suture
0	0	<input type="checkbox"/>	0	Vaginal delivery
2	0	<input type="checkbox"/>	1	Venipuncture
0	1	<input type="checkbox"/>	2	Wound care
0	0	<input type="checkbox"/>	0	

Verified procedures

OBSERVED	ASSISTED	DONE	MIN. REQUIRED	DESCRIPTION
0	0	<input type="checkbox"/>	0	Elective -
0	0	<input type="checkbox"/>	0	Elective -
0	0	<input type="checkbox"/>	0	Elective -
0	0	<input type="checkbox"/>	0	Elective -
0	0	<input type="checkbox"/>	0	Elective -
0	0	<input type="checkbox"/>	1	Elective -
0	0	<input type="checkbox"/>	2	Elective -
0	0	<input type="checkbox"/>	0	Elective - Central line placement
0	0	<input type="checkbox"/>	0	Elective - Chest Tube placement
0	0	<input type="checkbox"/>	0	Elective - Endotracheal intubation
0	0	<input type="checkbox"/>	0	Elective - Fracture of Dislocation reduction
0	0	<input type="checkbox"/>	0	Elective - Perform Gastric Lavage
0	0	<input type="checkbox"/>	0	Elective - Performing and I&D of an abscess
0	0	<input type="checkbox"/>	0	Elective - Performing Cardioversion
0	0	<input type="checkbox"/>	0	Elective - Slit Lamp exam
0	0	<input type="checkbox"/>	0	Elective - Treat a subungual hematoma
0	0	<input type="checkbox"/>	0	Instillation of a local anesthesia/digital block
0	0	<input type="checkbox"/>	1	Obtain an ABG Sample

0		1		1		Obtaining a blood culture
0		0		1		Obtaining a PAP smear
0		0		1		Obtaining a rectal fecal Occult blood sample
0		0		1		Obtaining a Throat Culture specimen
0		0		0		Performing Injections - Intradermal
0		0		0		Performing Injections - Intramuscular
0		0		0		Performing Injections - Subcutaneous
0		0		2		Performing (not interpreting) an EKG
0		0		1		Performing a pelvic exam
0		0		1		Performing an eye exam
0		0		0		Performing CPR
0		0		0		Performing skin closure - Stapling
0		0		0		Performing skin closure - Suturing
0		0		1		Performing Venipuncture
0		0		0		Placing a Nasogastric Tube
0		0		0		Splinting
0		0		0		Urinary catheterization - Female
0		0		0		Urinary catheterization - Male

TOP 25 ICD-10 DIAGNOSIS CATEGORIES (View All Categories) (View All Full Codes)

TOTAL	DESCRIPTION [Click category for detail]				
28	Z00 - ENC NTR FOR GENERAL EXAM W/O COMPLAINT, SUSP OR REPRTD DX				
14	Z02 - ENCOUNTER FOR ADMINISTRATIVE EXAMINATION				
9	I10 - ESSENTIAL (PRIMARY) HYPERTENSION				
8	M54 - DORSALGIA				
4	E08 - DIABETES MELLITUS DUE TO UNDERLYING CONDITION				
4	M25 - OTHER JOINT DISORDER, NOT ELSEWHERE CLASSIFIED				
4	R05 - COUGH				
4	Z01 - ENC NTR FOR OTH SP EXAM W/O COMPLAINT, SUSPECTED OR REPRTD DX				
3	E78 - DISORDERS OF LIPOPROTEIN METABOLISM AND OTHER LIPIDEMIAS				
3	F10 - ALCOHOL RELATED DISORDERS				
2	I20 - ANGINA PECTORIS				
2	J02 - ACUTE PHARYNGITIS				
2	J45 - ASTHMA				
2	R09 - OTH SYMPTOMS AND SIGNS INVOLVING THE CIRC AND RESP SYS				
2	R73 - ELEVATED BLOOD GLUCOSE LEVEL				
2	R76 - OTHER ABNORMAL IMMUNOLOGICAL FINDINGS IN SERUM				
2	Z41 - ENC NTR FOR PROC FOR PURPOSES OTH THAN REMEDYING HEALTH STATE				
2	Z71 - PERSONS ENC NTR HEALTH SERV FOR OTH CNSL AND MED ADVICE, NEC				
1	A09 - INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED				
1	B37 - CANDIDIASIS				
1	B96 - OTH BACTERIAL AGENTS AS THE CAUSE OF DISEASES CLASSD ELSWHR				
1	C34 - MALIGNANT NEOPLASM OF BRONCHUS AND LUNG				
1	C44 - OTHER AND UNSPECIFIED MALIGNANT NEOPLASM OF SKIN				
1	D50 - IRON DEFICIENCY ANEMIA				
1	E10 - TYPE 1 DIABETES MELLITUS				

TOP 25 CPT BILLING CODES (View All)

TOTAL	DESCRIPTION				
28	2010F - VITAL SIGNS DOCUMENTED AND REVIEWED				
23	93463 - MEDICATION ADMIN & HEMODYNAMIC MEASUREMENT				
8	80061 - LIPID PANEL				
4	4050F - HYPERTENSION PLAN OF CARE DOCUMENTED				
4	4120F - ANTI BIOTIC PRESCRIBED OR DISPENSED				
4	83037 - HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE				
3	0005F - OSTEOARTHRITIS ASSESSED				
3	80050 - GENERAL HEALTH PANEL				
3	80053 - COMPREHENSIVE METABOLIC PANEL				
2	0580F - MULTIDISCIPLINARY CARE PLAN DEVELOPED/UPDATED				
2	1026F - CO-MORBID CONDITIONS ASSESSED				
2	1130F - BACK PAIN AND FUNCTION ASSESSED, CERTAIN ASPECTS OF CARE				
2	2040F - PHYS EXAM ON DATE OF INIT VISIT FOR LOW BACK PAIN PERFORMED				
2	3045F - MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0 - 9.0 %				
2	80074 - ACUTE HEPATITIS PANEL				
2	81001 - URINALYSIS, DIP STICK/TABLET REAGENT; AUTOMATED W/MICROSCOPY				
2	81007 - URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE/DIPSTICK				
2	86703 - ANTIBODY; HIV-1 & HIV-2, SINGLE RESULT				
2	90710 - MEASLES, MUMPS, RUBELLA, & VARICELLA VACCINE (MMRV), LIVE, SUBQ USE				
2	93000 - ELECTROCARDIOGRAM, ROUTINE W/AT LEAST 12 LEADS; W/INTERPRETATION & REPORT				

- 2 97039 - UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)
- 2 99452 - INTERPROFESSIONAL PHONE/INTERNET/EHR REFERRAL SERVICE 30 MIN
- 1 0464T - VISUAL EP TESTING FOR GLAUCOMA W/INTERPJ & REPRT
- 1 0518F - FALLS PLAN OF CARE DOCUMENTED
- 1 0521F - PLAN OF CARE TO ADDRESS PAIN DOCD

PRESCRIPTIONS WRITTEN BY CATEGORY [Click category for detail]

TOTAL CATEGORY	
0 Analgesic & Antipyretic	<input type="checkbox"/> Analgesic/Antipyretic
0 Cardiology	<input type="checkbox"/> Cardiology
0 Dermatology	<input type="checkbox"/> Dermatology
0 Endocrinology	<input type="checkbox"/> Endocrinology
0 ENT	<input type="checkbox"/> ENT
0 GI Agents	<input type="checkbox"/> GI Agents
0 Gynecology	<input type="checkbox"/> Gynecology
0 Hematology/Oncology	<input type="checkbox"/> Hematology/Oncology
0 Infectious Diseases	<input type="checkbox"/> Infectious Diseases
0 Neurology	<input type="checkbox"/> Neurology
0 Ophthalmology	<input type="checkbox"/> Ophthalmology
0 Psychiatric	<input type="checkbox"/> Psychiatric
0 Pulmonary	<input type="checkbox"/> Pulmonary
0 Rheumatology	<input type="checkbox"/> Rheumatology
0 Urology	<input type="checkbox"/> Urology
0 Vaccines	<input type="checkbox"/> Vaccines
0 Wound Management	<input type="checkbox"/> Wound Mgmt
0 Miscellaneous	<input type="checkbox"/> Misc

MEDICATION ADHERENCE

Caretaker failure:	0	<input type="checkbox"/> Caretaker failure
Complexity of treatment:	0	<input type="checkbox"/> Complexity of treatment
Denial of need:	1	<input checked="" type="checkbox"/> Denial of need
Disappearance of symptoms:	0	<input type="checkbox"/> Disappearance of symptoms
Disbelief in benefits/efficacy:	0	<input type="checkbox"/> Disbelief in benefits/efficacy
Fear of addiction:	0	<input type="checkbox"/> Fear of addiction
Financial concerns:	0	<input type="checkbox"/> Financial concerns
Forgetfulness:	1	<input checked="" type="checkbox"/> Forgetfulness
Knowledge deficit:	0	<input type="checkbox"/> Knowledge deficit
Physical disability:	0	<input type="checkbox"/> Physical disability
Pregnancy:	0	<input type="checkbox"/> Pregnancy
Psychiatric diagnosis:	0	<input type="checkbox"/> Psychiatric diagnosis
Religious reasons:	0	<input type="checkbox"/> Religious reasons
Other/side effects:	0	<input type="checkbox"/> Other/side effects

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