#### CHECKOUT PROCEDURE

* The purpose of the checkout process is:
* To ensure that the intern has completed all clinic requirements.
* To ensure that the patients are properly taken care of through the transition from one intern to the next and that all the necessary follow-ups have been done or are transferred to the next intern.
* Even though a final checkout is done at the end of the clinic experience, the intern should work on preparing the checkout process ***throughout*** the last trimester of clinic.

1. Tracking Clinic Requirements

* Dominga Levin keeps track of most clinic credits such as:
* Clinic hour requirements (675 hours)
* Clinical Evaluations (ROF, NP/Re-exam, HVLA, CMR, worksheets, letters, etc.)
* Adjustments
* Therapy Modalities

Dr. Thomas

* Community Outreach

Your Clinician

* Pt. transfers
* Lab follow ups & reports

Sandy Pelletier or faculty radiologist

* X-ray presentation/Reads

Front Desk

* Examinations

Sandy Pelletier

* X-Rays
* Laboratory (CBC, UA & Chemistries)
* The intern keeps track of their own Case Management credits.
* When you are close to check out, you may request an updated printout from Dominga.

1. Case Management (1 SC/10 outpatient)

* A patient summary form needs to be filled out with ***every*** examination. These include new patient exams, annual exams and focus exams. Forms are also completed on Update Evaluations when first assuming patient care.
* All patient summary forms must be fully completed and signed by the assigned clinician.
* Student patient summary forms are completed with the intern’s student clinic clinician.
* The assigned clinician will determine if a case qualifies for a case management credit.

1. Patient Referrals

* Interns can start referring their patients at any time during the trimester and should ***not*** wait to have completed all their adjustments to start this process.
  + You must have the referral ***approved*** before the next intern is introduced to the patient.
  + You may seek referral approval for a few patients at a time if you need to refer some patients before you have completed clinic requirements.
* Fill out a patient referral form:
* List all the patients on whom you performed physical examinations and all the patients you are treating.
* Present the list to your clinician to discuss and approve the referral. Please note that patients cannot be referred, or introduced to an intern before the referral list has been approved.
* The referral should be done in **two** visits:
* At the first visit, introduce the patient to the new intern and provide the treatment. It is a time when you can explain the treatment protocols and some of the particular needs of this patient.
* At the second visit, the new intern will provide the treatment and any questions can be reviewed and answered.

1. Inactive Records

* If you are aware that a patient will ***not return*** to the Health Center, you may inactivate the record with the following procedure:
* Write the patient name on your referral list.
* Check the box labeled ‘inactive’.
* If you have completed an exam on this patient, complete the patient summary form.
* Bring the Patient Summary Form and your patient referral list to your clinician.
* With the help of your clinician, document at the bottom of the patient’s care plan that they are being inactivated, the date of inactivation, and why.

1. Check-out

* Please check the status of your requirements with Dominga Levin. She will verify that all of your clinical requirements have been completed.
* Prepare your checkout ‘checklist’ and obtain all signatures except the last one (Quantitative Clinical Requirements).
* To check out, make an appointment with Dominga. Your clinic requirement checklist must be completed except for the Quantitative Clinical Requirement line.
* For your final checkout appointment, please bring the following:
* Patient referral list.
* Clinic requirement checklist.
* Preceptorship packet (optional)
* If you have done any adjustments the day of checkout, you need to bring the pink slips for those adjustments.
* All of your pink service slips and any other form(s) that may contain PHI (patient names or file numbers). This would include copies of CMRs, Patient Summary forms, D & M worksheets.