**D4 CHECKLIST**

GROUP\_\_\_\_\_\_\_\_\_\_ Presentation Date/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discipline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D4 Team Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate team member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Chart Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| PRESENTER ACTIVITY | APPROVAL | TIMELINE |
| Case Selection:  (Initial & HIPAA Consults Signed) | GL | 4 weeks prior to presentation |
| Clinical Question: | GL |
| Specialist: | Consult Date: | Prior to GL approvals below |
| PICO Question: | GL | 3 weeks prior to presentation |
| Pathology Question: | GL |
| Basic Science Question: | GL |
| POSTINGS IN ROUNDS WEBSITE | RESPONSIBILITY |  |
| PowerPoint Case Presentation | D4 | 1 week prior to presentation |
| Case Summary | D4 |
| CAT Template | D3 |
| Pathology Template | D2 |
| Basic Science Template | D1 |

**D4: How will you advise the patient?**

**Basis for your recommendations: (Evidence/Clinical Experience/Pt. needs, preferences)**

**D3 SPECIALIST CONSULT FORM**

PATIENT SUMMARY

Chief Complaint:

Problems:

Clinical Question:

Reason for specialist consultation:

RECOMMENDATIONS

Items for discussion and consideration

Treatment options

Recommendations for PICO\* question & literature search

**\*P**t/Problem/Population; **I**ntervention; **C**omparison; **O**utcome

Bottom line: D3 -- How does the evidence apply to the patient?

Faculty Name, Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty/Discipline *(Group Leader OK when specialist is not available*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Consult\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_