

Scheduling

Observorships are for the purpose of learning how Complementary, Alternative and Integrative Medicine (CAIM) are practiced by providers in the community and not to teach or promote any particular health or medical practice. A Complementary, Alternative and Integrative Medicine Observorship cannot be used to substitute for a Clinical Practice Preceptorship (CPP) visit by first year students. Students should contact the provider to schedule an appointment time to participate in the provider's office activities. Generally, these are 2 – 4 hours experiences scheduled on a single occasion.

We asked each student to complete a record of their visit below so that we can monitor the value of these experiences.

- About
- Dean's Welcome
- The College
- Contact
- Giving to the College
- Departments and Programs
- Medical Scholars
- Basic and Clinical Sciences
- Clinical Affairs
- CME
- GME
- Residencies
- Urban Health
- Students
- M1
- M2
- M3/4
- UMSG
- M1 Schedule
- MedCalendar
- Library
- Organizations
- Alumni
- Alumni News
- Administration
- Student Affairs
- Dean's Office
- Office of Advancement
- Human Resources
- Research
- Curriculum Management
- Fiscal Affairs
- Advisory Board
- Public Engagement
- BenWare
- Helpdesk
- Faculty & Staff
- Faculty Development
- Parking
- Emergency Ops
- Related Links

COMPLEMENTARY, ALTERNATIVE AND INTEGRATIVE MEDICINE

Observership Visit Form

- **Please Note: Do not include any information that would be so distinctive as to allow identification of the patient. The information you will transmit here is not a component of the patient's medical record, and careful attempts must be taken to prevent any identification of the patient or patients discussed.**
- **Once this report is submitted, it cannot be deleted. Please check it carefully before submitting.**
- **Your Report of Visit will be added to your record and may be shared with your Preceptor.**
- **Before submitting this form, print a copy for your records.**
- **You must click the "Submit Report Of Visit" button at the bottom when finished.**

*Required fields

*Last Name: *First Name:

*University NetID: *University E-mail:

University NetID: It is NOT the UIN #. If you need to look up your netid, please go here: <http://webtools.uiuc.edu/ows/PH>. The netid is found in the first field called "alias".

*Date of Visit: (i.e., 1/1/2007)

*Place of visit:

If "Other", list here:

*Who was your preceptor?

First Name: Last Name:

Approximately how many hours did you spend with your preceptor?

What activities did you carry out during this visit? (Select as many as apply)

- Observe
- Talk to patient (elicit part of Hx)
- Watch procedure
- Discuss patient with preceptor
- Observe provider other than preceptor
- Other: describe briefly in box below

If "Other", provide description of activities here:

Briefly describe the feelings of provider, patient, and yourself in this clinical encounter.

Urbana Campus

Chicago Campus

Peoria Campus

Rockford Campus

Advanced search

LCME

- LCME Self-Study**
- * Newest Standards
- * Graduation Competencies

Clinical Affairs

- Mission
- Staff
- Professionalism Statement
- Administration
- Committees
- Departments
- Faculty Development
- Policy and Procedure
- Sites
- Education Curricula
- Research
- Resources
- GME
- CME



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If you have further comments, please write them here:

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