

SCHOOL OF MEDICINE CASE WESTERN RESERVE END OF ROTATION ASSESSMENT FORM

SOM Office of the Registrar • <u>som-registrar@case.edu</u> 10900 Euclid Avenue, T408 Cleveland, Ohio 44106-4968 Tel: (216) 368-6137 • Fax: (216) 368-4621 / 368-6128

Student Name:				Academic Year:	to
	(Last)	(First)	(Middle I.)		
Case ID (Email):		_ Empl ID (7-digit SIS):		Class Of:	
Society Dean/P	hysician	Advisor:		Block Number	" OR
Course Title:		Course	Code:	Start Date:	//
Site:		_City/State/Country:		End Date:	//

Competency	Targeted areas of Improvement	Areas of Strength	Exceeds or Meets All Standards	Standards met with concerns (no remediation required)	Standards not met (remediation required)	Not Observed/ Insufficient data
Patient Care * History/Interviewing * Data Retrieval including EHR * Physical Examination * Clinical Reasoning * Diagnostic/Treatment Plan						
<ul> <li>Knowledge for Practice</li> <li>* Demonstrates medical knowledge and applies it in clinical settings</li> <li>* Follows the principles of EBM to identify gaps in knowledge and acts to correct them</li> </ul>						
Interpersonal and Communication Skills * Presentations in clinical and didactic settings * Patient centered communication * Communicates effectively with other health care professionals * Effective use of HER in communications * Cultural sensitivity						
Professionalism * Dependability (timeliness, completing assignments) * Honesty, responsibility, integrity, reliability, ethical behavior * Compassionate and respectful * Responsive to feedback * Recognized and addresses lapses in professional behavior						
Teamwork and Interprofessional Collaboration * Demonstrates effective teamwork and collaboration to improve patient care including transitions of care						
Systems-based Practice * Demonstrates understanding effects of health care systems on patient care * Effective use of resources to provide high-value care including attention to patient safety						

## Student Name:\_\_\_

Competency	Targeted areas of Improvement	Areas of Strength	Exceeds Standards	Standards met with concerns (no remediation required)	Standards not met (remediation required)	Not Observed/ Insufficient data
Research and Scholarship * Applies the scientific method to formulate a hypothesis in the context of patient care * Generates research questions to test hypotheses in clinical practice						
Reflective Practice * Demonstrates habits of ongoing reflection and self-improvement * Use patient logs to identify and address areas for improvement and learning needs based on clinical encounters						

## Final Discipline Decision

Exceeded or Met Expectations	Meets Expectation with Concerns	Does Not Meet Expectations: Requires Remediation	Failed	FOR ALL STUDENTS please complete the final discipline outcome. In cases where students are marked as "Did Not Meet Expectations: Requires Remediation" or "Met Expectations with Concerns", the rationale and recommendations to the student to address the deficiencies are required. Note: A student who fails a discipline does not receive credit for time spent in the discipline; he/she must work with his/her advisor to create a replacement experience.
Rational	e for Deci	sion (inclu	uding rem	ediation plan/plan to address concerns).

**FOR ALL <b>UNIVERSITY STUDENTS</b> * ONLY please indicate a final grade for the rotation. (Please include the rationale for your decision in the comments box above, including any suggested plans to address/remediate areas of concern.)	Honors	Commendable	Satisfactory	Unsatisfactory	Incomplete
**Required grade for transcript.					

Faculty Signature:		Date:	
Print Faculty Name:		Email:	
Address:	City:	State: Tel:	

Please return this 2-page form to the Office of the Registrar at the address displayed on the top of page 1.