



To be filled by student

Student Name: _____ **Academic Year:** _____ to _____
 (Last) (First) (Middle I.)

Case ID (Email): _____ **Class Of:** _____ **CCLCM***

Society Dean/Physician Advisor: _____

Course Title: _____ **Course Code:** _____

Site: _____ **City/State/Country:** _____

| | |
|----------------------------|-----------|
| Block Number: _____ | OR |
| Start Date: _____ | |
| End Date: _____ | |

To be filled by faculty assessor

| 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 | | | | | | |
| Knowledge for Practice * Demonstrates medical knowledge and applies it in clinical settings * Follows the principles of EBM to identify gaps in knowledge and acts to correct them | | | | | | |
| Interpersonal and Communication Skills * Presentations in clinical and didactic settings * Patient centered communication * Communicates effectively with other health care professionals * Effective use of EHR in communications * Cultural sensitivity | | | | | | |
| Professionalism * Dependability (timeliness, completing assignments) * Honesty, responsibility, integrity, reliability, ethical behavior * Compassionate and respectful * Responsive to feedback * Recognizes 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 | | | | | | |

| 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 |
|--|-------------------------------|-------------------|--------------------------------|---|--|---------------------------------|
| 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 | Met Expectation with Concerns | Did Not Meet Expectations: Requires Remediation | Did Not Meet Expectations: Required to Repeat Entire Rotation | Incomplete | |
|--|-------------------------------|---|---|------------|---|
| | | | | | 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. |
| Rationale for Decision (including remediation plan/plan to address concerns). | | | | | |
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|---|---------------|--------------------|---------------------|-----------------------|
| **FOR ALL UNIVERSITY STUDENTS* 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.) **Required grade for transcript. | Honors | Commendable | Satisfactory | Unsatisfactory |
| | | | | |

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.