



To be filled by student

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

Case ID (Email): _____ **Empl ID (7-digit SIS):** _____ **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 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			○	○	○	○

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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Final Discipline Decision

Exceeded or Met Expectations	Meets Expectation with Concerns	Does Not Meet Expectations: Requires Remediation	Failed	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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).

**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	Incomplete
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Faculty Signature: _____ **Date:** _____

Print Faculty Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Tel:** _____

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