SCHOOL OF MEDICINE
CASE WESTERN RESERVE UNIVERSITY

# END OF ROTATION ASSESSMENT FORM

SOM Office of the Registrar • som-registrar@case.edu
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**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**<br>* History/Interviewing<br>* Data Retrieval including EHR<br>* Physical Examination<br>* Clinical Reasoning<br>* Diagnostic/Treatment Plan | | | ○ | ○ | ○ | ○ |
| **Knowledge for Practice**<br>* Demonstrates medical knowledge and applies it in clinical settings<br>* Follows the principles of EBM to identify gaps in knowledge and acts to correct them | | | ○ | ○ | ○ | ○ |
| **Interpersonal and Communication Skills**<br>* Presentations in clinical and didactic settings<br>* Patient centered communication<br>* Communicates effectively with other health care professionals<br>* Effective use of EHR in communications<br>* Cultural sensitivity | | | ○ | ○ | ○ | ○ |
| **Professionalism**<br>* Dependability (timeliness, completing assignments)<br>* Honesty, responsibility, integrity, reliability, ethical behavior<br>* Compassionate and respectful<br>* Responsive to feedback<br>* Recognizes and addresses lapses in professional behavior | | | ○ | ○ | ○ | ○ |
| **Teamwork and Interprofessional Collaboration**<br>* Demonstrates effective teamwork and collaboration to improve patient care including transitions of care | | | ○ | ○ | ○ | ○ |
| **Systems-based Practice**<br>* Demonstrates understanding effects of health care systems on patient care<br>* Effective use of resources to provide high-value care including attention to patient safety | | | ○ | ○ | ○ | ○ |

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 |
|---|---|---|---|---|---|---|
| **Research and Scholarship**<br>* Applies the scientific method to formulate a hypothesis in the context of patient care<br>* Generates research questions to test hypotheses in clinical practice | | | ○ | ○ | ○ | ○ |
| **Reflective Practice**<br>* Demonstrates habits of ongoing reflection and self-improvement<br>* 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. |
|---|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | |

**Please summarize the student's overall performance in 150-250 words. The contents of this box will be directly imported into the student's Medical Student Performance Evaluation (MSPE, aka Dean's Letter).**

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