

END OF ROTATION ASSESSMENT FORM

Cleveland Clinic Elective Program, 9500 Euclid Avenue EC40, Cleveland, Ohio
44195 Tel: (216) 444-9977 • beyera@ccf.org • Fax: (216) 636-1348

To be filled by student

Student Name: _____
(Last) (First)

School Name: _____ **Class Of:** _____

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

Rotation Dates: _____ to _____ **Site:** _____

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						
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.

Rationale for Decision (including remediation plan/plan to address concerns).

**FOR those STUDENTS* that require a grade, 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

Faculty Signature: _____ **Date:** _____

Print Faculty Name: _____ **Tel:** _____

Site: _____ **Email:** _____

To be filled by faculty assessor