

Student Name: _____ Preceptor Name: _____

Rotation (circle one) **Core or Elective**

Specialty (circle one) **IM FM Surgery OBGYN Pediatrics Psychiatry EM Other**

STUDENT SELF-REFLECTION

Your Clinical Strengths	Your Clinical Weaknesses
Your Clinical Goals	

THIS PORTION MUST BE COMPLETED BY THE PRECEPTOR

Objective	Needs Significant Improvement	Progressing Well Towards Standard	Definition of outstanding performance
Patient Care			This student demonstrates appropriate time management and patient evaluation (H&P) skills relevant to differential diagnosis and treatment.
Medical Knowledge			This student's knowledge base is as expected for this point in development; the student is committed to learning, and has an understanding of complex problems.
Practiced-Based Learning and Improvement			This student is able to demonstrate an understanding of clinical practice evaluation and evidence-based medicine, and is receptive to relevant feedback.
Interpersonal and Communication Skills			This student is able to communicate effectively with patients, families, and members of the healthcare team, including relaying patient presentations and maintaining appropriate documentation.
Professionalism			This student shows compassion, respect, and honesty, understands their role, and considers needs of others. [Examples: timeliness; teamwork; appropriate dress; pertinent rotation preparation; professional demeanor]
Systems-Base Practices			This student understands cost-effective healthcare, the existence of system complexities, and the need for care coordination.
Osteopathic Principles and Practice			This student can complete a structural exam, employ appropriate osteopathic manual skills, while correlating Osteopathic philosophy into disease entities.
Interprofessional Education			The student as a member of the health care team: This student routinely recognized the contributions of other professionals and allied services and participated in a team approach to providing patient care.

Do you have any concerns about the student?*

NO

YES

Preceptor Summary: *required if marked "Yes" above

Student Printed Name

Preceptor Printed Name

Student Signature

Date

Preceptor Signature

Date

*The purpose of this evaluation is to identify the student's strengths and weaknesses so that adequate time remains to correct problems and to give the students the opportunity to improve performance.

*A copy of this evaluation must be on file prior to receiving final grade.

*The student must upload the completed and signed form into the LMS for Clerkship Director's review. (Due Second Sunday of rotation at 11:59 pm MT)