



MEDN 701 Medicine Mid-Rotation Progress Report

Student _____ Clerkship _____

Rotation Site _____ Dates _____ Block _____

Student Self Reflection:

What are your strengths?

What areas are you trying to strengthen or improve and what steps will you take to do so?

- Deficient* - At the lower limits of qualification for success in the medical profession.
- Needs Improvement* - Student could use improvement in this area.
- Appropriate* - Manifests the skills commensurate with their level of training.
- UE* - Unable to evaluate; not applicable..

Using the descriptors above, please evaluate the student in each category below by checking the appropriate box.

<i>Clinical Performance</i>	Deficient	Needs Improvement	Appropriate	UE	<i>Professionalism & Lifelong Learning</i>	Deficient	Needs Improvement	Appropriate	UE
History Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows initiative for own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds appropriately to feedback & authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aware of own limitation and solicits and incorporates feedback to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes responsibility for share of teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrives on time & leaves only when responsibilities are completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDx/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presents self in a professional manner (i.e., demeanor, dress, hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-Based Learning & Information Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treats patients and colleagues with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Person Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitive to people of other racial, religious, and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Cares about the feelings and needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Demonstrates integrity in interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Demonstrates knowledge of concepts in clinical ethics (i.e., consent, autonomy, surrogacy, advanced care planning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Strengths:

Ways student can improve. Specific behaviors to work on during the rotation.

Student Signature _____ Date _____

Preceptor Signature _____ Date _____

Please Print Name: _____