**Student’s First Name:** **Student’s Surname:**

**Patient’s Presenting Complaint:**

**Case Setting:** OutpatientInpatient ED **Is this patient:** NewReview

**Focus of the Assessment:** History ExaminationDiagnosis ManagementExplanation

**Complexity of the Case:** LowAverageHigh

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following using the scale below:****Skills Areas:** | **Below Expectations** | **Beginning to Meet Expectations** | **Meets Expectations** | **Above Expectations** | **N/A** |
| 1. **History taking**
 |  |  |  |  |  |
| 1. **Physical examination skills**
 |  |  |  |  |  |
| 1. **Communication skills**
 |  |  |  |  |  |
| 1. **Clinical reasoning skills**
 |  |  |  |  |  |
| 1. **Professionalism**
 |  |  |  |  |  |
| 1. **Organization/Efficiency**
 |  |  |  |  |  |

**Strengths:**

**Areas for improvement:**

**Ll**

**Learner’s Signature: Assessor’s Signature:**