



Name of Student:
Clinical Site:

Student/Physician Encounter Sign-Off

*Student/Physician Interaction Sign-Offs
MUST be completed every 2 weeks during clinical rotations.*

Complete all sections that apply:

1. Demonstrates effective communication skills discussing the needs of a patient	
CITE EXAMPLES (IF DEEMED NECESSARY):	
DATE OF INTERACTION: _____	NAME OF PHYSICIAN _____
	SIGNATURE (PHYSICIAN or PRECEPTOR) _____

2. In response to changing patient conditions, the student communicates findings in a timely and effective manner.	
CITE EXAMPLES (IF DEEMED NECESSARY):	
DATE OF INTERACTION: _____	NAME OF PHYSICIAN _____
	SIGNATURE (PHYSICIAN or PRECEPTOR) _____

3. Student initiates goal oriented communication with a member(s) of the physician team.	
CITE EXAMPLES (IF DEEMED NECESSARY):	
DATE OF INTERACTION: _____	NAME OF PHYSICIAN _____
	SIGNATURE (PHYSICIAN or PRECEPTOR) _____