



# ComEx Reflection and Goals Assessment

**Student:** *This reflection must be completed by the student no later than Friday of week 2 of the quarter following the end of your ComEx rotation. Please return this form along with your Learning Goals, Tracking Log, and the Student Evaluation -- all signed as indicated -- to Kate Martinez, Clinical Education Coordinator.*

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Student Name

Preceptor Name, Credentials (ND, MD, DO...)

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Quarter, Academic year

Student Year in School, Track

**List the Preceptor's areas of practice** (e.g. primary care, family medicine, internal medicine, sports medicine, women's health, etc.):

**Type of ComEx Rotation:**

Observational only

Clinically Active (participation in patient care/hands-on)

*In what clinical activities did you participate (check all that apply)?*

Office work (describe)

Delivering lab results

Delivering treatment plans

Providing patient education

History taking

Laboratory activities (phlebotomy, specimen collection, urinalysis, other in-office tests)

Charting/record-keeping

Physical examination

Taking vital signs

"Rooming" patients (obtaining chief complaint, updating medications, allergies, etc.)

Delivering therapeutic modalities (physical medicine, IV/IM therapies, etc.)

Giving oral case presentations

Other:

**ComEx Environment** (check all that apply):

Solo practice

Community health clinic

Group practice

Hospital

Specialty practice (list specialty:

Other:

1. Did this ComEx rotation meet your expectations? Why or why not?



6. Discuss how the Preceptor deals with difficult situations or patients. What did you learn from your observations? Discuss what you observed that you may want to incorporate or avoid in your own practice.

7. Discuss business strategies that you observed at the office, whether or not you felt they were successful, what you might incorporate or avoid in your own practice.

Additional comments: