



Pacific Northwest University of Health Sciences
College of Osteopathic Medicine
Learner Self-Assessment Form
Tri-Annual Review

(Bring this completed form to your tri-annual review along with **examples of H&P and SOAP notes**, your **case logs** (print out or bring your laptop to access NI) and your **portfolio**.)

Learner: _____ **Date:** _____

Clinical Experience/Rotations completed:

Clinical Interests (*aspects of medicine you have particularly enjoyed or disliked thus far, and why*):

Career Interests at this Point:

Did you participate in any additional clinical experiences? (*explain; what did you enjoy or dislike*):

What do you want to accomplish in the next few block rotations?: _____
