Year 4 Rotation Evaluation Form - Away electives

Student Name: __________________________ R# ______________________ Location of Rotation: __________________________
Course Title: __________________________ Course Prefix: __________ Course Number: __________ CRN #: __________________________
Rotation Dates: __________________________ Rotation Evaluator (please print): __________________________

Based on appropriate standards for 4th year, check the appropriate box to rate this student's performance

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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>NA</td>
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<tr>
<td>Did not meet expectations</td>
<td>Marginally met expectations</td>
<td>Met expectations</td>
<td>Exceeded Expectations</td>
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MEDICAL KNOWLEDGE

1. Demonstrates knowledge of the patient's pathologic process
2. Demonstrates knowledge of "standard of care" treatment for medical conditions

PATIENT CARE

3. Gathers complete and accurate history
4. Exam is appropriate in scope and technique
5. Makes appropriate documentation of findings
6. Assessment and conclusions are appropriate

INTERPERSONAL AND COMMUNICATION SKILLS

7. Communicates effectively and appropriately with faculty
8. Communicates effectively and appropriately with residents, ancillary staff, and other students
9. Communicates effectively with patient and patients' families

PROFESSIONALISM

10. Displays excellent work ethic and is reliable
11. Places patient care above personal interest
12. Is conscientious in increasing clinical knowledge and skills

PRACTICE-BASED LEARNING AND IMPROVEMENT

13. Demonstrates knowledge of current peer-review literature in relation to patient management
14. Appropriately integrates this knowledge into patient management

SYSTEMS-BASED PRACTICE

15. Integrates medical knowledge into plan of care for patients
16. Effectively utilizes medical care systems and resources to benefit patient health

COMMENTS ARE REQUIRED FOR OVERALL ASSESSMENT OF HONORS OR FAIL AND EVALUATION SCORES OF "2" OR "1" (Attach sheet if needed)

NUMBER OF DAYS ABSENT ________ (Absences greater than 2 days per 4 week elective; 1 day per 2 week elective must be made up before a grade is issued).

Overall Assessment (please circle one): INCOMPLETE FAIL PASS HONORS

Printed Name of Evaluator: __________________________ Evaluator Signature: __________________________ Date: __________________________

Grade Entered (HSC only): Y N NA

Return form to: Kelley Moss, Office of Student Affairs, 3601 4th Street, MS 6222, Lubbock, Texas 79430 Tel: 806-743-3005 Email: kelley.moss@ttuhsc.edu