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>
<th>1</th>
<th>2</th>
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<tbody>
<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: Mike Callaway, CME Admin Ode, Odessa, Texas 79763-4368  Tel: 432-703-5125
Email: mike.callaway@ttuhsc.edu