

AREAS RATED	RATING	SUPPORTIVE COMMENTS
Performs a focused & time efficient history, appropriate for clinical situation, elicits important facts and findings, asks follow-up questions		
Uses clinical & laboratory information to develop an immediate & appropriate diagnostic, clinical care & treatment plan		
Interacts cooperatively with other team members/colleagues.		
Physical Examination completeness, accuracy, ability to direct to patient's problems & elicit/interpret findings		
Understands implications of patient's illness, including prognosis, and is able to plan for follow-up		
Reliable, available, prompt. Participates actively in rounds & teaching conferences. Assumes responsibility in a dependable & professional way		
Selects appropriate diagnostic studies, including lab tests. Is able to interpret results		
Demonstrates technical & procedural skills appropriate for this stage of training		
Presents information orally in complete, accurate & organized fashion with appropriate detail for clinical setting		
Identifies, accesses & utilizes current medical information in the care of patients & shares it with colleagues		
Seeks feedback, is able to accept constructive criticism, ability to improve (response to suggestions)		
In what area(s), not listed above, does the student need to improve? Area:		

OVERALL PERFORMANCE GRADE (circle one):

HONORS	HIGH PASS	MARGINAL PASS	PASS	FAIL
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Exit interviews are recommended at the end of the rotation to provide feedback for you and for the student.

Was feedback given to the student Yes No

Was this Assessment discussed with the student Yes No

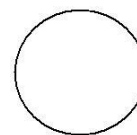
Number of days absent: _____

Elective Supervisor's Signature: _____ Date: _____

Elective Supervisor's Name (Please Print): _____

Supervisor's License #: _____

Elective Supervisor's Phone #: _____



School's Official Stamp/Seal

<p>PLEASE RETURN COMPLETED FORM BY OFFICIAL MAIL TO: Poznan University of Medical Sciences Center for Medical Education in English 41 Jackowskiego St., 60-512 Poznan, Poland</p>	<p>If no Seal/Stamp present please attach a letter with official letterhead of the institution in which elective was taken to the evaluation form. In the letter please state students name, name of the elective, dates in which the elective was performed, sign and date the letter.</p>
<p>Note: Please complete pages 1 & 2 and return the assessment within 7 days after the completion of the elective rotation to the above address. Without this completed form student will not receive credits.</p>	