

STUDENTS INTERNATIONAL ROTATION EVALUATION

Student's Name		Evaluation Period	
Hospital		Department/Service	
Resident/Professor's Name		Position	

Please indicate the type of clinical activity or activities the student participated in:

Rounds Clinic Surgery Electives Hospital On-Call Duties Observer Other _____

Please provide feedback on the student for his/her performance review. Respond to each item by circling one of the 4 numbers. The key is as follows:

1 = poor 2 = average 3 = good 4 = excellent Blank = no evaluation

I would appreciate if I could have the completed form back by _____.

CLINICAL KNOWLEDGE

1. The student has theoretical knowledge.	1	2	3	4	N/A
2. The student is able to make correct assessments.	1	2	3	4	
3. The student demonstrates diagnostic and therapeutical skills.	1	2	3	4	

CLINICAL ABILITIES

1. The student gathers and uses clinical data.	1	2	3	4	
2. The student uses problem-solving techniques.	1	2	3	4	
3. The student demonstrates procedural skills.	1	2	3	4	

INTERPERSONAL RELATIONSHIPS

1. The student treats professors, residents, and healthcare professionals with respect.	1	2	3	4	
2. The student asks for directions and clarification.	1	2	3	4	
3. The student actively participates in discussions.	1	2	3	4	

STUDENT/PATIENT RELATIONSHIPS

1. The student treats patients with dignity and respect.	1	2	3	4	
2. The student is empathetic.	1	2	3	4	
3. The student listens to the patients concerns.	1	2	3	4	

PERSONAL COMMITMENT

1. The student is truthful, honest and ethical.	1	2	3	4	
2. The student is punctual.	1	2	3	4	
3. The student shows initiative, interest, and motivation.	1	2	3	4	
4. The student asks for, and acts on, feedback on his/her performance.	1	2	3	4	

Summarize the student's fortitudes:

Summarize areas for future focus and/or development:

Professor's Signature:

SOLO ITESM Fecha recibido: _____ Revisado por: _____