

UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE - ELECTIVE EVALUATION FORM

_____ **Student's Name (Last, First)**

Elective Name: _____

Elective Number: _____

Elective Period & Dates: _____

Supervisor: _____

Address: _____

for office use only: Amount of Elective Credit _____

Insert the numbers 0 – 4 from the scale below or NA to characterize this student's performance in each area

___ Depth & integration of pertinent clinical and basic science knowledge	___ Maintains complete and orderly records	___ Punctual, attended all conferences
___ Outlines rational plan for investigation	___ Demonstrates enthusiasm	___ Contributing member of team
___ Demonstrates reasonable depth of knowledge	___ Demonstrates realistic appreciation of his/her own competence and limitations	___ Works well with and shows respect for members of the health care team
___ Obtains confidence and cooperation of patients	___ Demonstrates honesty in admitting errors	___ Well organized, analytic
___ Establishes priorities and institutes an appropriate plan of treatment	___ Accepts direction or criticism comfortably	___ Reliable and responsible
___ Recognizes an emergency situation and manages it appropriately	___ Takes initiative/works independently	___ Completes tasks

Circle student's score, indicate credit and supply supporting comments.

0: Unacceptable

3: Superior Performance (Top 20%)

1: Marginal Performance (needs improvement)

4: Honors (Top 5%)

2: Typical Performance (expected for a UVA student) Indicate amount of elective credit _____

Supporting comments:

Circle one: Attending Fellow Chief Resident

_____ Evaluator's Name (Please Print)	_____ Evaluator's Signature
_____ Date Signed or date of Exit Interview	_____ Student's Signature - if exit interview is completed

GIVE TO STUDENT FOR RETURN TO:

Office for Student Affairs
 University of Virginia School of Medicine
 P O Box 800739
 Charlottesville, VA 22908-0739
 (434) 924-5579/ FAX (434) 982-4073

Exit interviews are required at the end of the rotation to provide feedback for you and for the student.

KEEP A COPY FOR YOUR FILES

to use to complete LCME questionnaires;
 for Departmental education information

PROVIDE THE STUDENT WITH A COPY