



POZNAN UNIVERSITY OF MEDICAL SCIENCES  
CENTER FOR MEDICAL EDUCATION IN ENGLISH

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**CLINICAL ELECTIVE EVALUATION/GRADE FORM**

(To be completed by the student's Instructor at the end of each Elective)

Student's Name (Please Print - Last, First): \_\_\_\_\_

Medical School/Institution Name: \_\_\_\_\_  
\_\_\_\_\_

School/Institution Address: \_\_\_\_\_

Elective Name: \_\_\_\_\_ Course Code/Number: \_\_\_\_\_

Elective Instructor's Name: \_\_\_\_\_

PLEASE Circle One: Attending Fellow Chief Resident

Total Number of Weeks Spent in Training on this elective: \_\_\_\_\_

Dates: Elective Started \_\_\_\_\_ Elective Completed \_\_\_\_\_  
Month/Day/Year Month/Day/Year

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Use the following scale to rate the student in the areas listed below and provide detailed supportive comments if applicable.

**0 - Not Acceptable**  
**1 - Marginal Performance (student needs improvement)**  
**2 - Good Performance**  
**3 - Superior Performance (Top 20%)**  
**4 - Honours (Top 5%)**

AREAS RATED	RATING	SUPPORTIVE COMMENTS
Has a level of theoretical knowledge appropriate for this stage of training		
Depth & integration of pertinent clinical and basic science knowledge		
Written records – completeness, accuracy, organization with appropriate detail and clarity of expression		
Student uses resources in problem solving (library, lab., journals, records)		
Can integrate medical knowledge with clinical information in the care of patients & weighs risks/benefits		
Ability to initiate communications, listen effectively and convey information to patients and families		
Uses patient information to generate appropriate diagnosis/differential diagnosis		
Is respectful & demonstrates professional maturity (self-knowledge) in his/her work		
Demonstrates humanistic attributes (empathy, sensitivity, respect for the patient)		

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	PASS	MARGINAL 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

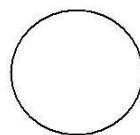
Number of days absent: \_\_\_\_\_

Elective Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elective Supervisor's Name (Please Print): \_\_\_\_\_

Supervisor's License #: \_\_\_\_\_

Elective Supervisor's Phone #: \_\_\_\_\_



School's Official Stamp/Seal

<b>PLEASE RETURN COMPLETED FORM BY OFFICIAL MAIL TO:</b> Poznan University of Medical Sciences Center for Medical Education in English 41 Jackowskiego St., 60-512 Poznan, Poland	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.
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**Note: Please complete pages 1 & 2 and return the assessment after the completion of the elective rotation to the above address. Without this completed form student will not receive credits.**