

**DEPARTMENT OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY
SENIOR STUDENT ELECTIVE EVALUATION FORM**

STUDENT: _____ ELECTIVE DATES: _____

NAME OF COURSE: Otolaryngology – Head and Neck Surgery

ELECTIVE PERIOD #: Period ?, 200?-200? ELECTIVE COURSE #: MEL 7320T-Externship/Oto-hns

Ratings:

Outstanding	rarely awarded; individual of <u>exceptional</u> ability	H- Honors
Above Average	clearly better than peer group	PC- Pass with commendation
Average	on par with peer group	P- Pass
Below Average	adequate but somewhat below peer group	F- Fail
Unacceptable		I- Incomplete

	Outstanding	Above Average	Average	Below Average	Unacceptable
Fund of Basic Knowledge					
Medical Skills					
Problem Solving & Clinical Judgment					
Professional Standards					
Rapport with Patients & Staff					

Definitions:

Medical Skills: history and physical exam, technical skills

Problem Solving & Clinical Judgement: knows what data to collect, ability to analyze problems; differential diagnosis; sound logic in initial plans, progress notes, assessments

Professional Standards: promptness and attention to responsibilities; conscientiousness; appearance

Rapport with Patients & Staff: sensitivity to needs of others; considerations; tact

Narrative Comments Regarding Performance:

FINAL RECOMMENDATION FOR GRADE (please circle one) : **H** **PC** **P** **F** **I**

Signature of Evaluator: _____ Date: _____
 Print name: _____, M.D.
 Title: _____

Please return evaluation form to: Dept. of Otolaryngology–HNS
 Attn: _____, Program Coordinator
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 Tampa, FL 33612-9497
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