

CLINICAL ASSESSMENT FORM
UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE

Student's Name:

DIRECTIONS: Please assign the rating that most closely matches the student's behavior as characterized on the back of this sheet.

	RATING
<u>HISTORY AND PATIENT EVALUATION</u> Ability to obtain patient information by history and physical exam as evidenced in written records and oral presentation.	<input style="width: 100%; height: 30px;" type="text"/>
<u>USE OF KNOWLEDGE/JUDGEMENT</u> Ability to apply knowledge in the clinical rotation.	<input style="width: 100%; height: 30px;" type="text"/>
<u>PATIENT RAPPORT</u> Ability to establish a professional supportive relationship with patients.	<input style="width: 100%; height: 30px;" type="text"/>
<u>FUNCTIONING IN THE CLINICAL SETTING</u> Ability to perform technical procedures and participate in continuing patient care.	<input style="width: 100%; height: 30px;" type="text"/>
<u>PROFESSIONAL RELATIONSHIPS</u> Ability to get along with fellow students, faculty and staff.	<input style="width: 100%; height: 30px;" type="text"/>
<u>DESIRE TO LEARN</u> Degree of enthusiasm and energy devoted to learning from the rotation.	<input style="width: 100%; height: 30px;" type="text"/>
<u>PROGRESS AND GROWTH IN PATIENT MANAGEMENT</u> Degree of overall improvement or progress exhibited during the rotation.	<input style="width: 100%; height: 30px;" type="text"/>
<u>PROFESSIONAL APPEARANCE</u>	_____ Satisfactory; _____ Unsatisfactory
<u>ATTENDANCE</u>	_____ Satisfactory; _____ Unsatisfactory
<u>COMMENTS</u>	

CREDIT HOURS 4	WRITTEN EXAM	ORAL EXAM	NUMERICAL AVERAGE	FINAL GRADE (A,B,C...)
CLERKSHIP			CLERKSHIP DATES	
EVALUATOR(S) SIGNATURE				DATE

Please return this completed and signed evaluation to UKCOM Registrar, 800 Rose Street, MN-104, Lexington, KY 40536-0298.