**CENTRAL SOUTH UNIVERSTIY EVALUATION FORM**

**FOR MEDICAL STUDENT CLINICAL ROTATION**

**EVALUATION FORM**

|  |
| --- |
| OIMSE International ElectiveEvaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evaluation of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This evaluation is for Xiangya Medical Students who have completed all electives at international clinical sites with which OIMSE has affiliation agreements.1.Practice site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.Please indicate elective rotation dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.Narrative Comments(please provide brief assessment of student’s performance, include professional ethics, comprehensive diagnosis ability, and medical record writing ability, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Recommendations for Future Learning (Please use this space to summarize your suggestions as to how this student might focus his/her learning in the future. Cite at least one area in which the student could improve. These feedback and are not intended for us in the Dean’s office.)5.Please submit a final grade □Pass □Fail |