**CENTRAL SOUTH UNIVERSTIY EVALUATION FORM**

**FOR MEDICAL STUDENT CLINICAL ROTATION**

**EVALUATION FORM**

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| OIMSE International Elective  Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 |