KING EDWARD MEDICAL UNIVERSITY- ELECTIVE EVALUATION FORM

Student's Name	Elective Number: Elective Period & D Supervisor:	ates: t info:
Insert the numbers 0 – 4 from the se NA to characterize this student's pe 0: Unacceptable 1: Marginal Performance (needs	cale below or erformance in each area 3: Super	nly: Elective Credit ior Performance (Top 20%) s (Top 5%)
2: Typical Performance (average) N/A: Not Applicable		Applicable
Depth & integration of pertinent clinical and basic science knowledge	Maintains complete and orderly Punctual, attended all conference records	
Outlines rational plan for investigation	Demonstrates enthusiasmContributing member of team	
Demonstrates reasonable depth of knowledge	Demonstrates realistic appreciation of his/her own competence and limitations	Works well with and shows respect for members of the health care team
Obtains confidence and cooperation of patients	Demonstrates honesty in admitting errors	Well organized, analytic
Establishes priorities and institutes an appropriate plan of treatment	Accepts direction or criticism comfortably	Reliable and responsible
Recognizes an emergency situation and manages it appropriately	Takes initiative/works independently	Completes tasks

Supporting comments:	
Circle one: Attending Fellow Chief Resident	
Evaluator's Name (Please Print)	Evaluator's Signature
Date Signed or date of Exit Interview	Student's Signature - if exit interview is completed
PLEASE RETURN TO:	
Office of Registrar,	
King Edward Medical University,	
Neela Gumbad, Anarkali,	
Lahore 54000, Pakistan.	
Phone +92-42-7354005	
Fax +92-42-7233796	