



## To the Faculty Evaluator:

Attached or enclosed is an evaluation form for a fourth-year medical student from McGovern Medical School at UTHealth. This evaluation is due back at McGovern within **10 days** of completion of course work. Please evaluate the student studying with you and return in one of three ways:

- 1. Send the form by attachment to ms.evaluations@uth.tmc.edu
- 2. Fax the evaluation to 713-500-0616
- 3. Send it to the address below:

Office of Admissions and Student Affairs 6431 Fannin, G.400 Houston, TX 77030

Please sign and record a final grade on the bottom of the evaluation form. The grading system used by the medical school includes the following:

Honors	Н
High Pass	HP
Pass	Р
Below Pass	BP
Fail	F

Below Pass is not a passing grade and requires the student to remediate a portion of the course. The approval to remediate is granted by the Student Evaluation and Promotions Committee, and is coordinated/overseen by the course director.

Students who earn and receive a grade of Fail must repeat the course in its entirety.

A grade of Incomplete should be given when the student has not completed the assigned work in the prescribed time period of when the student has been authorized to continue until the assignment is completed. The final grade achieved is added after the work has been completed. The "I" is not removed when the final grade is posted on the transcript. For example: I/P, I/HP, I/F.

Fourth-year students receive written evaluations as part of the grading process for clinical courses. Documented statements on a student's weaknesses and strengths are helpful to the student, the Associate Dean for Student Affairs, and the Student Evaluation and Promotions Committee. These statements become a part of the permanent record and are sent to the students just as their Honors/High Pass/Pass/Below Pass/Fail grades are.

Thank you for your assistance in maintaining an accurate record of his/her elective experience at your institution and for your important role in this student's medical education.

Sincerely yours,

Sheela L. Lahoti, MD

Associate Dean for Admissions and Student Affairs

the Thus.



## CLINICAL Elective Fourth Year Elective Evaluation Form

STUDENT NA	ME:	STUDENT ID:				
INCLUSIVE D	ATES OF ELECTIVE	to				
COURSE NAM	ИЕ:	DEPT/NO:				
FACULTY EVA	ALUATOR:					
NAME OF INS	STITUTION IF OTH	THAN UTHEALTH AT HOUSTON:				
must also be	reported. The co	each of the following categories and assigned an appropriate rating based on the following descriptions. A final grade ments section should be used to add special descriptive statements about the student. All evaluations, including rating of "1"), must be explained in the comments section.				
	RATING	DESCRIPTION				
	5	Far exceeds reasonable expectation. Only a few people earn this rating.				
	4	Usually exceeds reasonable expectations but is not really outstanding.				
	3	Always meets reasonable expectations and occasionally exceeds them (most will rank here).				
	2	In general, meets reasonable expectations but occasionally falls short.				
	1	Often falls short of reasonable expectations				
f	data – shows judgi indings are critica					
		/RITTEN PRESENTATIONS: ects pertinent information – includes negatives appropriate for clinical problems – demonstrates understanding of				
	ASSESSING DATA AND ARRIVING AT A DIAGNOSIS – PROBLEM SOLVING:  Formulates sound diagnostic hypotheses – is specific in problem definition – considers morbidity and cost of laboratory tests – interprets lab results correctly – is effective and efficient in choosing course of management – keeps assessment of patient and management plan current.					
(	EVIDENCE OF PREPARATION —OUTSIDE READING:  Can answer appropriate questions correctly — asks well-reasoned questions — seeks information from independent sources — volunteers information appropriately.					
	WORK HABITS AND PERSONAL QUALITIES:  Demonstrates a caring attitude toward patients and families – demonstrates personal honesty – demonstrates appropriate initiative, energy, commitment – express enthusiasm – volunteers for extra work.					
		ATIONSHIPS WITH OTHER MEMBERS OF THE HEALTH CARE TEAM: s to other in total patient care – good relationships with others – is able to resolve problems – demonstrates appropriate nor.				
	Applies basic scien	JND OF INFORMATION:  knowledge to clinical setting – demonstrates an understanding of disease, etiology, course and prognosis – is able to nd disease symptoms – demonstrates an understanding of therapeutic regimes.				



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COMMENTS:				
REMEDIAL WORK REQ	UIRED: YES NO	O		
IF YES, SPECIFY:				
FINAL GRADE:	☐ HONORS	☐ HIGH PASS	□ PASS	
	☐ BELOW PASS	□ FAIL	□ INCOMPLETE	
FACULTY SIGNATURE:			DATE:	