

ICU STUDENT EVALUATION

Student: _____
(Please Print)

Evaluator: _____
(Please Print)

Student Signature: _____
Sign after you have been evaluated.

Signature: _____

☐ VM3 ☐ VM4 ☐ Ross U. ☐ St. George's U. ☐ PAVE

Date: _____ Shift: ☐ Day ☐ Evening ☐ Overnight

Day That Shift Started (Circle): M T W Th F Sat Sun

Block to Which Student is Assigned: _____
[Indicate specific rotation (i.e., radiology vs. community practice, etc.)]

Arrival Time: _____ [Late arrival requires explanation in "Comments" section.]
[Indicate a.m. or p.m.]

	Excellent	Satisfactory	Needs Improvement (requires comments)	Unable to Assess (requires comment)
1. Professionalism (Appropriate Dress, Professional Demeanor, and Punctuality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interest in Cases, Preparedness for Case Rounds, Attention to Patients' Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude, Willingness to Help Others, and Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge of ICU Layout and Preparedness to Assist in an Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Technical Skills at Appropriate Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If needs improvement is checked in any category, the student must schedule an appointment with Dr. Mann to remediate.

Comments (use back if necessary):