DEPARTMENT OF MEDICAL & RESEARCH TECHNOLOGY
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

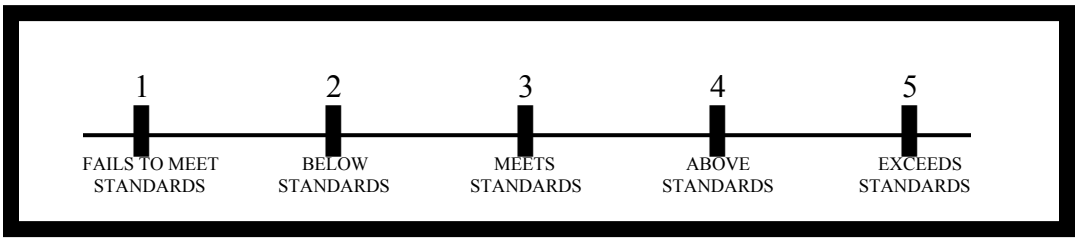
STUDENT FINAL CLINICAL EVALUATION

Student: _____ Evaluation Date: _____

Rotation Number: _____ Affiliate: _____

Discipline: _____

The primary objective of this assessment is to ensure that each student enters the clinical laboratory science profession with an understanding of its behavioral and skill standards by demonstrating a willingness to adhere to those standards. Circle the number, which corresponds to the student's performance in each category using the following rating scale as a guide.



1. ***Fails to Meet Standards –*** Performance is below entry-level expectations. Student does not meet minimum standards. Performance is unacceptable.

2. ***Below Standards –*** Performance is marginally below entry-level expectations. Student needs to improve to meet minimum standards.

3. ***Meets Standards –*** Meets entry-level expectations and minimum standards.

4. ***Above Standards –*** Consistently meets entry-level expectations and minimum standards. Excels in certain areas. Student has demonstrated a high level of initiative and independent functioning.

5. ***Exceeds Standards –*** Clearly outstanding. Consistently exceeds entry-level expectations and minimum standards. Student has demonstrated a high level of initiative and independent functioning.

STANDARDS OF CLINICAL PRACTICE

- **KNOWLEDGE**

❖ Demonstrates understanding of basic theoretical concepts.	1 2 3 4 5
❖ Demonstrates knowledge of general quality assurance principles and practices.	1 2 3 4 5
❖ Correlates pathological significance of test results with laboratory data.	1 2 3 4 5
❖ Recognizes patient abnormal results and takes appropriate action.	1 2 3 4 5
❖ Identifies problems, errors, or malfunctions appropriately at an entry level.	1 2 3 4 5

- **TECHNIQUE**

❖ Applies theoretical principles to current tasks.	1 2 3 4 5
❖ Completes assigned tasks within an acceptable time frame.	1 2 3 4 5
❖ Accomplishes tasks with minimal supervision.	1 2 3 4 5
❖ Reports accurately and efficiently.	1 2 3 4 5
❖ Demonstrates appropriate entry-level troubleshooting skills.	1 2 3 4 5

PROFESSIONAL STANDARDS

- **INITIATIVE AND INTEREST**

❖ Attentive to instructions; listens well and asks pertinent questions.

1	2	3	4	5

❖ Actively participates in performing assigned tasks.

1	2	3	4	5

❖ Prepares adequately for the days laboratory experience.

1	2	3	4	5

❖ Functions as a self-starter in appropriate situations.

1	2	3	4	5

- **RESPONSIBILITY**

❖ Accountable for work assigned including willingness to take extra time to complete a task when necessary and seeking help when appropriate.

1	2	3	4	5

❖ Acknowledges errors and takes appropriate action such as notifying the teaching technologist.

1	2	3	4	5

- **INTERPERSONAL/PROFESSIONAL SKILLS**

❖ Communicates effectively and professionally.

1	2	3	4	5

❖ Promotes a cooperative working environment with other professionals.

1	2	3	4	5

- **ADAPTABILITY**

❖ Accepts constructive criticism and modifies behavior accordingly.

1	2	3	4	5

❖ Flexible when schedule of daily learning activities is modified.

1	2	3	4	5

- **ADHERENCE TO POLICIES**

❖ Adheres to institutional policies.	Yes	No	N/A
❖ Adheres to established scheduling policies of the institution.	Yes	No	N/A
❖ Complies with institution's laboratory safety policies and procedures.	Yes	No	N/A
❖ Maintains patient and institutional confidentiality.	Yes	No	N/A
❖ Appearance is professional and/or follows dress code.	Yes	No	N/A
❖ Adheres to UMB affiliate policies on the use of IT resources (computers, Internet, etc.)	Yes	No	N/A

OVERALL SUMMARY

Please rank student's overall performance:

1	2	3	4	5
FAILS TO MEET STANDARDS	BELOW STANDARDS	MEETS STANDARDS	ABOVE STANDARDS	EXCEEDS STANDARDS

COMMENTS:

I recommend that the student receive a final evaluation of:

____ Passing with Excellence

____ Passing

____ Failing

Days Absent _____ Days Tardy _____ Days Made-up ____

Evaluated by: _____ _____ _____
Affiliate Signature Title Date

_____ _____ _____
Affiliate Signature Title Date

- I have reviewed this evaluation and agree with it's content:

_____ _____
Student Signature Date

STUDENT COMMENTS:

Final Evaluation By DMRT:

____ Passing with Excellence

____ Passing

____ Failing

Days Absent _____ Days Tardy _____ Days Made-up ____

_____ _____
Program Director Date

DDP/sed/stu aff/forms/MT Final Clinical Evaluation - Student