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.

 Demonstrates knowledge of general quality assurance principles and practices.

 Correlates pathological significance of test results with laboratory data.

 Recognizes patient abnormal results and takes appropriate action.

 Identifies problems, errors, or malfunctions appropriately at an entry level.

• TECHNIQUE

 Applies theoretical principles to current tasks.

 Completes assigned tasks within an acceptable time frame.

 Accomplishes tasks with minimal supervision.

 Reports accurately and efficiently.

 Demonstrates appropriate entry-level troubleshooting skills.
PROFESSIONAL STANDARDS

- **INITIATIVE AND INTEREST**
  - Attentive to instructions; listens well and asks pertinent questions.
  - Actively participates in performing assigned tasks.
  - Prepares adequately for the day’s laboratory experience.
  - Functions as a self-starter in appropriate situations.

- **RESPONSIBILITY**
  - Accountable for work assigned including willingness to take extra time to complete a task when necessary and seeking help when appropriate.
  - Acknowledges errors and takes appropriate action such as notifying the teaching technologist.

- **INTERPERSONAL/PROFESSIONAL SKILLS**
  - Communicates effectively and professionally.
  - Promotes a cooperative working environment with other professionals.
• **ADAPTABILITY**
  
  ❖ Accepts constructive criticism and modifies behavior accordingly.
  
  ❖ Flexible when schedule of daily learning activities is modified.

• **ADHERENCE TO POLICIES**
  
  ❖ Adheres to institutional policies.
  
  ❖ Adheres to established scheduling policies of the institution.
  
  ❖ Complies with institution’s laboratory safety policies and procedures.
  
  ❖ Maintains patient and institutional confidentiality.
  
  ❖ Appearance is professional and/or follows dress code.
  
  ❖ Adheres to UMB affiliate policies on the use of IT resources (computers, Internet, etc.)

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<th>Policy</th>
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**OVERALL SUMMARY**

Please rank student’s overall performance:

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**COMMENTS:**
I recommend that the student receive a final evaluation of:

___ Passing with Excellence
___ Passing
___ Failing

Days Absent _____ Days Tardy _____ Days Left early _____ Time Made-up ____

Evaluated by: _______________________________ ____________ __________
                    Affiliate Signature            Title            Date

                    _______________________________ ____________ __________
                    Affiliate Signature            Title            Date

- I have reviewed this evaluation and agree with its content:

                    _______________________________ ____________
                    Student Signature            Date

- Student has returned affiliate’s badge (if applicable)  □ Yes  □ No  □ NA

                    _______________________________ ____________
                    Affiliate Signature            Title            Date

STUDENT COMMENTS:

Final Evaluation By DMRT:

___ Passing with Excellence
___ Passing
___ Failing

_______________________________ ____________
Program Director            Date