ATS EVALUATION
Surgical Observation

ATS: ___________________________             DATE: ______________

PHYSICIAN/CI/ACI: ______________________________________________________

Clinical Rotation: ______________________________________________________

Date and times of Observation: ____________ ____________ __________

Type of Surgery observed: _____________________________________________

The student named above has just completed the minimum ten (10) hour requirement for the family practice/team physician rotation at team orthopedic, Dr. Hertzog/Dr. Wolcott with AOS. Please provide us with a brief evaluation of this student’s performance related to the criteria listed below. Additional comments related to the student’s performance are welcome. Thank You!

I. Overall, what is your impression of this student?

    ______ student demonstrated a high level of interest and involvement; asked lots of question
    ______ student was interested and generally attentive; asked a few questions
    ______ student was present and somewhat attentive, but demonstrated little interest and involvement
    ______ student demonstrated little interest; asked no questions

II. Please rate the student on the following criteria:

    KEY: 4= Excellent  3= Good  2= Marginal  1= Unacceptable

    COMMENTS

    Clinical interest/inquisitive  1  2  3  4
    Appearance  1  2  3  4
    Promptness  1  2  3  4
    Demonstrates active listening  1  2  3  4
    Shows respect for others  1  2  3  4
    Knowledgeable about content  1  2  3  4
    Understands confidentiality  1  2  3  4

Physician Signature: __________________________________  Date: ______

or

ACI/CI Signature: __________________________________  Date: ______