### SOUTHWESTERN UNIVERSITY

### St. David’s Georgetown Hospital Shadowing Program

**Referral Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Southwestern University established a partnership with St. David's Hospital in Georgetown in 2014 to provide unpaid shadowing opportunities for up to three (3) current students for a total of 10 weeks each fall and spring semester.  Selected students are given the opportunity to shadow physicians, nurses and technicians from areas of the hospital that would normally be difficult to gain access to on your own.

Students selected into the program spend a half day (4 hours) each of the 10 weeks shadowing medical professionals in the following fields:

Surgery Radiology

Women's Services Endoscopy

Outpatient Surgery Laboratory

Emergency (2 consecutive weeks) Rehabilitation

Student's choice option for one week

**The candidate above is applying to the St. David’s Georgetown Hospital Shadowing Program and has listed you as a reference. Please take a moment to fill out this referral form. Your input will be presented to the committee to assist in the selection of candidates to represent Southwestern University for next semester.**

**Please rate the candidate on each category:**

Poor Excellent No basis for judgment

POSITIVE ATTITUDE 1 2 3 4 NB

CURIOSITY/OPENNESS TO LEARNING 1 2 3 4 NB

ABILITY TO LEARN 1 2 3 4 NB

QUALITY OF WORK 1 2 3 4 NB

WORK ETHIC 1 2 3 4 NB

PUNCTUALITY 1 2 3 4 NB

ATTENDANCE 1 2 3 4 NB

PERSERVERANCE 1 2 3 4 NB

RELATIONS WITH OTHERS 1 2 3 4 NB

COMMUNICATION SKILLS 1 2 3 4 NB

**Describe two strengths this candidate would bring to the St. David’s Georgetown Hospital Shadowing program.** (Provide example, if possible.)

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**Please describe a challenge/weakness this candidate has and how the shadowing opportunity would provide growth in this area.**  (Please be specific.)

**Please give an overall evaluation of the student, elaborating on any of the above characteristics and/or any additional ones you consider to be important** (e.g., maturity, adaptability, sensitivity, motivation).

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\_\_\_\_\_\_ I recommend this candidate to participate in the program.

\_\_\_\_\_\_ I recommend this candidate with reservations.

\_\_\_\_\_\_\_\_\_\_\_\_ I do not recommend this candidate at this time.

The information provided in this document is accurate and true.

*Placing your initials in the box below will serve as you electronic signature for this evaluation.*

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I Agree Date:\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Date

**Please return completed form electronically via email to lunad@southwestern.edu or by fax to 512-863-1270.**

**Deadline for completing referral form:**

Friday, Nov. 2, 2018, 5 p.m.

THANK YOU!