

Department of Obstetrics and Gynecology Fourth Year Student Evaluation Form

Student: _____ Course: _____

Rotation Dates: _____ Preceptor: _____, M.D.

Please complete the following form with your assessment of the fourth year medical student, using the following rating:

- | | |
|--|---|
| <p>5 = excellent
 4 = above average
 3 = adequate for level of training</p> | <p>2 = needs improvement
 1 = inadequate/remediation needed</p> |
|--|---|

In each of the four boxes below enter the numeric rating to indicate your assessment in that general category of the student's performance during this rotation. Specific descriptors in the general category are listed under each heading. **CHECK** any descriptors in which the student demonstrated **PARTICULAR STRENGTH** and **CIRCLE** the descriptors in which the student was **WEAK**. Room for comments is provided below; please use the space to give specific feedback to the student about his/her performance.

Numeric Rating

<input type="checkbox"/> Knowledge	<input type="checkbox"/> Skill	<input type="checkbox"/> Professional Growth	<input type="checkbox"/> Performance
Anatomy and physiology	Clinical judgment	Ability to accept leadership role	Appearance
Diagnostic tests	History & Physical	Ability to act independently	Dependability
Pathology	Working Diagnosis	Ability to function as a team member	Flexibility
Therapeutics	Case Management	Acceptance of personal responsibility	Honesty
Medical Terminology	Procedural Dexterity	Appropriate confidence	Interpersonal skills
Health Science Literature	SOAP Notes	Recognition of limitations	Resourcefulness
Psychosocial Issues	Coding	Attitude toward learning	Respectfulness
"Common Sense"	Patient Education		Response to
	Organization/Time management		constructive feedback
			Ability to get things done

Check (✓) Strengths and Circle (○) Weaknesses in each category above.

Comments

Signatures

Preceptor: _____, M.D. Date: _____

Student: _____ Date: _____

Course Director: _____ Date: _____