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:

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

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

☐ Knowledge
Anatomy and physiology
Diagnostic tests
Pathology
Therapeutics
Medical Terminology
Health Science Literature
Psychosocial Issues
“Common Sense”

☐ Skill
Clinical judgment
History & Physical
Working Diagnosis
Case Management
Procedural Dexterity
SOAP Notes
Coding
Patient Education
Organization/Time
management

☐ Professional Growth
Ability to accept leadership role
Ability to act independently
Ability to function as a team member
Acceptance of personal responsibility
Appropriate confidence
Recognition of limitations
Attitude toward learning

☐ Performance
Appearance
Dependability
Flexibility
Honesty
Interpersonal skills
Resourcefulness
Respectfulness
Response to 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: _____________________