

MS III OB/GYN Rotation –Student Informal Evaluation Form

Student Name: _____ Date/Rotation No. : _____

Evaluate the student clinical competency by circling one number for each item below.
Keep this sheet as important information to translate onto the end of Rotation
evaluation form.

Rating - Outstanding= 5; Excellent= 4; Good= 3; Needs attention=2; Unsatisfactory= 1

	Outstanding					Unsatisfactory	
1. Fund of Knowledge -	5	4	3	2	1		Insufficient Data to assess
2. Progress Notes -	5	4	3	2	1		Insufficient Data to assess
3. History Taking skills-	5	4	3	2	1		Insufficient Data to assess
4. Physical Exam skills-	5	4	3	2	1		Insufficient Data to assess
5. Clinical Reasoning - (Analyses, synthesizes and prioritizes patient information data. Formulates accurate diagnosis and mgmt. plan)	5	4	3	2	1		Insufficient Data to assess
6. Oral Presentations-	5	4	3	2	1		Insufficient Data to assess
7. Patient Care/ Relationship	5	4	3	2	1		Insufficient Data to assess
8. Team Relationships	5	4	3	2	1		Insufficient Data to assess
9. Attitude and Professionalism	5	4	3	2	1		Insufficient Data to assess
10. Progress during month	5	4	3	2	1		Insufficient Data to assess

Additional Comments : _____

Resident/ Attending Signature

Date

Please Print Name