

Name of Student _____ Site _____ Rotation _____

**Obstetrics and
Gynecology Rotation**

Please check the box that best identifies the student's performance in comparison to other UHSB medical students and then add your comments.

WORST

BEST

1. Fund Of Knowledge And Understanding Of Disease Mechanisms

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|---|---|--|---|------------------------------------|
| <input type="radio"/> Fund of knowledge and/or understanding of disease mechanisms may or may not be adequate but shows very poor ability to clinically apply knowledge base. | <input type="radio"/> Has limited overall knowledge base but shows abilities in clinical application, thereby showing significant potential for improvement | <input type="radio"/> Solid fund of knowledge and understanding of disease mechanisms with frequent ability to apply this understanding. | <input type="radio"/> Outstanding fund of knowledge and understanding of disease mechanisms with excellent ability to apply it and develop and defend differential diagnosis. | <input type="radio"/> not observed |
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2. History Taking

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| <input type="radio"/> Extremely disorganized. Consistently lacks focus. | <input type="radio"/> Incomplete histories. Lack of skill in conducting interview. Incomplete problem list. Poorly focused. | <input type="radio"/> History thorough, interview technique adequate. Symptom list and patient problem identification adequate. | <input type="radio"/> Comprehensive, thorough, precise. Excellent interviewing skills. Able to focus on key patient problems. | <input type="radio"/> not observed |
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3. Physical Exam

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|--|---|--|--|------------------------------------|
| <input type="radio"/> Does not conduct complete exam. Major deficiencies in technical quality of exam. | <input type="radio"/> Conducts complete exam, some areas show technical inadequacies. | <input type="radio"/> Technically sound general exam. Generally recognizes and appropriately follows leads from history or other components of the exam. | <input type="radio"/> Thorough, detailed exam. Careful attention to areas relating to problems identified in history. Exam findings are consistently accurate. | <input type="radio"/> not observed |
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4. Oral Case Presentations

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| <input type="radio"/> Presentation very disorganized and incomplete. | <input type="radio"/> Presentations incomplete. Missing information in characterization, chronology and diagnostic information. Very dependent upon written prompts. Historical diagnostic information incomplete. Exam poorly focused. | <input type="radio"/> Acceptable delineation of primary problems with reasonable characterization. Attempts to chronicle key events in patients illness. Acceptable diagnostic information | <input type="radio"/> Early clear delineation of primary problems with excellent characterization and accurate chronology of key events in patient's illness. Consistent appropriately focused presentations. | <input type="radio"/> not observed |
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5. Record Keeping (Write-Ups And Progress Notes)

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|---|---|--|---|------------------------------------|
| <input type="radio"/> Recorded findings are inadequate and/or often written late. Inadequate problem list development | <input type="radio"/> Lapses in recording findings with omissions and inaccuracies. | <input type="radio"/> Record keeping is appropriate; analyzes problems in complete manner. | <input type="radio"/> Outstanding, conscientious and accurate in recording findings; and problem list. Complete problem list. | <input type="radio"/> not observed |
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6. Problem Solving And Clinical Applications

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| <input type="radio"/> Lacks ability to integrate history, physical exam, and lab/study data in identifying and solving clinical problems. | <input type="radio"/> Limited in ability to integrate history, physical exam, and lab/study data in identifying, prioritizing, and solving clinical problems. | <input type="radio"/> Usually reflects integration of history, physical exam and lab/study data in identifying, and solving clinical problems. | <input type="radio"/> Consistently reflects integration of history, physical exam, and lab/study data in identifying and solving clinical problems. | <input type="radio"/> not observed |
|---|---|--|---|------------------------------------|

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7. Professional Attributes An Responsibilities

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|--|---|---|---|------------------------------------|
| <input type="radio"/> Cannot be relied upon. Attendance and punctuality are erratic. Student's where-about often unknown. Needs Prodding frequently. Level of commitment questionable. | <input type="radio"/> Sometimes needs reminders in the fulfillment of ward responsibilities including patient care. Allows himself /herself to be peripheral to team activities and patient care. | <input type="radio"/> Regularly can be relied upon in fulfilling responsibilities as a member of the ward team and in the delivery of patient care. | <input type="radio"/> Exceptionally conscientious. Outstanding in attendance, dependability, and punctuality in team activities and Patient care responsibilities. Makes an Extra effort to be an integral team member and assumes high levels of responsibility. | <input type="radio"/> not observed |
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8. Self Improvement And Adaptability

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| <input type="radio"/> Completely unaware of own inadequacies. Refuses to consider or make changes. Fails to demonstrate knowledge of required reading | <input type="radio"/> Sometimes resistive or defensive in accepting criticism. Makes those offering suggestions uncomfortable because of lack of receptiveness. | <input type="radio"/> Regularly accepts criticism when offered. Makes an effort to change Does some supplemental as well as Required reading. | <input type="radio"/> Outstanding in soliciting and receiving criticism with interest and grace. Able to effect change. Self-motivated to expand Knowledge. Intellectually aggressive; Extensive supplemental reading. | <input type="radio"/> not observed |
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9. Relationships With Patients

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| <input type="radio"/> Often insensitive to patient's feelings, needs, and/or wishes. Patients viewed mainly as objects for learning. Lack of empathy and compassion. | <input type="radio"/> Sometimes has difficulty establishing rapport or communicating with patients. Not always comfortable Interacting with others and maintains An excessive distance from them. | <input type="radio"/> Relates well to most patients and family members. Seems to enjoy patients and family members and the role as a developing physician | <input type="radio"/> Outstanding inputting patients and/or family members at ease and appropriately communicating medical information to them. Relates well with difficult patients. Shows empathy, compassion, and respect. | <input type="radio"/> not observed |
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10. Interpersonal relationships With Other Members Of Health Care Team

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|--|--|--|--|------------------------------------|
| <input type="radio"/> Often insensitive to needs, feelings, Wishes, and rights of health care team Members. Poorly integrated into the team. | <input type="radio"/> Sometimes has difficulty relating well to health care team members. Maintains a distance form other health care team members | <input type="radio"/> Relates well to most of the health Care team members. Functions well within the team structure on the wards. | <input type="radio"/> Outstanding in respecting the feelings, needs, wishes, and rights of all health care team members. Highly integrated into the team structure | <input type="radio"/> not observed |
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11. Technical Skills

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| <input type="radio"/> Made no effort to acquire technical skills. | <input type="radio"/> Minimum of technical skills acquired. | <input type="radio"/> Adequate technical skills for level of Training. | <input type="radio"/> Excellent technical skills for level of training. | <input type="radio"/> not observed |
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Comments: _____
