

**USUHS-SOM STUDENT PERFORMANCE EVALUATION  
Advanced Clinical Rotation/Sub-Internship**

Name \_\_\_\_\_

**BLOCK NO:** \_\_\_\_\_

Rotation Title \_\_\_\_\_ Rotation from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ Course # \_\_\_\_\_  
(date) (date) (location)

**Please circle: Advanced Clinical Rotation/Sub-Internship**

**AREAS OF PERFORMANCE** (Ratings defined below)

	1.	2.	3.	4.	5.	6.
• Quality of patient histories, physical examinations, and records.	0	0	0	0	0	0
• Ability to analyze data, formulate appropriate problem lists/differential diagnoses, and make clinical judgments.	0	0	0	0	0	0
• Use of textbooks and journals to expand his/her understanding of problems, conditions and procedures involving assigned patients.	0	0	0	0	0	0
• Skill in oral case presentation (brevity, organization, focus on important elements).	0	0	0	0	0	0
• Facility in performing technical procedures.	0	0	0	0	0	0
• Professional demeanor, including maturity, balance of humor and seriousness, and ethical conduct.	0	0	0	0	0	N/A
• Interpersonal relationships with staff, peers and patients.	0	0	0	0	0	N/A
• Demonstration of commitment to, responsibility for, and involvement in learning and patient care, including attendance, promptness, and availability.	0	0	0	0	0	N/A

**RATINGS**

1. **\*OUTSTANDING** - Indicates exceptional performance considering the student's level of performance.
2. **ABOVE AVERAGE** - Exceeds expected level of performance based on student's level of performance.
3. **ACCEPTABLE** - Meets expected level of performance for the student's level of training. (The great majority of students will be in this category.)
4. **\*NEEDS IMPROVEMENT** - Has not yet demonstrated the expected level of performance, but has shown the potential to do so.
5. **\*UNACCEPTABLE** - Has not yet demonstrated the expected level of performance or the potential to do so in spite of counseling on the deficiency.
6. **NOT OBSERVED** - To be used only in instances where there is no basis on which to rate the student on that area of performance.

**OUTSTANDING, NEEDS IMPROVEMENT, and UNACCEPTABLE** ratings must be justified with specific descriptions of exceptional or inadequate performance.

**EVALUATION OF FUND OF KNOWLEDGE** (indicate assessment methods(s) and scores, or narrative description).

**NARRATIVE DESCRIPTION OF OVERALL PERFORMANCE** (required for all students).

**GRADE (Honors/Pass/Fail if Sub-I; Pass/Fail if elective):** \_\_\_\_\_

Report completed/compiled by: \_\_\_\_\_

Title of Person completing report: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
This report has been discussed with the student.	0	0
A copy of this report has been provided to the student.	0	0

USUHS Form 650 (REG), MAR 2014

**X**

Katerina R. Shvartsman, MD  
Director of Clinical Clerkships

Please return completed OB/GYN evaluation to Tanya Christian ([tanya.christian@usuhs.edu](mailto:tanya.christian@usuhs.edu)) for signature. Once finalized this form will be submitted to the Registrar's Office.