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School of Medicine
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Oregon Health & Science University, School of Medicine
SUBI/ICU Away - Clinical Student Evaluation Form

Student _____ Dates of Rotation _____

Course _____ Name of Academic Medical Center: _____

Course Director _____

Clerkship was at SubIntern Level: Yes No Nights of Call done: _____

Fund of Knowledge, Understanding of Disease Mechanisms & Modalities of Diagnosis & Management.
⌵

Clinical Judgement, Problem Solving & Independent Decision Making
⌵

History Taking
⌵

Physical Examination
⌵

Organization & Communication of Data (write-ups, progress notes, oral presentations)
⌵

Technical Skills & Ward Procedures
⌵

Professional Attributes (responsibility, ethical behavior, dependability, attendance, appearance)
⌵

Initiative, Interest, Perseverance & Motivation
⌵

Adaptability (Self-improvement & Self-education)
⌵

Ability to Relate with Patients & Patients' Family
⌵

Interaction with Health Care Team
⌵

General Comments _____

Exam Score(s) _____

Circle FINAL GRADE: Honors Near-Honors Satisfactory Marginal Failure Incomplete

Honors(H).....indicates extraordinary intellectual and creative performance and mastery course of study

Near Honors (NH).....indicates intellectual and creative performance that is superior to that required for satisfactory performance

Satisfactory (S).....indicates performance at a level sufficient to allow the student to progress

Marginal (M).....indicates unsatisfactory performance at the interface between Satisfactory and Failure, requiring remediation to demonstrate Satisfactory or better performance

Failure (F).....indicates clearly unsatisfactory performance

Incomplete (I).....may be used only when a student has not completed all the requirements of a course for a bonafide reason