

Oregon Health & Science University
School of Medicine
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**Oregon Health & Science University, School of Medicine
Clinical Student Evaluation Form**

Student _____ Term _____

Course _____ Course Director _____

- Students must be evaluated in the following areas.
- Written comment or other documentation is required.

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

∨

Clinical Judgment, 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