EVALUATION OF COMPETENCIES
FOR
OBSTETRICS & GYNECOLOGY

Student:_____ **Date:** _____ **Evaluator:** _____

Please circle which number best describes this student's typical performance for appropriate competencies.

1 2 3 = Below Average (Areas of Concern) * COMMENTS ARE MANDATORY
4 5 6 = Average (Usually Without Concern)
7 8 9 = Above average (Always strives for excellence) * COMMENTS ARE MANDATORY

Professionalism:	**Areas of concern**	**Usually without concern**	**Always strives for excellence**
1. Respectfulness	1	2	3
2. Work Ethic and Dependability	1	2	3
3. Motivation and Excellence	1	2	3
4. Honesty	1	2	3
	Areas of concern	**Usually without concern**	**Always strives for excellence**
6. History Taking	1 2 3	4 5 6	7 8 9
7. Physical Exam	1 2 3	4 5 6	7 8 9
8. Clinical Reasoning	1 2 3	4 5 6	7 8 9
9. Preventive Care & Health Maintenance	1 2 3	4 5 6	7 8 9
10. Technical Skills	1 2 3	4 5 6	7 8 9
12. Core Discipline	1 2 3	4 5 6	7 8 9
13. Interpersonal & Communications skills with Patient & Family	1 2 3	4 5 6	7 8 9
14. Oral Presentations	1 2 3	4 5 6	7 8 9
17. Health Care Team	1 2 3	4 5 6	7 8 9

REQUIRED COMMENTS:

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Please place form in wooden box in resident lounge for pickup.