

## GYN/OB Basic Clerkship Course Evaluation

*Please return this form Rebecca Slattery on the day of the exam!*

### Student Information

Quarter: \_\_\_\_\_ Your Year: \_\_\_\_\_

Previous Clerkships Completed: Medicine  Surgery  Peds  Psych/Neuro/Opth

Which residency have you selected? \_\_\_\_\_ OR are you contemplating? \_\_\_\_\_

Clerkship Completed At: JHH  Bayview  Sinai

Clinical Experience: Please fill in the circle on the 5 point scale that corresponds to your rating for each of the following:

<b><u>OB</u></b>	Poor	1	2	3	4	5	Excellent
Inpatient .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OR.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
L & D .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ambulatory Care.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Contact.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Responsibility .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Supervision/Teaching: <i>Faculty</i> .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>House Staff</i> .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<b><u>GYN</u></b>	Poor	1	2	3	4	5	Excellent
Inpatient .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
OR.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ambulatory Care.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Contact.....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Patient Responsibility .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Supervision/Teaching: <i>Faculty</i> .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<i>House Staff</i> .....		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### Didactic Component

Lecture Series Poor      Excellent

Topics Which Should Be Added \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Topics Which Should be Deleted \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Text (Hacker and Moore) Poor      Excellent

Other Text: \_\_\_\_\_ Poor      Excellent

Chairman Luncheons Poor      Excellent

**Faculty/House Officers**

Do you have any specific comments concerning faculty and/or house officers?

**OB** Faculty

---

---

House Officers

---

---

**GYN** Faculty

---

---

House Officers

---

---

Please identify the individual faculty member and house officers you would single out as the most effective teacher/role model during the clerkship.

Faculty \_\_\_\_\_ Senior Resident \_\_\_\_\_ Junior Resident \_\_\_\_\_  
(PYG III or IV) (PYG I or II)

In your opinion, what was the **best** aspect of the rotation and should be maintained?

**OB**

---

---

**GYN**

---

---

**AMB CARE**

---

---

In your opinion, what was the **weakest** feature of the rotation and should be improved?

**OB**

---

---

**GYN**

---

---

**AMB CARE**

---

---

What is your overall evaluation of the clerkship? .....Poor ○ ○ ○ ○ ○ Excellent

Additional Comments:

---

---

---

---

---

---

---

---