

Evaluation of Medical Student Presentation GYN/OB Medical Student Clerkship

Student Name*: _____

Title of Talk: _____

Area to be Evaluated:	Unsatisfactory		Good		Excellent
	1	2	3	4	5
Presentation reflects up-to-date research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concise/Clear Points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Slides or handouts enhance the presentation and help illustrate points being made (optional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective justification of message using data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented in a clear and interesting fashion/maintained audience interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Evaluator**: _____

***Note to Student:** Please ask faculty member or chief resident who is present for your presentation to complete this form.

****Note to Evaluator:** Please fax to Rebecca Slattery at 410-502-3105