

METROPOLITAN GROUP HOSPITALS RESIDENCY IN GENERAL SURGERY



Objective Evaluation of Clinical Case Presentations

DATE: _____

SUBJECT: TOPIC

Individual Being Evaluated	Criteria	Score	
		Yes	No
Moderator	Time Keeping	Yes	No
	Stimulates Interest	Yes	Got Sleepy!
Presenter 1 *	Clearly Defined These Objectives	Yes	No
	Delivery A. Reading Slides B. Audiovisuals including X-Rays	Excellent	Poor
Presenter 2 *	Clearly Defined These Objectives	Yes	No
	Delivery A. Reading Slides B. Audiovisuals Including X-Rays	Excellent	Poor
Presenter 3 *	Clearly Defined These Objectives	Yes	No
	Delivery A. Reading Slides B. Audiovisuals Including X-Rays	Excellent	Poor
Presenter 4 *	Clearly Defined These Objectives	Yes	No
	Delivery Reading Slides Audiovisuals Including X-Rays	Excellent	Poor
Primary Teaching Faculty 1 *	Discussed Clearly Established Goals	Yes	No
	Presented Current Literature	Yes	No
Primary Teaching Faculty 2 *	Discussed Clearly Established Goals	Yes	No
	Presented Current Literature	Yes	No
Primary Teaching Faculty 3 *	Discussed Clearly Established Goals	Yes	No
	Presented Current Literature	Yes	No
Primary Teaching Faculty 4 *	Discussed Clearly Established Goals	Yes	No
	Presented Current Literature	Yes	No

- Residents: Please write name of Presenter or Primary Teaching Faculty.