

**Department of Orthopaedic Surgery
Washington University**

Medical Student Case Presentation Evaluation

STUDENT'S NAME _____

DATE OF PRESENTATION _____

PATIENT Dx: _____

Please circle the answer for the following questions:

Did the presentation contain a history of the presenting complaint? Yes No

Did the presentation contain relevant past medical and surgical history? Yes No

Was an appropriate physical exam performed? Yes No

Was a reasonable diagnosis made and a treatment plan devised ? Yes No

Please rank the overall presentation using the following scale:

1 = Needs Considerable Improvement

5 = Clearly Outstanding Presentation on All Levels

Overall Evaluation of the Presentation:

1 2 3 4 5

COMMENTS:

Evaluator's Signature _____

Evaluator's Name (printed) _____

DATE _____

