

**RowanSOM/Jefferson Health NJ: Emergency Medicine Residency  
Shift Cards: Medical Student Evaluation**

Student Name: \_\_\_\_\_  
 Attending/Resident: \_\_\_\_\_  
 Medical School/Year: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Campus: CH – WT – ST  
 EM Rotation #: 1<sup>st</sup> – 2<sup>nd</sup> – 3<sup>rd</sup>

YES            NO                            Student was teachable on shift today  
 YES            NO                            Student was pleasant to have on shift. Respectful. Proactive.  
 YES            NO                            I would recommend this student for an interview  
 YES            NO                            This student would be a good fit for our program

|  | <b>Outstanding<br/>Top 10%</b> | <b>Excellent<br/>Top 30%</b> | <b>Very Good<br/>Middle 30%</b> | <b>Good<br/>Bottom 30%</b> |
|--|--------------------------------|------------------------------|---------------------------------|----------------------------|
| <b>Able to develop and justify appropriate differential diagnoses and treatment plan</b> |                                |                              |                                 |                            |
| <b>Work Ethic, Willingness to assume responsibility</b>                                  |                                |                              |                                 |                            |
| <b>Personality: ability to interact with others and communicate with patients/staff</b>  |                                |                              |                                 |                            |
| <b>Compared to other students, this student ranks</b>                                    |                                |                              |                                 |                            |
| <b>How much guidance do you think this student will need during residency?</b>           | Almost None                    | Minimal                      | Moderate                        | A lot                      |
| <b>Given necessary guidance, what is your prediction of success for this student?</b>    | Outstanding                    | Excellent                    | Good                            | Poor                       |

Please list specific comments that may be incorporated into their evaluation/SLOEs:

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**Students:** Please print out for each shift and have this completed prior to leaving your shift!  
 These will be used for your evaluation(s) as well as attendance.

**Attendings/Residents:** PLEASE DO NOT GIVE THIS BACK TO THE STUDENT.  
 PLEASE DROP INTO THE SECURED RED LOCK BOX AT EACH DIVISION