

Internal Medicine Elective – Reference Form

CONFIDENTIAL

Dear Colleague,

A medical student from your school wishes to apply for an elective rotation in the Department of Medicine at OHSU. In order to assess their candidacy, please provide the following information regarding their overall performance, to date, in courses sponsored by your Department of Medicine.

Student Name _____

Overall performance in the Department of Medicine

| | | | | |
|--|--------------------|-----------------------|-----------------------|-----------------------|
| Professionalism | No Concern _____ | Concern _____ | | |
| Interpersonal Skills & Teamwork | No Concern _____ | Concern _____ | | |
| Clinical Skills | Top Quartile _____ | 2 nd _____ | 3 rd _____ | 4 th _____ |
| Medical Knowledge | Top Quartile _____ | 2 nd _____ | 3 rd _____ | 4 th _____ |
| Overall Assessment of Student | Outstanding _____ | Average _____ | Below Average _____ | |

Internal Medicine Clerkship Grade

| | | |
|------------------|---------------------|----------------------|
| Honors/A _____ | Near Honors/B _____ | Satisfactory/C _____ |
| Marginal/D _____ | Fail/F _____ | Other _____ |
| Pass _____ | No Pass _____ | |

Additional concerns/comments – Please include any important info for considering the student’s application.

Medicine Clerkship Director Completing this Form _____

Name of School _____

Telephone _____ Email _____

Thank you for taking the time to provide information on your medical student.

Rebecca Harrison, MD, FACP
Clinical Experience Director, OHSU

Note: Applications for elective courses at OHSU Department of Medicine will NOT be complete until this is uploaded to VSAS. All information will be kept confidential.

Questions: Marcie Evans, evanma@ohsu.edu, (503) 494-8676