University of Florida College of Medicine OBGYN Formative Feedback Form

Student's Name:	
Date of Review:	
Name of Reviewer:	

PLEASE NOTE: The purpose of mid-point feedback is to give a student an understanding as to the perceived trajectory of their progress as they engage in a clinical block. The feedback given should not be translated into an assumption of a similar final assessment by either the faculty or the student.

	Student Self Review		Supervisor Review			
Mid-Point Student Review Areas	At or Above Expected Midpoint Performance	Needs Focused Attention	At or Above Expected Midpoint Performance	Needs Focused Attention*	Not Enough Contact to Provide a Midpoint Comments	
Professionalism						
Respectfulness						
Work Ethic and Dependability						
Motivation and Excellence						
Honesty						
Patient Care						
History						
Physical						
Procedures						
Medical Knowledge						
Core Discipline						
Problem Solving						
Interpersonal and Communication						
Patient/Family						
Oral Presentation						
Systems-Based Practice						
Team Work						
Interactions w/Staff and Peers						

^{*} Marking Needs Improvement necessitates faculty comments below

Additional Faculty Comments: (Require if needs improvement is marked)

Personal Program of Learning: (please list specific areas the student can work on during the remainder of block)

- 1.
- 2.
- 3.

2. Deficiencies noted:	Yes □ No□		
3. Items to complete befor	e the end of the clerkship (if any):		
Duty Hours: Please list the	approximate average number of ho	ours you worked each week:	(Note: ACGME duty
hour rules, which we have	adopted for medical students, say t	that you must: 1-work no more tha	n 80 hours/week
	- have 10 hours off between duty	shifts, 2 – have one day off in 7 day	ys AVERAGED OVER 4
weeks).			
Do you believe your work s	chedule has been in compliance wi	th these rules?	
Yes □ No: □			
Faculty Signature/Date:			
Student Signature/Date:			·