**University of Florida College of Medicine**

**OBGYN Formative Feedback Form**

**PLEASE ATTACH YOUR SCREENSHOT OF YOUR PATIENT LOGS TO THE BACK OF THIS**

**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.***

|  |  |  |
| --- | --- | --- |
| **Mid-Point****Student Review** **Areas** | **Student****Self-Review** | **Supervisor Review** |
|  At or Above Expected Midpoint Performance  | Needs Focused Attention | At or Above Expected Midpoint Performance | NeedsFocused 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)**

**Please list three things you have been given feedback about during the first three weeks, and comment about how you addressed the feedback you were given.**

1.

2.

3.

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

**1. Patient Logs Reviewed:** Yes 🗆 No🗆

**2. Deficiencies noted:** Yes 🗆 No🗆

**3. Items to complete before the end of the clerkship (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duty Hours: Please list the approximate average number of hours you worked each week: \_\_\_\_\_ (Note: ACGME duty hour rules, which we have adopted for medical students, say that you must: 1-work no more than 80 hours/week AVERAGED over 4 weeks, 2 – have 10 hours off between duty shifts, 2 – have one day off in 7 days AVERAGED OVER 4 weeks).**

**Do you believe your work schedule has been in compliance with these rules?**

**Yes 🗆 No: 🗆**

**Faculty Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**