

**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.

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	Needs Focused Attention*	Not Enough Contact to Provide a Midpoint Comments
<b>Professionalism</b>					
Respectfulness					
Work Ethic and Dependability					
Motivation and Excellence					
Honesty					
<b>Patient Care</b>					
History					
Physical					
Procedures					
<b>Medical Knowledge</b>					
Core Discipline					
Problem Solving					
<b>Interpersonal and Communication</b>					
Patient/Family					
Oral Presentation					
<b>Systems-Based Practice</b>					
Team Work					
Interactions w/Staff and Peers					

\* Marking Needs Improvement necessitates faculty comments below

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**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.

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

2. Deficiencies noted:      Yes  No

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

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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:

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Student Signature/Date:

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