

**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
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.

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:
