**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.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**