

UTHSC Ob/Gyn Clerkship
Ob Mid-Month Feedback on Student Performance

Student: Complete Part I (Student Self-Assessment) and Part II - Review with the Resident you spent considerable time with

Resident: Complete Part I and Part III

Student's Name: _____

Part I:

**Student's
Self-Assessment**

Competent: At or above expected performance	Needs Improvement

**Resident's
Assessment of Student**

Competent: At or above expected performance	Needs Improvement	Unacceptable: Requires Attention

Patient Care

Takes an effective history		
Performs appropriate PE		
Generates Differential Diagnosis		
Generates & Manages Treatment Plan		

Systems-based Practice

Teamwork		
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Interpersonal / Communication Skills

Communication with Patients / Families		
Written Communication		
Oral Presentation Skills		
Professionalism & Reliability		

Part II:

Student: What am I doing well? What skills do I need to improve? What can I do to advance my performance?

PART III:

Resident: What skills does the Student need to improve? What can the Student do to advance his/her performance?

Resident's Name and Signature: _____

Date: _____

This does not count toward the Student's overall grade but is used to identify problem areas
Return this form to the Clerkship office, Room E143