University of Toledo ObGyn Clerkship Formative Feedback Form

Student Name:	Date of Evaluation:						
Faculty/Resident Name:Student: First complete the self-assessment p whom you will feel comfortable discussing you Should be filled out at the end of the first at clerkship meetings. 6-week AHEC, Hillsdale	oortion. Then r performance nd second we and Dr. Brod	choose an eve. This is not eeks of your sky students	aluator with a grade, rath clerkship. are only requ	ner a <mark>Two</mark> uired	a tool to help y completed for d to have one	ou improve. <mark>orms are due</mark> form.	by mid-
Please remember: These can be completed the day before your mid-clerkship meeting			only saw o	ne p	atient with. T	hey are due	<mark>by noon</mark>
Evaluator: For each of the following criteria, p appropriate box. These estimates are not bind will help provide a basis for communication so returned to the student when you are finished.	lease offer an ling and will no that the stude	estimate of the conside	red into the	stud	ent's final eva	luation. Inste	ad, they
	Self-Assessment				Evaluator-Assessment		
Criteria	Needs Improvement	Satisfactory	Not Observed		Needs Improvement	Satisfactory	Not Observed
Patient and Family Communication							
History Taking							
Physical Examination							
Fund of Knowledge							
Medical Problem Solving (Decision making & assessment)							
Oral Presentation							
Written Documentation							
Patient Care							
Technical Skills							
Professional Behavior							
To be completed by the student:							
One area I did well:							
One area I need to work on:							
To be completed by the evaluator:							
One area the student did well:							
One area the student needs to work o	n:						
Student Signature:							
Evaluator Signature:							