

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

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

Student's Name: _____

Part I:

Student's Self-Assessment

Resident's/Attending's/Fellow's Assessment of Student

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

Generates Differential Diagnosis	EPA 2		
Recommends and Interprets Tests	EPA 3		
Recognizes and Initiates Urgent Care	EPA 10		
Performs General Procedures	EPA 12		

Handovers	EPA 8		
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Interpersonal/Communication Skills

Informed Consent	EPA 11		
Professionalism and 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/Attending/Fellow: What skills does the Student need to improve? What can Student do to advance his/her performance?

Resident/Attending/Fellow Name & Signature: _____ **Date:** _____