

GYN/OB Basic Clerkship Midclerkship Formative Feedback

Student's Name _____

Site: _____

Please circle one response for each question.

1. **Basic knowledge of obstetrics/gynecology.**

Does not meet expectations

Meets expectations

Exceeds expectations

2. **History taking and physical exam skills**

Does not meet expectations

Meets expectations

Exceeds expectations

3. **Patient presentation skills**

Does not meet expectations

Meets expectations

Exceeds expectations

4. **Interpersonal and communications skills**

Does not meet expectations

Meets expectations

Exceeds expectations

5. **Critical thinking (differential diagnosis and treatment plans)**

Does not meet expectations

Meets expectations

Exceeds expectations

6. **Professionalism**

Does not meet expectations

Meets expectations

List at least one area of above average performance:

List at least one area for improvement:

Faculty or Resident Signature of individual completing form
Fax to 410-502-3105 or give to Rebecca Slattery