

## Surgery Core Midpoint Feedback Form

*Part 1. To be completed by Chief Resident or attending of choice on assigned service*

Student name: \_\_\_\_\_

Please evaluate the student's performance in the areas listed below.

On the back of this form provide written comments, sign, & date the form.

This evaluation will not be used to calculate the student's final grade.

I = inconsistently F = Frequently AA = Almost Always

The student...	I	F	AA
Gathers a complete, relevant and accurate CC and history			
Performs an appropriately focused and accurate PE			
Interprets pertinent positives/negatives accurately			
Forms an appropriate differential diagnosis			
Forms an appropriate plan of care			
Changes behaviors based on feedback			
Communicates effectively with team, staff and families			
Presents relevant info in a concise & organize manner			
Is honest in documentation			
Is compassionate			
Student accepts appropriate responsibility			
Functions as a team player			

Student Signature: \_\_\_\_\_

Evaluator signature: \_\_\_\_\_

*Part 2. To be completed by service coordinating attending*

Have there been violations of work hour rules?  No  Yes (Explain)

Does the student feel that they are in a supportive learning environment conducive to learning?  Yes  No  
(Explain)

Were you observed by a faculty member doing a physical on a patient?  Yes  No

Were you observed by a faculty member taking a history from a patient?  Yes  No

Other comments: please be specific

In your opinion, is this student at risk for failure?  Yes  No If yes, notify the Clerkship director as soon as possible.

**“I have discussed this evaluation with the student and given him/her an opportunity to respond to the feedback.”**

**“I have reviewed the student’s progress on completing the required procedures and diagnoses and advised the student on how to complete unfulfilled requirements.”**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator signature: \_\_\_\_\_