



UNIVERSITY OF CINCINNATI  
SURGERY CORE CLERKSHIP

**MID-CLERKSHIP STUDENT SELF-ASSESSMENT AND FORMATIVE FEEDBACK**

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

Date: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Site: \_\_\_\_\_

**Student:** Please complete this form *prior* to your mid-clerkship formative feedback session and share the completed form with the preceptor and faculty member providing feedback. After the feedback session, the **Student, Preceptor, and Faculty** must sign this form.

Do you know the goals and objectives of this clerkship and your role? YES\_\_\_\_ NO\_\_\_\_

1. What are your personal learning goals for this clerkship? What resources have you utilized to assist progress toward meeting these goals?

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2. What are some of your strengths in this clerkship and why? (*List at least 3*)

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3. What do you need to focus on for improvement in this clerkship, and why? (*List at least 3*)

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4. What, in addition to your individual goals, would you like explicit feedback about? (*List at least 3 questions or areas of concern*)

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## SURGERY MID-CLERKSHIP FORMATIVE FEEDBACK

This feedback should be used to guide growth for the second half of the clerkship and is not considered in the final grade evaluation.

<b>Feedback on Student Performance</b> <span style="background-color: yellow;">Self Assessment</span> <span style="background-color: green;">Preceptor Assessment</span>	Student Self-Assessment			Preceptor Assessment		
	Needs Improvement	Meeting Goals (On Target)	Advanced Skills	Needs Improvement	Meeting Goals (On Target)	Advanced Skills
Identify pertinent history elements						
Utilize focused chart review to guide visit						
Perform physical exam appropriate to problems						
Generate differential diagnoses (with at least 3 for acute)						
Recommend first-line diagnostic evaluation for common conditions						
Provide rationale for ordering studies						
Present a well-organized patient narrative						
Document an organized narrative						
Communicate with patients with cultural humility						
Participate as an integrated member of the team						
Demonstrate curiosity						
Uses feedback to improve performance						
Know own limitations						
Professionalism (i.e. is on time, professional appearance, sensitive to diverse population, respects confidentiality, and demonstrates honesty)						

**Preceptor: Please provide specific comments addressing each of the following areas (required):**

**1) Areas of strength**

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**2) Improvement goals for this clerkship (including student's identified goals)**

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**3) Specific strategies for improvement**

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**For faculty member:** Did you provide direct feedback in response to the student's self-assessment? YES \_\_\_\_\_ NO \_\_\_\_\_

**I acknowledge I have participated in the feedback process and have read the above:**

**Student Signature (Must Sign)**

**Preceptor Signature (Must Sign)**

**Faculty Signature (Must Sign)**