Surgery Clerkship
Mid-Course Feedback

It is the student's responsibility to have this form completed by their attending surgeon or senior resident at the end of the second week of the four week rotation. It must be received by Grace Halstead by Friday of the third week of the rotation.

Please complete and have student return to Surgery Education office.

History and Physical Skills:

Below expectations Meets expectations Above expectations

Suggestions for Improvement:_____
_____

Case Presentations:

Below expectations Meets expectations Above expectations

Suggestions for Improvement:_____
_____

Knowledge of Patient and his/her problems:

Below expectations Meets expectations Above expectations

Suggestions for Improvement:_____
_____

Knowledge Base:

Below expectations Meets expectations Above expectations

Suggestions for Improvement:_____
_____

Ability to synthesize, interpret and understand data:

Below expectations Meets expectations Above expectations

Suggestions for Improvement:_____
_____

Attending's Name: _____ Date: _____
PLEASE PRINT

Student's Name: _____ Date: _____
PLEASE PRINT

Return to Grace Piaia BI-4070
Fax number: (706) 721-1047