



# REQUIRED MIDTERM FEEDBACK FORM

OHSU School of Medicine

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide comments in the box below of 1-2 areas of strength and areas of development:

Circle 3 suggested action items below to help the student focus their efforts over the remainder of the clinical experience:

Clinical Skills	Knowledge Base	Communication Skills	Clinical Reasoning	Professionalism Skills
Improve organization of history and/or exam	Develop foundational knowledge with texts, review articles, review prior lectures	Work on educating patient using plain language and frequent checks for transfer of knowledge	Work on identification of pertinent positives and negatives	Work on asking pertinent questions and being more vocal with the team
Improve use of hypothesis-testing questions and/or exam maneuvers	Reformat existing knowledge by developing frameworks and illness scripts	Work on organization of presentations/ written reports	Describe data (labs, vitals, etc) in context such as trends	Work on equitably treating non-MD team members with respect
Improve completeness/timeliness of data collection	Grow specific knowledge with targeted clinical questions and evidence reviews	Improve efficiency of oral presentation if time is short or data has been presented in past	Adjust reasoning on-the-fly as new information becomes available	Balance personal learning or performance opportunities with the needs of other learners
Work on accurately determining normal from abnormal PE findings	Share new learning with team members	Begin taking the lead with the multidisc team	More clearly identify the diagnosis under consideration (commit)	Increase the appearance of engagement by not looking at phone, being present in team room more often, asking more questions etc
Improve patient comfort during history and/or exam		Begin calling consults or primary care team	Expand differential diagnosis or target to be more relevant	

**Attestation:** I attest that I have provided the above-named student with feedback with time to act upon it.

Evaluator Printed Name: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

**\*Preceptor,** If there are significant concerns, please document specific areas clearly, discuss openly with the student, and immediately contact the clinical course director, Dr. Rick Moberly at [moberly@ohsu.edu](mailto:moberly@ohsu.edu) to discuss further.



**REQUIRED DOCUMENTATION**  
Observed History and Physical Examination

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*Student completes this form:*

**Observed History Attestation**

*I was observed obtaining a history on a patient by a provider and given feedback about my performance.*

**Name of Preceptor:**

**Date:**

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**Observed Physical Exam Attestation**

*I was observed performing a physical exam on a patient by a provider and given feedback about my performance.*

**Name of Preceptor:**

**Date:**

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