**Tokushima University School of Medicine**

**CLINICAL CLERKSHIP EVALUATION FORM**

Student’s name

Clerkship dates: From 　　　/ / to 　　　/ /

 MM DD YY MM DD YY

Evaluator’s name

Clerkship site

1. Attendance

 ( ) Sufficient

 ( ) Not sufficient

\*If you have checked “Not sufficient” above, you do not need to fill out the remaining part of this form.

1. Evaluation of knowledge, skills, manner, and attitudes as a clinical assistant

Please evaluate the student based on the following types of information and check one of the choices provided in each category below:

1. Direct observation of the student and his/her performance
2. Information obtained from physicians, nurse educators, hospital staff, and student’s patients who directly observed the student and his/her performance
3. Examination of the medical records entered by the student
* **The student handed you this evaluation form with an envelope. After filling out this form, enclose it in the provided envelope. Please be sure to seal and sign over the envelope closure and return it to the student.**
1. Depth and Breadth of Background Knowledge

( ) Not applicable or inadequate basis for evaluation

( ) 1. Entirely inadequate; will likely adversely affect the student’s future career as a doctor

( ) 2. Inadequate in many areas; improvement is required

( ) 3. Generally good but inadequate in some areas

( ) 4. Excellent in both depth and breadth; good understanding in all areas

( ) 5. Outstanding; thorough and accurate background knowledge

1. History Taking Skills

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. Obtained history was not medically relevant; pertinent medical information was missed.

 ( ) 2. Obtained history was fragmentary; some pertinent information was missed.

 ( ) 3. Basic medical history was taken; the obtained information was useful.

 ( ) 4. Nearly complete medical history was taken; most of the pertinent information was obtained.

 ( ) 5. Complete medical history was taken; pertinent information was obtained.

1. Physical Examination

( ) Not applicable or inadequate basis for evaluation

( ) 1. Necessary elements of physical exams were omitted, and important findings were overlooked.

( ) 2. Physical exams were incomplete, and many important findings were overlooked.

( ) 3. Most of the physical findings were obtained, and they were useful.

( ) 4. Nearly complete physical findings were obtained, and important problems were noted.

( ) 5. Complete and detailed physical findings were obtained, and important issues were all noted.

1. Medical Record Keeping

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. Entered information was inaccurate and fragmented.

 ( ) 2. Entered information was disorganized and unfocused.

 ( ) 3. Entered information was accurate, sufficient, and generally organized.

 ( ) 4. Entered information was accurate, sufficient, and organized.

 ( ) 5. Entered information was accurate, complete, and organized.

1. Problem-Solving Skills

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. The student has a serious defect; he/she could not point out problems and provided inappropriate assessments.

 ( ) 2. The student’s understanding of problems was inappropriate, and their assessment was inadequate.

 ( ) 3. The student understood problems that were particularly important, and their assessment was appropriate for the most part.

 ( ) 4. The student understood problems adequately, and their assessment was appropriate.

 ( ) 5. The student’s understanding and the assessment of problems were complete.

1. Case Presentation

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. Case presentation was inaccurate, fragmented, and disorganized.

 ( ) 2. Not well organized with some inaccuracies; presentation of problem assessment was inadequate.

 ( ) 3. Accurate and generally well organized; presentation of problem assessment was somewhat adequate

 ( ) 4. Accurate and well organized; problem assessment was appropriately presented

 ( ) 5. Accurate and well organized; problem assessment was appropriately presented and discussed

1. Motivation and Initiative

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. The student had no awareness of his/her inadequacy, was passive about everything, and was non-receptive to advice.

 ( ) 2. The student responded to what was pointed out but failed to show initiative.

 ( ) 3. The student tried to improve on what was pointed out and showed initiative as needed.

 ( ) 4. The student accepted feedback and constantly made efforts to improve him-/herself.

 ( ) 5. The student sought out feedback and always self-motivated and made efforts to learn.

1. Communication with Patients

 ( ) Not applicable or inadequate basis for evaluation

 ( ) 1. The student failed to attend to patients’ needs, desires, and emotional state.

 ( ) 2. The student sometimes failed to attend to patients’ needs, desires, and emotional state.

 ( ) 3. The student generally attended to patients’ needs, desires, and emotional state.

 ( ) 4. The student always acted with attention to patients’ needs, desires, and emotional state.

 ( ) 5. The student acted with attention to patients’ needs, desires, and emotional state and was outstanding in developing the rapport with patients.

1. Interpersonal Relationships and Teamwork

( ) Not applicable or inadequate basis for evaluation

( ) 1. The student was seriously defective in the capacity to work well with others and was unreliable as a member of a medical team.

( ) 2. The student had difficulty with interpersonal relationships and was inadequate as a member of a medical team.

( ) 3. The student was cooperative and was able to conduct him-/herself responding to instructions of the physician who was supervising the team.

( ) 4. The student maintained good interpersonal relationships and was able to conduct him-/herself as a member of a medical team.

( ) 5. The student was impeccable in all aspects and competent as a member of a medical team.

3. Comments to the student (constructive comments including his/her strengths and areas for improvement)

Evaluator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sign at the time of evaluation)