

PRINCIPAL MEDICAL SCHOOL



Military-Medical Faculty,
Division of Studies in English-Language
1 Hallera Sq., 90-647 Lodz, Poland

HOSPITAL NAME & ADDRESS

Clinical Evaluation Form
(4- year MD program/6-year MD Program)

Student's name _____ **Index no.** _____ **Year** _____

Rotation _____

Date of rotation: from _____ **to** _____

No. of weeks/hours _____

Department _____

Instructions

Circle the most appropriate number for each question that indicates your evaluation of the student using the following values:

N – not observed **1** – poor **2** – average **3** – good **4** – outstanding

- | | | | | | |
|--|----|---|---|---|---|
| 1. Knowledge (ability to integrate theoretical knowledge into clinical practice) | N | 1 | 2 | 3 | 4 |
| 2. History (preciseness and comprehensiveness of information) | N | 1 | 2 | 3 | 4 |
| 3. Physical examination (thoroughness in gathering information) | N | 1 | 2 | 3 | 4 |
| 4. Diagnostic Acumen (developing an appropriate diagnosis) | N | 1 | 2 | 3 | 4 |
| 5. Record keeping (accurately preparing professional write ups) | N | 1 | 2 | 3 | 4 |
| 6. Relationship with Faculty and Staff | N | 1 | 2 | 3 | 4 |
| 7. Relationship with fellow students | N | 1 | 2 | 3 | 4 |
| 8. Relationship with patients (communication skills and attitude) | N | 1 | 2 | 3 | 4 |
| 9. Educational activities (attendance at rounds, lectures, conferences) | N | 1 | 2 | 3 | 4 |
| 10. Clinical presentations (case presentations, progress notes) | N. | 1 | 2 | 3 | 4 |
| 11. Handling of criticism | N | 1 | 2 | 3 | 4 |
| 12. AVERAGE | N | 1 | 2 | 3 | 4 |

Case presentation: _____

Evaluator: _____ Evaluator : _____
(Signature and Stamp) (Printed Name and Title)

Program Director _____ Program Director _____
(Signature and Stamp) (Printed Name and Title)

Was this evaluation reviewed with the student ? Yes/ No Student: _____ Date: _____
(Signature)

Final Grade for Rotation _____ according to the grading scale* binding in the Medical University of Lodz.

- *5.0 – *excellent*;
- 4.5 – *very good*;
- 4.0 – *good*;
- 3.5 – *satisfactory*;
- 3.0 – *sufficient*;
- 2.0 – *failed*.

PRINCIPAL MEDICAL SCHOOL



**Military-Medical Faculty,
Division of Studies in English-Language
1 Hallera Sq., 90-647 Lodz, Poland**

HOSPITAL NAME & ADDRESS

Clinical Evaluation Form

(4- year MD program/6-year MD Program)

Student's name _____ **Index no.** _____

State the STRENGTHS of the student during rotations

State the WEAKNESSES of the student during the rotation

Please fill in the form legibly