**Booklet for evaluation of medical students**

**Evaluation of the clinical clerkship for the Medical License in Italy**

**SURGICAL clerkship**

Student (Name, Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor Coordinator Dr./Prof. (Name, Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization of the SURGICAL clerkship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerkship period: from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

**Please fill this booklet in its entirety**

**Confirmation of the student’s attendance and the performed activity**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital and ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **Time from…. to….** | **Hours** | **Performed activity** | **Student’s signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Temporary evaluation of the internship: \_\_\_\_\_\_\_\_\_\_\_

The student declares that he/she has received a temporary evaluation of the internship by the tutor

Date \_\_\_\_\_\_\_\_\_\_ Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **Time from…. to….** | **Hours** | **Performed activity** | **Student’s signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Tutor Surgical clerkship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp and Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION SURGICAL CLERKSHIP**

\*Use the following letters for a POSITIVE EVALUATION with the corresponding marks: A: Excellent; B: Very good; C: Good; D: Satisfactory; E: Sufficient. Use the letter F: insufficient for a NEGATIVE evaluation. Please, insert a mark for each aspect of the medical profession and a final mark.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital and ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Aspects of the medical profession** | **MARK\*** |
| The student is able to put into practice the principles of the patient-doctor relationship: medical interview, contact, information, clarity, acquisition of consent. |  |
| The student is capable to obtain medical history and perform a physical examination in the outpatient context |  |
| The student has knowledge and capacity to apply the clinical reasoning: to distinguish between primary urgent complaints and secondary problems; to suggest a diagnostic hypothesis and to individualize the diagnostic methods of greater specificity and sensitivity to confirm or reject the hypothesis |  |
| The student is skilled to interpret the laboratory exams |  |
| The student is skilled to interpret the medical reports of the diagnostic imaging examinations |  |
| The student is oriented in decision-making regarding the pharmacological treatment |  |
| The student is able to compile the report of hospital admission/discharge and to write a discharge letter |  |
| The student is able to judge the appropriateness of the hospital discharge and to suggest the rehabilitation solutions or recovery in other facilities |  |
| The student is capable to frame the reason of hospitalization taking into account possible chronic illnesses, further critical conditions and patient’s frailty |  |
| The student is able to demonstrate the skills of prevention and sanitary education |  |
| The student demonstrates the knowledge and awareness of the National Healthcare System and Local Healthcare System |  |
| The student respects the shift schedule, wears appropriate clothes and is well-equipped |  |
| The student shows knowledge and awareness of the ward and/or ambulatory |  |
| The student interacts in an appropriate manner with the medical personnel, nurses and the department technicians |  |
| The student demonstrates the awareness and knowledge of the different roles of the medical team members |  |
| The student demonstrates active attitude: makes questions, candidates to perform activities |  |

Signature of the Tutor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINAL EVALUATION SURGICAL CLERKSHIP**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUITABLE/NOT SUITABLE

**Final mark**: \_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Tutor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_