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*University of Ljubljana*

*Faculty of Medicine*

**CLINICAL INTERNSHIP EVALUATION**

**Name of the student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tutor´s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period from: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Assessment grading scale** | | | | | |
| Excellent | Very good | Good | Satisfactory | Sufficient | Fail |
| A | B | C | D | E | F |

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| --- | --- | --- | --- | --- | --- | --- |
| **ITEMS** | **GRADING SCALE** | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **CLINICAL SKILLS** | | | | | | |
| 1. Level of knowledge (theoretical, medical reasoning and problem solving) |  |  |  |  |  |  |
| 1. Ability to integrate knowledge, skills and attitudes on the clinical practice. |  |  |  |  |  |  |
| 1. Quantative and qualitative aspects of clinical procedures and acts performed. |  |  |  |  |  |  |
| 1. Clinical examination |  |  |  |  |  |  |
| 1. Diagnostic skills |  |  |  |  |  |  |
| **BEHAVIOR AND ATTITUDES** | | | | | | |
| 1. Quality in Communicating with patients and heath care professionals |  |  |  |  |  |  |
| 1. Integration and team work |  |  |  |  |  |  |
| 1. Behavior and attitudes in clinical practice |  |  |  |  |  |  |
| 1. Personal commitment to the learning process |  |  |  |  |  |  |
| 1. Attitude towards patients, the Tutor, colleagues students, nurses,… |  |  |  |  |  |  |

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Final grade: A B C D E F**

Signature of the responsibele Professor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp