

FACULTY OF MEDICINE

Dean's Office

Registrar's Office

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## STUDENT ASSESSMENT SHEET

Please evaluate the student on the basis of you observed during the semester/rotation (use the most appropriate number listed below)! The goal of this assessment is the overall process of the student, not a grade.

0	1	2	3	4
N/A	Poor	Satisfactory	Average	Excellent

## Name of student:

Name of practical: (underline the name of practical) Internal Medicine, Paediatrics, Surgery, Obstetrics and Gynecology, Neurology, Psychiatry, Emergency Medicine

## **Date of assessment:**

Skilled in developing interpersonal relations: Respectful when interacting with tutors and staff members	
Skilled in developing interpersonal relations: Establishes a trustful relationship with the patients	
Shows up punctually on practices with awareness of personal dress and appearance	
Obtains accurate medical history, performs accurate physical examination and synthesizes essential information in a concise manner	
Sets up accurate diagnostic and differential diagnostic plans; develops relevant therapeutic plans	
Exhibits integrity, maturity and solid ethical behavior	
Solicits feedback and incorporates others' opinions in self-improvement	
Overall fund of knowledge of the taught subject; overall performance compared to his/her peers	

Comments:

Student was informed about her/his performance.

Evaluator/Tutor: signature of student