**Evaluation form for a Clinical Training at Heidelberg University Clinic**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student First Name: \_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University (name, city, country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical subject / elective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inpatient: □ Outpatient: □

Dates of attendance: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interruptions: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation** | **Excellent** | **Good** | **Satis-factory** | **Poor** | **Not observed** |
| Attendance, motivation, industry |  |  |  |  |  |
| Fund of knowledge |  |  |  |  |  |
| Ability to deal with patients |  |  |  |  |  |
| Quality of patient workups and presentation |  |  |  |  |  |
| Interpersonal relationship and communication |  |  |  |  |  |
| Ability to adapt to a foreign system |  |  |  |  |  |

**Comments:**

**Date, Signatur:**

**Name/Title of Supervisor:**

**Name of Clinic/Departement/Stamp**