

Evaluation of Practical Medical Activity

Please assess in this form the research activity of _____ during his/her stay in your Medical Unit

Student's name:

Hospital / Medical Unit / Service:

Tutor's name:

Please, grade the student in each category with marks from 1 (extremely negative) to 10 (extremely positive). NA: Not evaluated. Please use the full scale: for reference, 5 would be the bare minimum required of a student, 7 an adequate level, and 10 the best student you'd ever had.

Formal Aspects: 10%	
• Attendance	
• Punctuality	
Knowledge and skills: 70%	
• Theoretical knowledge acquired.....	
• Practical knowledge acquired (if applicable)	
• Ability to communicate orally	
• Ability in the diagnostic approach	
• Knowledge of English.....	
• Capacity of decision-making	
Attitudes: 20%	
• Motivation.....	
• Toward the assigned tasks (dedication).....	
• Ability to integrate in the team.....	
• Punctuality/Attendance	

• Relations patient/family	
• Level of Responsibility.	

Overall mark:

Overall assessment and impressions on student:

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Signature and date

Tutor's name: