Evaluation form Clinical Clerkships Medicine

Name and First name student: 

Name Clinical supervisor/Chief of service : Year : 2nd – 3rd – 4th year master

Name Hospital and unit: Period (month and year) :

Average working hours during clerkship period: 
Participation in on-call duties (if yeas, how many)?: 
Opting out yes/no

Number of days leave of abscence :

Number of days absence due to illness :

The student has a maximum of 5 days leave of absence per month.

Clerkships in the 2nd year master and up to February of the 3rd year master are halftime equivalent. Clerkships in the 4th year master are fulltime.

<table>
<thead>
<tr>
<th>Interim evaluation</th>
<th>Final evaluation</th>
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<tbody>
<tr>
<td>Professional knowledge /20</td>
<td>/20</td>
</tr>
<tr>
<td>(Includes theoretical knowledge and skills)</td>
<td></td>
</tr>
<tr>
<td>Professional attitude /20</td>
<td>/20</td>
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<tr>
<td>(Includes Motivation, Participation, Interest, Attitude towards coworkers, ...)</td>
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</tbody>
</table>

< 8/20: Unacceptable; 8 – 10/20: Insufficient; 10 – 11/20: Sufficient but several minor weaknesses; 12 – 13/20: Average student with one or two minor weaknesses; 14 – 15/20: Good student (the majority of students); 16 – 17/20: very good student (less than 20% of students); 18/20: Excellent student (less than 5% of students); >18: Exceptional student.

Names of clinical tutors other than supervisor:

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Comments from the clinical supervisor(s) regarding the student's points of interest, strengths and weaknesses

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Student’s name and signature 

Senior Clinical Supervisor’s name, seal and signature

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Please send the completed form to the Faculty office by mail (p/a Faculteitssecretariaat, Laarbeeklaan 103, 1090 Brussel) fax (02/477.41.10) or e-mail (stagegk@vub.ac.be) for rapid processing. The completed form should be submitted within the month following the last day of the clerkship.