

Clerkship Elective Evaluation of Clinical Clerk by Supervisor (2011-2012)

Student's name		Title of Elective	
Supervisor's name		From	To
Hospital and Location		Student absent (days)	
Nature of Elective	Clinical <input type="checkbox"/> Research <input type="checkbox"/>	CaRMS Grouping (#1 to #15)	

	Not applicable / Could not evaluate	Rarely Meets Expectations	Inconsistently Meets Expectations	Consistently Meets Expectations	Often Exceeds Expectations	General Comments
Medical Expert						
Complete and accurate medical history						
Thorough and accurate physical exam						
Problem formulation						
Patient management						
Technical skills						
Communicator / Collaborator						
Case presentation						
Communication with other health care professionals and support staff						
Rapport with patients						
Use of feedback to improve skills						
Scientist/Scholar						
Critical appraisal / Awareness of current literature						
Ongoing learning						
Medical knowledge						
Health Advocate						
Recognition and Response to those issues where advocacy is appropriate						
Professional						
Reliability, responsibility, commitment						
Integrity, honesty, respect						
Awareness of limitations; Appropriate requests for assistance						
Overall evaluation	FAIL <input type="checkbox"/>	PASS <input type="checkbox"/>				

Supervisor signature	Date: ___/___/___	Student signature	Date: ___/___/___
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Please return to:

Liaison Officer 4th Year, Room 2046, Undergraduate Medical Education,
University of Ottawa, 451 Smyth Rd., Ottawa, ON K1H 8M5 Fax: 613-562-5651 - medyear4@uottawa.ca

TO BE COMPLETED BY STUDENT:

Student's Name: _____ 3rd Yr: 4th Yr: Meds: _____

Mandatory: On the attached calendar, please circle every date you attended your elective.

September 2011

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2011

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

November 2011

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2011

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2012

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

July 2012

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2012

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

CLERKSHIP 2011-2012
ELECTIVE EVALUATION BY CLINICAL CLERK
(To be completed only if the Elective was done in the Ottawa Region)

TITLE OF ELECTIVE: _____

SUPERVISOR: FIRST NAME: _____ LAST NAME: _____ HOSPITAL/LOCATION: _____

Check Appropriate Rating:

	EXCELLENT	GOOD	SATISFACTOR	UNSATISFACTORY
1. Suitability of experience for level of medical training	_____	_____	_____	_____
2. Opportunity to assume appropriate responsibility	_____	_____	_____	_____
3. Supervision - by staff	_____	_____	_____	_____
- by resident	_____	_____	_____	_____
- other	_____	_____	_____	_____
4. Teaching, including rounds and seminars	_____	_____	_____	_____
5. Fulfilment of objectives	_____	_____	_____	_____
6. Overall evaluation of elective experience	_____	_____	_____	_____
7. Would you recommend this experience to other students? Yes _____ No _____				

COMMENTS: (Please comment on "Elective Experience" and not your supervisor)

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If you have concerns about a lack of professionalism by your preceptor, you must advise the Associate Dean, Dr. Melissa Forgie, by phone at 613-562-5800, ext. 8561, or by email at mforgie@uottawa.ca

At your request, your concerns will be kept completely confidential unless there is an immediate threat to the safety and or health of patients or others.