



**CHARLES UNIVERSITY**  
Third Faculty of Medicine

**REPORT OF PERFORMANCE IN CLINICAL PRACTICE**  
**(academic year 2020/2021)**

Student's Name: ....., born .....

**Class of:** 5<sup>th</sup> year medical student of the Charles University, Third Faculty of Medicine, for the academic year 2020/2021

**Duration:** Summer clinical practice - 2 weeks (80 hours) with family doctor (General Practitioner) or in any ward of student's choice department of medicine

**Department of Clinical Practice:** .....

**Site:** .....

**Clinical Practice Dates:** .....

Categories are rated: (3) Exceptional Performance  
(2) Expected Performance  
(1) Below Expected Performance  
(0) Cannot Evaluate

**PERSONAL QUALITIES**

Circle one

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Initiative                                | 3 | 2 | 1 | 0 |
| 2. Responsibility                            | 3 | 2 | 1 | 0 |
| 3. Independence                              | 3 | 2 | 1 | 0 |
| 4. Co-operation With Other Members of a Team | 3 | 2 | 1 | 0 |
| 5. Medical Knowledge                         | 3 | 2 | 1 | 0 |

**CLINICAL SKILLS**

- |                                    |   |   |   |   |
|------------------------------------|---|---|---|---|
| 1. Clinical Interviewing/Anamnesis | 3 | 2 | 1 | 0 |
| 2. Physical Examination Techniques | 3 | 2 | 1 | 0 |
| 3. Technical Skills                | 3 | 2 | 1 | 0 |
| 4. Development of the Diagnosis    | 3 | 2 | 1 | 0 |
| 5. Therapy Formulation             | 3 | 2 | 1 | 0 |
| 6. Oral Case Presentations         | 3 | 2 | 1 | 0 |

**PROFESSIONAL ATTITUDES**

- |   |     |    |
|---|-----|----|
| 1. Maintains a Professional Demeanour               | YES | NO |
| 2. Recognised Limitations and When to Seek Help     | YES | NO |
| 3. Shows Respect for a Patient's Dignity and Rights | YES | NO |
| 4. Maintains Patient Confidentiality                | YES | NO |

**GRADE AWARDED**

<p>Outstanding</p> <p>Above Expected Performance</p> <p>Expected Performance</p> <p>Below Expected Performance</p> <p>Failing</p>
---

Signature and Stamp:

\_\_\_\_\_  
Head of Hospital Member Responsible for Report

Date: \_\_\_\_\_