

CLINICAL MEDICINE SENIOR CLERKSHIP

RECORD BOOK



Student ID _____

Full Name _____

Hospital _____

Class _____

ZHEJIANG UNIVERSITY

SCHOOL OF MEDICINE

2020 Print

个人信息 (Personal Information)

姓名 (Name) _____

性别 (Gender) _____

出生日期(Date of Birth) _____

国籍(Nationality) _____

现住址(Address) _____

电话(Tel) _____ 手机(Mobile Phone) _____

电子邮件(E-Mail) _____

照片
(photo)

2 inch

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Instructions

1. The Clerkship Record Book (hereafter referred to as The Book) should be used by international medical students during senior clerkship.
2. The Book should be kept by each student. The record and report of the internship must be made on time including the given items.
3. The Book should be filled in ink pen (carbon ink or blue-black ink) and the handwriting should be clear. The pages should not be torn or altered.
4. The Book is one of the important measures for conferring degrees.
5. Within one week after completing clerkship, the student should hand in the Book to the office of teaching affairs of the teaching hospital. Students who do the senior internship abroad should submit it to International Students Education Office.
6. Students who do the senior clerkship abroad should submit the copy of Passport with the Book.

Clerkship Proposal

Grade 20__International Medical Students

1. Compulsory Modules (10 compulsory subjects for 44 weeks)

Sr. No.	Departments	Weeks	Remarks
1	Internal Medicine	12	Compulsory
2	General Surgery	8	Compulsory
3	Obstetrics & Gynecology	6	Compulsory
4	Pediatrics	6	Compulsory
5	Neurology	2	Compulsory
6	Psychiatry		Compulsory
7	Emergency medicine	2	Compulsory
8	Orthopedics	2	Compulsory
9	Infectious Diseases	2	Compulsory
10	Community Medicine	2	Compulsory

Note: Internal Medicine 12 weeks (2 weeks in each of following sections: cardiovascular, respiratory, gastroenterology, hematology, nephrology and endocrinology)

2. Optional Modules (2 optional subjects for 4 weeks)

Sr. No.	Departments	Weeks	Remarks
1	Oncology	2	Optional (strongly recommended)
2	Medical Imaging	2	Optional (strongly recommended)
3	Anesthesiology	2	Optional
4	Clinical Pathology	2	Optional
5	Rheumatology	2	Optional (strongly recommended)
6	Urology Surgery	2	Optional (strongly recommended)
7	Cardiothoracic Surgery	2	Optional
8	Neurosurgery	2	Optional
9	Anorectal Surgery	2	Optional
10	Plastic Surgery	2	Optional
11	Ophthalmology	2	Optional
12	Otorhinolaryngology	2	Optional
13	Dermatology & Venereology	2	Optional
14	Burns Surgery	2	Optional

Clerkship Plan for International Medical Students

Clerkship Subjects	Teaching Hospital	Clerkship Duration (y/m/d-y/m/d)	Weeks	Remarks
Internal Medicine			12	Compulsory 44 weeks
General Surgery			8	
Gyne & Obs			6	
Pediatrics			6	
Neurology			2	
Emergency medicine			2	
Psychiatry			2	
Orthopedics			2	
Infectious Diseases			2	
Community Medicine			2	
Optional Dept. 1 ()			2	Optional 4 weeks
Optional Dept. 2 ()			2	
Optional Dept. 3 ()			2	
Optional Dept. 4 ()			2	
Total			48	48

Absence Record

1. Less than two days leave

Leave Duration	Reasons for Leave	Days (in block letters)	Supervisor opinion, signature	Head of the Dept. opinion, signature	Eliminate false signature (dept. opinion)

2. More than two days but less than one week leave

Leave Duration	Reasons for Leave	Days (block letters)	Supervisor opinion, signature	Head of the dept. opinion, signature	Eliminate false signature (dept. opinion)

3. More than one week (including one week) leave

Leave Duration	Reasons for Leave	Days (block letters)	Supervisor opinion, signature	Head of the dept. opinion, signature	Eliminate false signature (dept. opinion)

Leave policy:

No leave permission will be given without any solid reasons during clerkship. If the student has important reasons, like illness etc., he/she must apply for leave in advance and keep record on the Book.

1. When asking leave for activities arranged by the school, students should collectively inform relevant departments.
2. Students must submit written leave application to the head of the department for signature and then send it to the Education Department in the affiliated hospitals for approval.
3. Students can only leave after getting permission.. Later leave application aren't accepted.
4. Sick leave certificate must be issued by the Teaching Hospital or the Affiliated Hospital.
5. Leave for two days or less should be approved by the director of the department and should be kept record in the Book. Leave for more than two days but less than one week should be approved by the International Students Education Office and kept record in the Book. Leave for one week or more should be submitted to the Dean of medical school for approval. According to school regulations, students who undergo unauthorized practice, violate teaching regulations, being absent or leave the school without permission will be subject to the following punishments:
 - (1) More than 3 days but less than a week will be given warning.
 - (2) More than a week but less than two weeks will be given severe warning.
 - (3) More than two weeks but less than three weeks will be given record of demerit.
 - (4) More than three weeks will be kept in school but placed under surveillance.

Record Form of Common Diseases in Internal Medicine

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Completion rate of common diseases ____% (number of diseases already completed ÷ 41 = ____%)

No.	Disease Name	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Hypertension			
2	Hypertensive Heart Disease			
3	Coronary Heart Disease			
4	Rheumatic Valve Disease			
5	Pericardial Disease			
6	Myocarditis, Cardiomyopathy			
7	Infectious Heart Disease			
8	Heart Failure			
9	Arrhythmias			
10	Peptic Ulcer			
11	Chronic Gastritis			
12	Liver Cirrhosis			
13	Hepatic Cancer			
14	Biliary Tract Infection			
15	Acute Pancreatitis			
16	Chronic Inflammatory Bowel Disease			
17	Upper Gastrointestinal Bleeding			
18	Diabetes Mellitus			
19	Hyperthyroidism			
20	Bronchial Asthma			
21	Chronic Obstructive Pulmonary Disease			
22	Chronic Pulmonary Heart Disease			
23	Pneumonia			
24	Lung Cancer			
25	Bronchiectasis			

26	Pneumothorax			
27	Respiratory Failure			
28	Hemoptysis			
29	Iron Deficiency Anemia			
30	Hemolytic Anemia			
31	Aplastic Anemia			
32	Leukemia			
33	Thrombocytopenic Purpura			
34	multiple myeloma			
35	Lymphoma			
36	Nephritis			
37	Urinary Tract Infection			
38	Nephrotic Syndrome			
39	Uremia			
40	Systemic Lupus Erythmatosus			
41	Rheumatoid Arthritis			

Note: Criteria for Completion of Common Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Internal Medicine

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of common clinical skills ____ % (number of skills performed ÷15 = ____%)

No.	Clinical Skills to be Learned	Patient's Name	Hospital No.	Teacher's Signature & Tel
1	Physical Examination			
2	Injection (intradermal, subcutaneous, intramuscular)			
3	Venous puncture, infusion			
4	Oxygen delivery			
5	Thoracentesis			
6	Abdominal paracentesis			
7	Nasogastric tube insertion			
8	Bone marrow aspiration			
9	External cardiac compression			
10	Artificial respiration			
11	12 lead ECG reading			
12	Urine sample collection			
13	24 hour urine collection			
14	Blood gas analysis			
15	Determination of blood & urine sugar			

Note: Criteria for Completion of Basic Clinical Skills: the clinical skills should be performed by the clerkship student or explained by the instructor during standardized ward rounds

Each clinical skill should be registered for one time and instructor's signature is also required for one time.

Special Reminder: instructor's signature should not be fraudulent and once found to be so; disciplinary action will be taken according to the circumstances.

Student's Summary of Internal Medicine Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date:

Assessment Form on Completion of Internal Medicine Clerkship

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Theory Examination (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total Score		100		Head of the Dept.:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it.

Record Form of Common Diseases in General Surgery

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of common diseases __% (number of diseases completed ÷ 37 = __%)

No.	Disease Name	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Thyroid cancer, Nodular goiter, Hyperthyroidism			
2	Cystic hyperplasia and adenoma of breast			
3	Breast cancer			
4	Gastric cancer			
5	Gastric and duodenal ulcer			
6	Cholecystitis, bile duct stones			
7	Acute obstructive suppurative choolangitis			
8	Obstructive jaundice			
9	Pancreatitis			
10	Acute appendicitis			
11	Intestinal obstruction			
12	Hernia			
13	Blunt abdominal injury			
14	Acute diffuse peritonitis			
15	Primary liver cancer			
16	Portal hypertension			
17	Pancreatic cancer			
18	Varicose veins			
19	Deep vein thrombosis			
20	Cancer of biliary tract			
21	Intestinal polyps & colorectal cancer			
22	Upper gastrointestinal bleeding			
23	Acute abdomen			

24	Systemic surgical infection			
25	Surgical shock			
26	Papilloma			
27	Acute cellulitis			
28	Liver abscess			
29	Acute breast inflammation			
30	Anorectal abscess			
31	Gastrinoma			
33	Acute lymphangitis, erysipelas, lymphadenitis			
34	Insulinoma			
35	Thromboangiitis Obliterans			
36	Aortic aneurysm			
37	Internal & external hemorrhoids			

Note: Criteria for completion of basic diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds.

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in General Surgery

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of common clinical skills ___ % (number of skills performed ÷10 = ___ %)

No.	Clinical Skills to be Learned	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Change dressing, Suture removal & drainage tube removal			
2	Surgical aseptic techniques (washing hands, wearing gloves, surgical clothing, draping etc.)			
3	Catheterization			
4	Debridement			
5	Abdominal abscess or needle puncture			
6	Gastrointestinal decompression			
7	Basic surgical skills (skin incision, suture, ligature etc.)			
8	Appendectomy or hernia repair			
9	Superficial abscess incision & drainage			
10	Resection of superficial tumors			

Note: Criteria for completion of basic clinical skills: the clinical skills should be performed by the clerkship student or explained by the instructor during standardized ward rounds

Each clinical skill should be registered for one time and instructor's signature is also required for one time.

Special Reminder: instructor's signature should not be fraudulent and once found to be so; disciplinary action will be taken according to the circumstances.

Student's Summary of General Surgery Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days; 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date :

Assessment Form on Completion of General Surgery Clerkship

Teaching Hospital: _____ Student's Name: _____

Time Duration: From _____ (y/m/d) to _____ (y/m/d)

Assessment Terms	Assessment Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature and Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to education department for the completion of form. The head of the department and the instructor need to sign the form and carefully review it.

Record Form of Common Diseases in Obstetrics and Gynecology

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases completed ÷ 25 = ____%)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's signature
1	Hypertensive disorders complicating			
2	Placenta previa			
3	Placental abruption			
4	Postpartum hemorrhage			
5	Fetal distress			
6	Normal labor			
7	Abnormal labor (dystocia)			
8	Normal puerperal			
9	Abnormal puerperal			
10	Vulvitis			
11	Vaginitis			
12	Cervicitis			
13	Pelvic inflammatory disease			
14	Uterine myoma			
15	All kinds of abortion			
16	Ectopic pregnancy			
17	Endometriosis			
18	CIN			
19	Cervical cancer			
20	Gestational trophoblastic disease			
21	Ovarian Cancer			
22	Endometrial cancer			
23	Dysfunctional uterine bleeding			
24	Amenorrhea			
25	Infertility			

Note: The basic criteria for the completion of disease are: the disease that managed by the student or those explained through by the instructor during the standardized teaching rounds. Each disease should be registered for one time and instructor's signature is also required for one time.

Special Reminder: instructor's signature should not be fraudulent and if found to be so; disciplinary action will be taken according to the circumstances.

Record Form of Basic Clinic Skills in Obstetrics and Gynecology

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 10 = ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Routine antenatal care (Leopold maneuvers, external pelvimetry, fundal height and abdominal circumference measurement, fetal heart rate monitor, etc.)			
2	Observation and treatment of labor (contractions observation, vaginal examination, etc.)			
3	Spontaneous delivery (Assistant)			
4	Cesarean section (Assistant)			
5	Pelvic examination (bimanual examination, rectovaginal examination, speculum examination)			
6	Cervical cytology, vaginal discharge sampling			
7	Gynecological transabdominal surgery/ Gynecological Laparoscopy (Assistant)			
8	Abortion (Assistant)			
9	Placement and removal of IUD (Assistant)			
10	Cervical biopsy or therapeutic procedure (Assistant)			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Obstetrics and Gynecology Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date :

Assessment Form on Completion of Obstetrics and Gynecology Clerkship

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Pediatrics

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases have been completed ÷ 19 = ____%)

No.	Disease Name	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Upper respiratory tract infection			
2	Pneumonia			
3	Pediatric Asthma			
4	Infantile Diarrhea			
5	Congenital heart disease			
6	Nutritional deficiency diseases			
7	Acute nephritis			
8	Nephrotic syndrome			
9	Nutritional anemia			
10	Purulent meningitis			
11	Viral Encephalitis			
12	Febrile seizure			
13	Kawasaki disease			
14	Neonatal jaundice			
15	Neonatal respiratory distress			
16	Hypoxic-ischemic encephalopathy			
17	Premature children			
18	Precocious puberty			
19	Common infectious diseases in children (pediatric tuberculosis, measles, rubella, etc.)			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinic Skills in Pediatrics

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 6= ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	CPR			
2	Artery/ vein puncture			
3	Lumbar puncture			
4	Oxygen			
5	Pleural puncture			
6	Bone marrow puncture			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Pediatric Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date :

Record Form on Completion of Pediatric Clerkship

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Neurology

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases have been completed \div 7 = ____%)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	cerebrovascular diseases infection			
2	epilepsy			
3	multiple sclerosis			
4	spinal cord diseases			
5	peripheral nerve disease			
6	Parkinson's disease			
7	myasthenia gravis			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Neurology

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 6= ____ %)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Physical examination			
2	lumbar puncture			
3	CT			
4	MRI			
5	EEG			
6	EMG			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Neurology Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date :

Assessment Form on Completion of Neurology Clerkship

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Emergency Medicine

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases have been completed ÷ 11 = ____%)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Cardiac arrest			
2	Shock			
3	Acute respiratory failure			
4	Fever			
5	Acute abdominal diseases			
6	Multiple traumas			
7	Acute heart failure			
8	Acute gastrointestinal bleeding			
9	Acute coma			
10	Common poisoning (pesticide, sedative drugs, alcohol, rodenticides, etc.)			
11	Common accidents (shock, drowning, heat stroke, hanging oneself, etc.)			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Emergency Medicine

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 15= ____ %)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Physical examination			
2	Cardiopulmonary resuscitation			
3	Oxygen supply (nasal catheter, mask, bag - mask ventilation)			
4	Debridement surgery			
5	Body bandage, hemostasia			
6	Fracture temporary fixation			
7	Thoracentesis, abdominal paracentesis			
8	Catheterization			
9	Gastrointestinal decompression			
10	Basic operation of respirator			
11	Operation of multi-function monitor			
12	Deep vein puncture and CVP measurement and significance			
13	Closed thoracic drainage, percutaneous catheter drainage			
14	Transport critically ill patients			
15	Electrocardiogram			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Emergency Medicine Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date:

Assessment Form on Completion of Emergency Medicine Clerkship

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Psychiatry

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases have been completed \div 7 = ____%)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	organic mental disorders			
2	schizophrenia			
3	mood disorders			
4	neuroses			
5	stress related disorders			
6	Eating disorders			
7	Sleep disorders			
8				
19				
10				
11				
12				
13				
14				

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Psychiatry

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 3= ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Physical examination			
2	mental examination			
3	Assessment of HAMA、HAMD			
4				
5				
6				
7				
8				

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Psychiatry Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date:

Assessment Form on Completion of Psychiatry Clerkship

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (6) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (6) 3 The ability of basic operation and skills (6) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (6)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Examiner:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Orthopedics

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____(y/m/d)

Completion rate of basic diseases _____% (Number of diseases completed ÷ 7 = ____%)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Truma & fracture			
2	Tumor of skeletal system			
3	Degenerative diseases			
4	Spinal cord diseases			
5	Peripheral nerve disease			
6	Joint replacement or injury			
7	Bone infections & TB			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Orthopedics

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 6= ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Physical examination			
2	Splinter or cast			
3	CT			
4	MRI			
5	X-ray			
6	Medical history			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Orthopedics Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date :

Assessment Form on Completion of Orthopedics Clerkship

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		
Clinical Competence (30%)	1 The correct medical history taking, standardized physical examination (10) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (5) 3 The ability of basic operation and skills (5) 4 The ability of reading films, images and test result (6) 5 The ability of combining both theory and practice knowledge (4)	30		
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Marking in charge:
Total		100		Head of the Department:

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Record Form of Common Diseases in Infectious Diseases

Teaching Hospital: _____ Student's Name: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Completion rate of basic diseases ____% (Number of diseases have been completed \div 14 = ____ %)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Viral Hepatitis			
2	Liver failure			
3	AIDS			
4	Hemorrhagic fever with renal			
5	Influenza			
6	Typhoid			
7	Shigellosis			
8	Infectious diarrhea			
19	Central nervous system			
10	Septicemia and septic shock			
11	Liver abscess			
12	Tuberculosis			
13	Malaria			
14	Fever of unknown origin			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during standardized ward rounds

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Infectious Diseases

Teaching Hospital: _____ **Student's Name:** _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 8= ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	Physical examination			
2	pleural puncture			
3	peritoneal cavity puncture			
4	lumbar puncture			
5	placement of three-balloon catheter			
6	liver abscess puncture			
7	needle biopsy of liver			
8	The understanding of infection test results			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary of Infectious Disease Clerkship

Student's Self-Summary:

Student's Signature:

Date:

The supervisor must review the student's summary, check the attendance and sign.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times;

4. sick leave ____ days; 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

Supervisor's signature:

Date:

Assessment Form on Completion of Infectious Diseases Clerkship

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		Assessment in charge:
Clinical Competence (30%)	1 Medical history taking and medical records writing (8 points) 2 Ability of clinical comprehensive analysis and logical thinking (8 points) 3 Physical examination and clinical skills (8 points) 4 The ability of reading test report and films (6 points)	30		Assessment in charge:
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Marking in charge:
Total		100		Head of the Department:

Note: The head of the department and the instructor need to carefully review the contents and sign the form.

Record Form of Common Diseases in Family Medicine

CHC:

Student's Name: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Completion rate of basic diseases ____ % (Number of diseases have been completed ÷ 17 = ____ %)

NO.	Diseases	Patient's Name	Hospital No.	Teacher's Signature & Tel.
1	Hypertension			
2	Diabetes			
3	Hyperlipidemia			
4	Stroke			
5	Coronary atherosclerotic heart disease			
6	COPD			
7	Bronchial asthma			
8	Tuberculosis			
9	Chronic kidney disease			
10	Chronic hepatitis			
11	Gout			
12	Osteoporosis			
13	Cancer			
14	Prostate hyperplasia			
15	Alzheimer disease			
16	Parkinson's diseases			
17	Schizophrenia			

Note: Criteria for Completion of Basic Diseases: the diseases should be managed by the clerkship student or explained by the instructor during community practice.

Each disease should be registered for one time and instructor's signature is also required for one time.

Record Form of Basic Clinical Skills in Family Medicine

Teaching Hospital:

Student's Name:

Clerkship Duration: From _____(y/m/ d) to _____(y/m/d)

Completion rate of basic operations ____ % (Number of operations completed ÷ 7= ____%)

No.	Operations	Patient's Name	Hospital No.	Teacher's signature and Tel.
1	D-P communication			
2	Health record setting			
3	Physical examination			
4	Health management			
5	Periodic health examination			
6	Health risk factor assessment			
7	Therapeutic lifestyle			

Note: Criteria for completion of basic operations: operations carried out independently or participated under the guidance of instructors or to operate in the inspection model. Each operation should only be registered once and instructor's signature is also required for one time.

Student's Summary in Family Medicine

Student's Self-Summary:

Student's Signature:

Date:

The supervisor must review the student's summary, check the attendance and sign.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times;
4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

Supervisor's signature:

Date:

Assessment Form on Completion of Family Medicine

Assessment Terms	Clerkship Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (40%)	1 Medical ethics and sense of responsibility (8) 2 Attendance and work discipline (8) 3 Attitude and initiative (8) 4 Team cooperation spirits (8) 5 Communication skills (8)	40		Assessment in charge:
Clinical Competence (30%)	1 Medical history taking and health records writing (8 points) 2 Ability of clinical comprehensive analysis and logical thinking (8 points) 3 Physical examination and clinical skills (8 points) 4 The ability of reading test report and films (6 points)	30		Assessment in charge:
Test of theory (30%)	The type of the questions will be referred to the national medical licensure examination and the USMLE step2	30		Marking in charge:
Total		100		Head of the Department:

Note: The head of the department and the instructor need to carefully review the contents and sign the form.

Student's Summary of Clinical Clerkship (Elective 1)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days; 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 1)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective 2)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 2)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective 3)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 3)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective 4)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 4)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective 5)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 5)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective 6)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: **1.** full, never late, leave early, absent; **2.** late, leave early ____ times; **3.** absent ____ times; **4.** sick leave ____ days; **5.** Leave for other reasons ____ days; **6.** Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective 6)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy

Student's Summary of Clinical Clerkship (Elective Backup 1)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective Backup 1)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective Backup 2)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days, 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective Backup 2)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

Student's Summary of Clinical Clerkship (Elective Backup 3)

Teaching Hospital and

Department: _____

Clerkship Duration: From _____ (y/m/ d) to _____ (y/m/d)

Student's Self-Summary:

Student's Signature:

Date:

Comments of Teachers

Signature of Teachers:

Date:

Note: After filling out the Student's Summary, student should hand in this manual to the Clerkship Department.

The following is written by the administrator.

Attendance: 1. full, never late, leave early, absent; 2. late, leave early ____ times; 3. absent ____ times; 4. sick leave ____ days; 5. Leave for other reasons ____ days; 6. Absent from practice ____ days

administrator's signature:

Date:

Assessment Form of Clinical Clerkship (Elective Backup 3)

Teaching Hospital and Department: _____

Clerkship Duration: From _____ (y/m/d) to _____ (y/m/d)

Assessment Terms	Assessment Contents	Total Marks	Marks Obtained	Teacher's Signature & Tel.
General Performance (20%)	1 Medical ethics and sense of responsibility (4%) 2 Attendance and work discipline (4%) 3 Attitude and initiative (4%) 4 Team cooperation spirits (4%) 5 Communication skills (4%)	20		
Clinical Competence (80%)	1 The correct medical history taking, standardized physical examination (20%) 2 The diagnosis and treatment of common disease and the accuracy of doctor's advice (15%) 3 The ability of basic operation and skills (15%) 4 The ability of reading films, images and test result (15%) 5 The ability of combining both theory and practice knowledge (15%)	80		
Total		100		

Note: within one week after assessment of clerkship student in each ward rotation, the department educational secretary is required to submit assessment report to research and education department in hospital and the education office of school of medicine for the completion of form. The head of the department and the instructor need to sign the form and carefully review it. Please make a copy.

The Record of Attending the Seminars (1)

No.	Date	Topic of Seminar	Signature of Teachers or Department
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

The Record of Attending the Seminars (2)

No.	Date	Topic of Seminar	Signature of Teachers or Department
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

The Record of Attending the Seminars (3)

No.	Date	Topic of Seminar	Signature of Teachers or Department
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			

The Record of Basic Clinical Skills (1)

No.	Itemized Schedule	Date	Signature of Teachers or Department
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

The Record of Basic Clinical Skills (2)

No.	Itemized Schedule	Date	Signature of Teachers or Department
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			

Notices: contents are including Thoracentesis (胸腔穿刺术); lumbar puncture (腰椎穿刺术); bone marrow puncture (骨髓穿刺术); abdominal paracentesis (腹腔穿刺术); hand scrubbing (洗手); skin disinfection of the surgical area (手术区皮肤消毒); wear surgical gowns (穿手术衣); dressing change (换药); knotting, suture, suture remove (打结、缝合、拆线); stop bleeding, bandage (止血、包扎); CPR; catheterization (导尿术); injection (注射); phlebotomy (静脉取血技术); vital signs measurement (T, P, R, Bp) (生命体征测量)