**QUESTIONNAIRE FOR THE EVALUATION OF CLINICAL CLERKSHIP BY THE STUDENTS**

**TEMPLATE**

**Α. Clinical Practice:**

**Evaluate the following statements according to the grading scale below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I disagree** **(1)** | **I rather disagree** **(2)** | **I neither agree nor disagree** **(3)** | **I rather agree** **(4)** | **I agree****(5)** |

**Α1**. The clinical clerkship you just attended was **well organized**.

**Α2.** The **Educational value** of the clinical clerkship you just completed was important.

**Α3. Your Professor/Faculty staff and Head of the Department** was involved and contributed significantly to the specific clinical clerkship.

**Α4.** The **rest of the Faculty staff** of the Department were involved and contributed to your training.

**Α5. Supervising physicians** in the Department were involved and contributed to your training.

**Α6.** **Residents** in the Department were involved and contribute to your training.

**Α7. Nursing staff** of the Department were involved and contributed to your training.

**Α8**. Do you consider that distribution of educational time (history taking, physical examination, bedside teaching, outpatient dept., interventional practices, theoretical courses) during your Clinical clerkship was sufficient?

**Α9.** Do you consider **recommended bibliography and educational material** sufficient?

**Α10. Did you gain enough experience in medical history taking** of patients in the specific Department?

**Α11. Did you gain enough experience in physical examination practice** of patients in the specific Department?

**Α12.** Do you think that enough time was given to **acquiring practical, clinical, and interventional skills**, during your Clinical Practice?

**Α.13.** Did you acquire **Practical/Interventional skills** during your training in the specific Department?

**Α14.** Did you acquire **other (i.e., communication) skills** during your training in the specific Department?

**Α15.** Have you reached a **sufficient level** of knowledge and skills in disease diagnosis and treatment?

**Α16.** Were you exposed **enough** to the initial evaluation of emergencies in the specific Department?

**Α17**. Were you able to take initiative during your training in this specific Department; initiative that will help you become independent in your future career as clinical doctor?

**Α18.** Criteria of evaluation and grading were clear.

**Β. Professors/Faculty staff:**

**Evaluate the following statements according to the grading scale below:**

(Please do so for the entire faculty staff)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I disagree** **(1)** | **I rather disagree** **(2)** | **I neither agree nor disagree** **(3)** | **I rather agree** **(4)** | **I agree****(5)** |

**The Professors/faculty Staff:**

**Β1.** Could make me interested in the specific Clinical Practice.

**Β2.** Encouraged questions, and remarks.

**Β3.** Encouraged medical acts from all students.

**Β4.** Encouraged critical thinking.

**Β5.** Τhey were consistent with their obligations (timetable, bedside teaching).

**Β6.** Were generally accessible to students.

**Β7.** Could demonstrate the connection between the course with clinical medicine and current research activity.

**C. Evaluation of Infrastructure & General Evaluation**

**C1. Evaluate logistical infrastructure and staff involved in the educational activity of the Department.**

[Space for your answer]

**C2. State flaws you have experienced (regarding faculty staff, operation of the Department, organization of educational time, approach of evaluation etc.).**

[Space for your answer]

**C3. Compare your training in the Department to the ones in other Departments.**

[Space for your answer]

**C4. Compare what you learned in the Department, with what you have learned abroad (as part of exchange programmes).**

[Space for your answer]

**C5. Remarks and suggestions for improving the specific Clinical**  **clerkship.**

[Space for your answer]

**D. General Information**

**D1. Select your study semester:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9ο ⬜ | 10ο ⬜ | 11ο ⬜ | 12ο ⬜ | older ⬜ |

**D2. I was present:**

|  |  |
| --- | --- |
|  In every activity of the Department ⬜ | In most activities ⬜ |

**D3. During the semester how much did you study for this Clinical** clerkship**, in average:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  No tome ⬜ | 1 – 5 hours ⬜ | 6 – 10 hours ⬜ | 11 – 16 hours ⬜ | over 16 hours ⬜ |