

## DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE, UNIVERSITY OF TORONTO

**CLINICAL EVALUATION OF CLERKS****Clerk:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Evaluator:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

Please evaluate knowledge, skills, and attitudes in the following areas:

	<b>FAIL</b>	<b>PASS</b>	<b>EXCELLENT</b>	<b>N/A</b>
<b>INTERVIEW</b> Establishing rapport Effective listening Skillful questioning Appropriate closing	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>
<b>PHYSICAL EXAMINATION</b> Appropriate regional or appropriate complete examination Appropriate techniques Differentiating normal from abnormal	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>
<b>PROBLEM SOLVING</b> Selecting relevant data and defining problems Holistic approach to establishing causes Appropriate awareness of limits of own knowledge	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>
<b>INVESTIGATIONS</b> Appropriate selection Correct interpretation	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>
<b>MANAGEMENT</b> Judgment in planning care Knowledge of therapy Employing associated health personnel Showing a preventive attitude	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>
<b>OVERALL ASSESSMENT</b> Integration of skills	<b>1 2 3 4</b>	<b>5 6 7 8</b>	<b>9 10 11 12</b>	<b>N/A</b>

Please list briefly the type of patient problems encountered. Add specific comments about the clerk's performance under the headings above or in the space provided.

Discussed with clerk: yes \_\_\_\_\_ no \_\_\_\_\_