



Hospital: FONDAZIONE POLICLINICO UNIVERSITARIO "A. GEMELLI"

Department: _____

Operational Unit: _____

Tutor/Supervisor: _____

Name of student:

Period of training:/...../..... -/...../.....

Total number of internship hours undertaken for the purpose of assessment towards credits.

Total hours:

This is to certify that Mr./Mrsstudent from completed his/her clinical electives at Università Cattolica del Sacro Cuore – School of Medicine "A. Gemelli" – Rome in [Name of Operational Unit/Hospital Department].

1. Aims of the Clinical Electives program (Briefly describe the work done during the internship)

2. Student assessment

<u>Student assesment</u>	1	2	3	4	5
Interpersonal skills					
1. Aptitude for team work					
2. Evident willingness to help co-workers					
Knowledge					
3. Level of theoretical knowledge					
4. Knowledge of languages					
5. Knowledge of IT					
Transferrable skills					
6. Ability to analyse					
7. Problem solving skills					
8. Initiative and pro-activeness					
9. Communication skills					
10. Ability to organise own work					
11. Evidence of ability to adapt to different cultural environment					

<u>Student assesment</u>	1	2	3	4	5
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Prioritizes care in urgent and emergent situations					
Develops differential diagnosis					
Develops treatment and therapeutic plans					
Modifies management of the treatment plans based on patient's clinical course and additional data					
Applies fundamentals of sciences and its application to patient care					
Practices evidence-based medicine using relevant studies in clinical situations					
Participates in the education of patients and families					
Effectively communicates with patients and families to establish a therapeutic relationship					
Effectively communicates with health care team both orally and in writing					
Demonstrates sensitivity, honesty, and compassion in difficult conversations					
Demonstrates a commitment to adhere to ethical principles					
Coordinates patient care within the health care system and collaborates with healthcare team					
Incorporates cost awareness and risk-benefit analysis in development of patient care plan					

Legend: 5=Excellent; 4=Very Good; 3=Good; 2=Reasonable; 1=Inadequate

3. Overall assessment of the student: _____ (rate from 1-5)

Signature and stamp of the coordinating supervisor

International Office - Rome

Date: _____