**SURVEY OF CONDUCTING CLERKSHIP**

Field of study:

Year of study:

Place of conducting clerkship: …………………………………………………………………

Examples of answers: (5) Definitely yes

 (4) Rather yes

 (3) Hard to say

 (2) Rather no

 (1) Definitely no

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| L.p. |  | 5 | 4 | 3 | 2 | 1 |
| 1.  | Did you become acquainted with the rules and topography of the unit before you have started the clerkship? |  |  |  |  |  |
| 2.  | Do you think the time spent on clerkship was optimal used? |  |  |  |  |  |
| 3. | Has the supervisor started the clerkship punctually? |  |  |  |  |  |
| 4. | Have you received substantive help, and the supervisor conducting clerkship showed competence and commitment to the class and directly supervised the clerkship? |  |  |  |  |  |
| 5. | Did the knowledge gained during your medical studies was used during the clerkship? |  |  |  |  |  |
| 6.  | Have you observed the ethics and medical secrecy during conducting clerkship? |  |  |  |  |  |
| 7.  | Has your clerkship enabled you to perform the activities listed in the program outline for the clinical clerkship? |  |  |  |  |  |
| 8. | Is the number of clerkship hours sufficient? |  |  |  |  |  |
| 9. | According your opinion, does carry out this survey may improve the quality of education, and what extent? |  |  |  |  |  |
| 10. |  Do you think a way of conducting clerkship should change? If so, to what extent? YES □ NO □ |
| 11. | What has decided of choosing a place for clerkship? |