



St. Martinus University

Clinical Skills Assessment

Student Name: _____ Date: _____

Faculty Evaluator: _____

Patient Problem/Diagnosis: _____

Setting (Please choose one):
☐ Ambulatory ☐ In-patient ☐ Emergency Department ☐ Other

Patient: Age: _____ Gender: _____

Choose one numerical rating for each category below.

Ratings:	1 — 3 Unsatisfactory	4 — 6 Satisfactory	7 — 9 Superior
----------	----------------------	--------------------	----------------

1 Medical Interviewing Skills

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

2 Physical Examination Skills

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

3 Humanistic Qualities and Professionalism

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

4 Clinical Judgment and Reasoning

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

5 Communication Skills

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

6 Organization/Efficiency

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

7 Overall Clinical Competence

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Observed	1	2	3	4	5	6	7	8	9

Areas of strength

Areas for further improvement

Signature of Faculty Evaluator

Signature of Student