

Direct Observation of Clinical Skills (DOCS): **ORAL PRESENTATION**

TO BE COMPLETED BY STUDENT

Clerkship:

Date:

Student Name:

Evaluator Name:

Evaluator- Please select the choice that best describes physician who conducted the clinical observation: **(Circle one)**

Ward attending

Chief Resident

Teaching attending

Resident

Tutor

Clinical Setting- Please select the choice that best describes the setting where clinical observation took place: **(Circle one)**

Daily rounds

Tutor Session

Post-call rounds

Teaching Session

On-call

Other (please specify)

Satisfaction with Form - Please rate your overall satisfaction with use of this form:

(Circle one)

1

2

3

4

5

Not satisfied

Moderately satisfied

Extremely satisfied

Completed forms may be submitted in any of the following ways:

(1) Send in the self-addressed intramural envelope attached

(2) Fax to the attention of Dr. Yoon Kang at 746- 5981

(3) Place in the CIMA mailbox of either Dr. Charles Bardes or Dr. Yoon Kang located on HT-4.

