

المملكة العربية السعوديةKingdom of Saudi Arabia

 وزارة التعليمMinistry of Education

جامعة الحدود الشماليةNorthern Border University

 كلية الطبCollege of Medicine وحدة الامتياز Internship Unit

EVALUATION OF INTERNSHIP ROTATION

**STRICTLY CONFIDENTIAL**

Department

Date

Name (in Block Letters) Univ. No.

Date of Rotation: From HOSPITAL:

To

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Academic Qualities** | **Fail** |  **Poor** | **Average** | **Above****Average** | **Outstanding** |
| <6 | 6-<7 | 7-<8 | 8-<9 | 9-10 |
| 1. | General Medical Knowledge |  |  |  |  |  |
| 2. | History taking ability and skills inphysical examination. |  |  |  |  |  |
| 3. | Ability to diagnose & manageproblems. |  |  |  |  |  |
| 4. | Quality of progress notes (SOAP format ) And medical record maintenance. |  |  |  |  |  |
| 5. | Quality of case presentations and topic review |  |  |  |  |  |
| **B. Personal Qualities** |  |  |  |  |  |
| 1. | Character, behavior and relationwith patients and their relatives |  |  |  |  |  |
| 2. | Responsibilities & self-confidence. |  |  |  |  |  |
| 3. | Relating effectively to colleaguesand other medical personnel. |  |  |  |  |  |
| 4. | Attendance and punctuality |  |  |  |  |  |
| 5. | Ethics |  |  |  |  |  |
| **Grand Total Score** |  |

Leave of Absence if any: YES NO No. of Days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes: Approved Not approved Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Commpensation: Required Not Required

Notes: - In order to pass the rotation, the Intern should score a pass mark in each section separately. NUMERICAL GRADE: Assign a numerical mark as per the table below:

- Unsatisfactory (Fail) = < 60 -Satisfactory (Pass) = 60-<70

- Good = 70-<80 -Very Good = 80-<90

- Excellent = >90

In the case of failure or a poor assessment, the Department MUST provide a description of this Intern problem(s), and suggest the remedial action (s) required.

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Was this assessment based on discussion with other Consulting Staff: Yes No.

Junior Staff: Yes No.

Consultant in charge: ……………………………... Signature: ………………………………

----------------------------------------------------------------------------------------------------------------- Head of Department (Hospital) ……………………………... Signature: …………………… Internship supervisor ………………………………………… Signature: ……………………