

### MEDICAL INTERN EVALUATION FORM

Intern Name in Capital: ..... Rotation Name:.....

Hospital: ..... Date of Rotation:     /     /     To:     /     /

Type of Rotation:    Main ☐    Elective ☐

		Fail < 6	Pass 6 - < 7	Good 7 - < 8	Very Good 8 - < 9	Excellent 9 - 10
<b>A. Medical Knowledge</b>						
1	History-taking and physical exam skills					
2	Understand mechanisms of diseases and outlines of diagnosis and management					
3	Quality of writing medical-records and case presentations					
<b>B. Practice-based learning and improvement</b>						
4	Ability of self-evaluation and accepting feedback					
5	Effort to improve knowledge and skills					
<b>C. Interpersonal and Communication Skills</b>						
6	Keeping professional relations with senior staff, colleagues and other medical-staff					
7	Relations with patients and patient-family					
<b>D. Professionalism</b>						
8	Attendance and punctuality					
9	Respect and honesty					
10	Accountability and responsibility					
<b>Total Score:</b>		<b>Numerical Grade:</b>				

**Notes:**

- in order to pass the rotation, the intern should have a total score of 60% (pass) and **must also pass each item in the professionalism section separately.**
- in case of failure of an intern, reasons, justifications and feedback must be discussed with the intern prior to submission of this form.

Evaluating-Consultant Comments: .....

Was this assessment based on discussion with other consultant: ☐ Yes ☐ No

Other Staff: ☐ Yes ☐ No Specify:.....

Evaluating-Consultant Name: ..... Signature:.....

Site Co-ordinator Name (Outside SAU):..... Signature:.....

Rotation Co-ordinator Name: ..... Signature:.....

Intern's Signature: .....