

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
A. Medical Knowledge						
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. Practice-based learning and improvement						
4	Ability of self-evaluation and accepting feedback					
5	Effort to improve knowledge and skills					
C. Interpersonal and Communication Skills						
6	Keeping professional relations with senior staff, colleagues and other medical-staff					
7	Relations with patients and patient-family					
D. Professionalism						
8	Attendance and punctuality					
9	Respect and honesty					
10	Accountability and responsibility					
Total Score:				Numerical Grade:		

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: