

52 Medical Internship Policies and Procedures Manual

APPENDIX 1



MINISTRY OF HEALTH

INTERNSHIP ASSESSMENT FORM

(To be completed in duplicate)

NAME OF INTERN: .....

PERIOD UNDER REVIEW: .....

HOSPITAL: .....

SPECIALTY: .....

NAME OF CONSULTANT: .....

**QUALITY OF JOB PERFORMANCE**

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 5 | Consistently accurate based on sound medical principles |
| <input type="checkbox"/> | 4 | Usually efficient                                       |
| <input type="checkbox"/> | 3 | Consistently produces high quality of work              |
| <input type="checkbox"/> | 2 | Occasionally produces high quality of work              |
| <input type="checkbox"/> | 1 | Work requires constant checking. (Requires supervision) |

**QUALITY OF WORK**

- 5 Consistently exceeds what is expected.
- 4 Above average output.
- 3 Average of what is expected.
- 2 Below average output.  
(Just enough to complete assigned tasks)
- 1 Lack initiative / Not focused / Does not have a grasp of expectations / Not capable

**ORGANIZATION OF WORK**

- 5 Consistently performs efficiently under stress and is able to establish priorities
- 4 Usually performs efficiently under stress and is able to establish priorities
- 3 Meets minimum standards under stress, requires help.
- 2 Not able to set priorities and meet objectives.
- 1 Avoids dealing with problems, does not adjust to work pressures.

## **RELATIONSHIPS**

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 5 | Outstanding ability to get the maximum out of other members of team and of available resources. |
| <input type="checkbox"/> | 4 | Obtains good results from personnel.  |
| <input type="checkbox"/> | 3 | Is in control of ward problems and has no serious conflicts with other team members.            |
| <input type="checkbox"/> | 2 | Unable to motivate personnel and control work.  |
| <input type="checkbox"/> | 1 | Has serious conflicts with one or more team member.<br>Disrupts team functions.                 |
| <input type="checkbox"/> | 3 | Understands and interprets to others the importance of standard policies and procedures.        |
| <input type="checkbox"/> | 2 | Conforms to hospital and department policies in carrying out responsibilities.                  |
| <input type="checkbox"/> | 1 | Views policies and procedures as restrictive and binding.                                       |

**(ACTIONS INDICATE DISREGARD FOR AUTHORITY)**

## ATTITUDES

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 5 | Consistently arrives on or before time expected and promptly proceeds with responsibilities |
| <input type="checkbox"/> | 4 | Usually arrives on duty promptly.   |
| <input type="checkbox"/> | 3 | Usually arrives on duty promptly but awaits instructions to commence work.                  |
| <input type="checkbox"/> | 2 | Arrives late up to 30% of the time.   |
| <input type="checkbox"/> | 1 | Persistently arrives late.  |
|                          |   |   |
| <input type="checkbox"/> | 3 | Accepts constructive criticism and shows marked improvement.                                |
| <input type="checkbox"/> | 2 | Seems to accept constructive criticism but does not improve.                                |
| <input type="checkbox"/> | 1 | Resents constructive criticism.   |

**RESPONSIBILITY**

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | 5 | a) Assumes full responsibility of position.                          |
| <input type="checkbox"/> | 4 | b) Actively seeks out added responsibility.                          |
| <input type="checkbox"/> | 3 | c) Accepts but does not seeks to take on additional and assignments. |
| <input type="checkbox"/> | 2 | d) Requires constant supervision.                                    |
| <input type="checkbox"/> | 1 | e) Fails to accepts responsibilities assigned.                       |

**PERSONAL APPEARANCE**

- |                          |   |                                     |
|--------------------------|---|-------------------------------------|
| <input type="checkbox"/> | 4 | Exceptional in all aspects.         |
| <input type="checkbox"/> | 3 | Appropriate dress; adequate hygiene |
| <input type="checkbox"/> | 2 | Inappropriate in some respects.     |
| <input type="checkbox"/> | 1 | Inappropriate in dress, deportment  |

SCORE (40) MAXIMUM

STRENGTHS:.....  
.....

WEAKNESSES:  
.....  
.....

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GENERAL COMMENTS:

.....  
.....  
.....

SUPERVISOR'S COMMENTS/ RECOMMENDATIONS

.....  
.....  
.....  
.....

.....  
Intern's Signature

.....  
Date

.....  
Supervisor's Signature

.....  
Date

.....  
SMO's Signature

.....  
Date

.....  
Regional Technical  
Director's Signature

.....  
Date

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**MINISTRY OF HEALTH  
EVALUATION BY INTERNS OF THEIR ROTATIONS**

PLEASE COMPLETE IN DUPLICATE FOR EACH ROTATION PERIOD

PERIOD: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

HEAD OF FIRM: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

NAMES OF REGISTRARS: \_\_\_\_\_

CRITERIA	QUANTITY	QUALITY			
		POOR	FAIR	GOOD	EXCELLENT
Number of teaching ward/sessions per week by the consultant					
Number of rounds/sessions with registrar/week					
Approximate hours of teaching/week					
Number of teaching clinics/per week (where applicable)					
Other teaching sessions per week (CPU, Death Conference, Journal Club, etc.)					
Did the Registrar come when called?	<input type="checkbox"/> yes  <input type="checkbox"/> no	<b>COMMENTS</b>			

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CRITERIA	QUANTITY	COMMENTS
How long does the consultant spend on the wards?		
How often were you on duty per week?		
Approximate time off per week.		

Was an orientation conducted prior to starting your internship period? Yes  No

Would you be happy to work in this service in the future? Yes  No

Would you recommend this service as suitable for internship training? Yes  No

On the whole, would you say that the teaching and learning experience during this period has been  
 Poor  Satisfactory   
 Good  Excellent

RECOMMENDATIONS/COMMENTS

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DATE: \_\_\_\_\_

**PLEASE SUBMIT TO THE SENIOR MEDICAL OFFICER'S OFFICE FOR TRANSMITTAL TO DIRECTOR, HEALTH SERVICES PLANNING AND INTEGRATION DIVISION, MINISTRY OF HEALTH.**

2002/10/15