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

☐  5  Consistently accurate based on sound medical principles

☐  4  Usually efficient

☐  3  Consistently produces high quality of work

☐  2  Occasionally produces high quality of work

☐  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

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

*(ACTIONS INDICATE DISREGARD FOR AUTHORITY)*
## ATTITUDES

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Consistently arrives on or before time expected and promptly proceeds with responsibilities</td>
</tr>
<tr>
<td>4</td>
<td>Usually arrives on duty promptly.</td>
</tr>
<tr>
<td>3</td>
<td>Usually arrives on duty promptly but awaits instructions to commence work.</td>
</tr>
<tr>
<td>2</td>
<td>Arrives late up to 30% of the time.</td>
</tr>
<tr>
<td>1</td>
<td>Persistently arrives late.</td>
</tr>
<tr>
<td>3</td>
<td>Accepts constructive criticism and shows marked improvement.</td>
</tr>
<tr>
<td>2</td>
<td>Seems to accept constructive criticism but does not improve.</td>
</tr>
<tr>
<td>1</td>
<td>Resents constructive criticism.</td>
</tr>
</tbody>
</table>
RESPONSIBILITY

☐ 5  a) Assumes full responsibility of position.
☐ 4  b) Actively seeks out added responsibility.
☐ 3  c) Accepts but does not seek to take on additional assignments.
☐ 2  d) Requires constant supervision.
☐ 1  e) Fails to accept responsibilities assigned.

PERSONAL APPEARANCE

☐ 4  Exceptional in all aspects.
☐ 3  Appropriate dress; adequate hygiene
☐ 2  Inappropriate in some respects.
☐ 1  Inappropriate in dress, deportment

SCORE (40) MAXIMUM

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

WEAKNESSES:........................................................................................................
..................................................................................................................
GENERAL COMMENTS:
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

SUPERVISOR’S COMMENTS/ RECOMMENDATIONS
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………
………………………………………………………………………………………

Intern’s Signature
Date

Supervisor’s Signature
Date

SMO’s Signature
Date

Regional Technical Director’s Signature
Date
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:______________________________________

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>QUANTITY</th>
<th>QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POOR</td>
<td>FAIR</td>
</tr>
<tr>
<td></td>
<td>GOOD</td>
<td>EXCELLENT</td>
</tr>
<tr>
<td>Number of teaching ward/sessions per week by the consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of rounds/sessions with registrar/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate hours of teaching/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of teaching clinics/per week (where applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other teaching sessions per week (CPU, Death Conference, Journal Club, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the Registrar come when called? yes no

COMMENTS
### 58 Medical Internship Policies and Procedures Manual

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>QUANTITY</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long does the consultant spend on the wards?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often were you on duty per week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate time off per week.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

________________________________________________________________________

________________________________________________________________________

DATE: ____________________________

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**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