

INTERNSHIP EVALUATION FORM

Date of evaluation: DD ___ MM ___ YYYY: 20__

Institutional site of internship: _____

Week N° _____

Intern: _____

Evaluator: _____

	Evaluation form key													
	Unsatisfactory				Satisfactory				Above average					
	2.0	2.25	2.5	2.75	3.0	3.25	3.5	3.75	4.0	4.25	4.5	4.75	5.0	NA
Accurateness and thorough in clinical history and examination														
Efficient/effective use of time to complete tasks (Presenting clinical cases in a detailed, organized and coherent manner)														
Ability to make appropriate work related decisions, problem solving, critical thinking skills.														
Initiative and ability in surgical or/and minor procedures.														
Initiative and cooperation in research projects														
Understanding of ethical issues in medical field.														
Interpersonal relations/teamwork. Effectiveness in working with peers and supervisors														
Understanding of applicable standards and procedures.														
Other aspect for evaluation														

* NA = Not available

Strengths and areas of improvement _____

PROFESIONALISMO

Professionalism is a code of conduct which includes: Honesty, Integrity, Responsibility and Reliability, Punctuality, Respect for others, Altruism, Empathy, Commitment to competence and excellence, Self-assessment, Self-improvement and Respect for patients.

Does the student meet minimum competency in all areas of professionalism? Yes ___ No ___ Yes with concern ___

KNOWLEDGE AND MEDICAL SKILLS

Has the student reached a minimum of knowledge and medical skills?

Yes ___ Yes with concern ___ No ___

Specify if no or yes with concern _____

Student's signature _____

Evaluator signature _____

FOR EXCLUSIVE USE OF MEDICAL SCHOOL

THIS FORMAT MUST BE PROVIDED BY THE STUDENT TO THE TEACHER RESPONSIBLE AND AFTER EVALUATION AND SIGNATURES IT MUST BE SUBMITTED TO UNIVERSIDAD DE LOS ANDES MEDICAL SCHOOL ON REGULATORY DATES (Maximum 3 days after evaluation)