



UMM AL QURA UNIVERSITY Faculty of Applied Medical Sciences Department of Clinical Technology Respiratory Care Internship

INTERN EVALUATION (Supervisory Form-Confidential)

| Intern information | | | | |
|----------------------|-------------------|--|--|--|
| Intern Name | | | | |
| University ID | | | | |
| Mobile No | | | | |
| E-mail | | | | |
| Training information | | | | |
| Hospital | | | | |
| Date | From: / / To: / / | | | |
| Duration | | | | |
| Rotation department | | | | |
| Field Supervisor | | | | |
| Supervisor's Name | | | | |
| Title | | | | |

Instructions to Evaluator:

The internship evaluation form is consisting of two parts represented in the table below. First part is to assess general clinical skills and the second one is about discipline competencies. The columns indicate numerical grades (<60 to 100). Please indicate, by assigning a **numerical grade within one column**, the level of competence at which the intern performed in each category while on rotation in your department. If you think that a category is not applicable to your clinical situation, please mark "N/A". After that please indicate the total points by dividing the sum of all evaluated items by the number of items evaluated.





| Parameters | NA | Below average < 60 | Average 60-70 | Good 71- 80 | Very Good 81-90 | Excell ent 91- 100 |
|---|----|--------------------------|------------------|-------------------|-----------------------|-----------------------------|
| General Clinical Competences (Section I) | | | | | | |
| The intern was able to: | | | | | | |
| Adheres to hospital regulations and codes. | | | | | | |
| 2- Punctuality and initiative for work. | | | | | | |
| 3- Adhere to safety rules. | | | | | | |
| 4- Exhibit verbal communication skills. | | | | | | |
| 5- Work as a team member. | | | | | | |
| Discipline Competencies (Section II) | | | I | ı | | ı |
| 6- Level of awareness in respiratory therapy (theories, principles, and clinical skills). | | | | | | |
| 7- Capability of the intern to use background knowledge in respiratory therapy in Performing tasks. | | | | | | |
| 8- Ability to use scientific facts and skills as a basis for his/her performance and correlate clinical diagnosis. | | | | | | |
| 9- Desire of the intern to learn beyond the scop of daily, routine and prescribed work. | pe | | | | | |
| 10- Ability to solve therapeutic problems by suggesting alternative strategies. | | | | | | |
| 11- Ability to document effectively verbally and writing. | in | | | | | |
| Ability to organize, classify and deliver information effectively. | | | | | | |
| 13- Effective use of time to complete tasks and | | | | | | |
| workload management. | | | | | | |
| 14- Ability to work independently. | | | | | | |
| 15- Ability to work in a team effectively. | | | | | | |
| 16- Interest and respect towards new ideas and information | | | | | | |
| 17- Capability of using systematic processes in planning and organizing work. | | | | | | |
| 18- Ability to communicate well with health care team members and non-health care personnel. | 2 | | | | | |
| 19- Perceived ability to execute his/her responsibilities as a professional respiratory therapist after the training. | | | | | | |
| 20- Overall assessment of the intern's thoroughness and completeness of his/her performance. | | | | | | |
| Total= Sum of the upper limit of the evaluated items/ Number of items evaluated | | | | | | |





| | Excused | Unexcused |
|-----------------------|---------|-----------|
| Number of days absent | | |

| Additional Comments on Over-all Performance | |
|--|------|
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| | |
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| | |
| | |
| Intern Declaration | |
| Iinternship evaluation and I agree on the evalua | |
| Signature of the intern | Date |
| | |
| Supervisor's Name | |
| Signature of the supervisor | Date |
| | |

EVALUATION OF INTERN BY TRAINING SITE (Supervisor form- Confidential)