

Kingdom of Saudi Arabia  
Ministry of Education  
Umm Al Qura University  
Faculty of Applied Medical Sciences  
Vice Dean for Hospital Affairs  
**Physical Therapy Program**



# Physical Therapy Internship Booklet

Internship Booklet



Kingdom of Saudi Arabia  
Ministry of Education  
Umm Al-Qura University  
Faculty of Applied Medical Sciences  
Department of Physical Therapy



المملكة العربية السعودية  
وزارة التعليم  
جامعة أم القرى  
كلية العلوم الطبية التطبيقية  
قسم العلاج الطبيعي

# Physical Therapy Internship

<b>Intern Name</b>	
<b>University ID</b>	
<b>Training Year</b>	
<b>Training Hospital</b>	

## ***Preface***

Physical Therapy practice/internship is an integral part of the physical therapy program, which is designed to provide interns with an opportunity to integrate and apply previously acquired knowledge and technical skills in actual clinical settings.

This internship booklet is prepared with the intention to provide orientation to interns about various tasks to be performed and/or observed in different disciplines during one-year internship at the hospital. The ultimate goal is that interns may acquire necessary practical skills in performing various physical therapy procedures in different disciplines of physical therapy, which will be applied for assessment, and treatment of patients, which in turn will help to improve health care services.

The beginning of the booklet entails the description of physical therapy program stating its vision, mission, goals and objectives. Following this, rules and regulations of internship and general physical therapy safety procedures are stated which each intern has to follow in addition to the instructions issued by the training site.

The main contents of this booklet are the task list for each discipline which interns are expected to either perform or observe during the training.

It is essential to evaluate student's professional behavior and technical competencies that are expected to achieve on completion of his/her internship. The later part of the booklet contains samples of various forms, including supervisor evaluation form and student's feedback form.

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## INTERN INFORMATION

<b>Name</b>	<i>(Arabic):</i>
	<i>(English):</i>
<b>University ID</b>	
<b>National ID</b>	
<b>Mobile</b>	
<b>In case of emergency</b>	<b>Mobile No.</b>
	<b>Relation:</b>
<b>E-mail</b>	
<b>Address</b>	

## PHYSICAL THERAPY PROGRAM

### 1. Vision, Mission, Goals, Objectives and Values of the Program

#### 1.1. **Vision:**

To be a distinct and competent academic and research physical therapy program, nationally as well as regionally and recognized internationally, in the field of medical rehabilitation.

#### 1.2. **Mission:**

To provide a highly intellectual challenging physical therapy education, that is based on utilizing appropriate, modern and advanced methods of teaching and learning for providing knowledgeable, competent and skilled physical therapist, who will be able to apply new advanced methods of prevention, assessments and rehabilitation for different physical disabilities to meet the current and future society needs and advance the profession through excellence in research based on Islamic values and believes.

#### 1.3. **Goals:**

- To be a distinct and competent academic department.
- Provision of a highly intellectual challenging physical therapy education.
- Being a house of expertise, trusted by the surroundings for providing outstanding community services for society development.
- Being a center of excellence in the field of handicapped research recognized nationally, regionally and internationally.

#### 1.4. **Objectives:**

1. To graduate outstanding physiotherapist who is knowledgeable, skilled, and professional and demonstrates excellence in creative thinking, prevention and management of handicapped.
2. To prepare graduates for not only to perform their professional role in patient care, but also to provide

- leadership for the profession, contribute to the growth of the profession and health care needs of the society.
3. To engage in lifelong academic and professional development through self-assessment, reflection, education, and feedback from others.
  4. To provide physical therapy services for prevention, health promotion, and wellness to individuals, groups, and communities based on national and international standards of medical care to positively influence the health of the society.
  5. To demonstrate social and professional responsibility through mentoring, participation in professional and community organizations' activities, and provision of pro bono services and consultations.
  6. To serve the community by undertaking specialized projects which share in solving national health problems.
  7. To promote collaborative research activities with other national and international universities and physical therapy centers.
  8. To promote applied research and produce international publications in the field of physical therapy.

### **1.5. Values:**

#### **Physical Therapy program observes the following values:**

1. Commitment to high standard of professionalism and ethics commended by Islam
2. Lifelong learning
3. Commitment
4. Transparency
5. Justice
6. Credibility
7. Spirit of teamwork and foster a culture of collective action
8. Appreciation of differences
9. Leadership
10. Social responsibility
11. Caring, compassion, and empathy in providing services to patients

### **1. Program Description:**

The faculty of Applied Medical Sciences of Umm Al-Qura University offers the program leading to Bachelor degree

(B.Sc.) in Physical Therapy. The program provides students a strong foundation in the clinical, teaching, research and management domains.

The program comprises of eight semesters (complete four years) of full time study plus one year as a clinical training (internship), after which the degree of B.Sc. in Physical Therapy is awarded. A student undertaking this program must complete a total of 140 credit units which are distributed as 21 credit units of university requirements, 29 college requirements and 90 credit units' program requirements.

**2.1. The language of teaching:** English.

**2.2.** In addition, students are expected to develop certain academic skills which include essay and report writing, presentation skills and statistical analysis. These essential skills allow the students to complete two important parts of the program:

**2.3. The Research Project:** This 4 credit units' course is offered in the beginning of the fourth year (7<sup>th</sup> semester) and completed by the end of the 4<sup>th</sup> year (8<sup>th</sup> semester). The students are provided with a list of assessment and treatment equipments that help them to choose interesting topics after agreement with supervisors in the department. It is expected that the students will apply knowledge and skills learnt during this course, such as research methodology, data analysis and interpretation and presentation of research results during the experimental work of their research project. At the end of the course, students need to submit a thesis and give a seminar on their project and defend their work in discussion.

**2.4. The Internship:** This one full year professional training is offered to each intern in one of the general or specialized government hospitals. The training covers different wards or sections of the establishment in which students are enrolled. This allows them to have a wide and in-depth training in all the fields of physical therapy. Two supervisors are assigned to each intern; one from the university department and the other from the assigned hospital. At the end of internship year, intern needs to show satisfactory progress and professional development for successful completion of internship. The internship monitoring team of the program visits regularly every three months to the training sites and meet the students and their supervisors to discuss their progress and addresses issues, if any.



## INTERNSHIP SPECIFICS

### Introduction:

Internship is an integral part of the program in physical therapy and is designed to provide interns with an opportunity to integrate and apply previously acquired knowledge and technical skills in actual clinical settings. Under the guidance of experienced physical therapists and other qualified personnel and health professionals, interns will learn about effective use of physical therapy tools, measuring instruments, patient's assessment criteria, and therapeutic modalities including therapeutic exercise programs for different physical disabilities. They will also learn to prepare a comprehensive treatment plan and follow-up. Interns also gain an understanding of the roles and functions of physical therapists.

The internship provides applied learning experiences during which the intern should:

1. Acquire and practice physical therapy skills
2. Practice skills in problem-solving approach
3. Perform quality control procedures for all instruments and techniques
4. Learn and adapt new techniques
5. Operate and maintain various physical therapy machines and instruments
6. Apply safely and effective therapeutic modalities including therapeutic exercise programs
7. Create a suitable strategy in dealing with different physical disabilities
8. Understand the responsibilities, roles, and functions of physical therapist

The internship program is conducted in the affiliated hospital of the program, where interns learn by participating in the workload of a supervising physical therapist/specialist/consultant. Emphasis in each internship discipline is given on: a) assessment of patient for physical therapy, b) use of different techniques and instruments, c) writing report on the patient's physical status, and d) the establishment and use of programs for quality control and preventive maintenance of physical therapy instruments.

### **I. Internship eligibility criteria:**

Entry in an internship is allowed only after successful completion of all prerequisite courses of physical therapy programs specified.

## II. Internship duration:

The training period for the internship is one calendar year. It is offered in the 5<sup>th</sup> academic year of the program and begins two weeks after the final examination of 4<sup>th</sup> academic year. Internship is allowed within the Kingdom of Saudi Arabia.

## III. Internship disciplines:

During the internship period each intern takes training in physical therapy of different physical disabilities, e.g., orthopedics, neurology, pediatrics, sports injuries, intensive care unit (ICU), burn, internal medicine, geriatrics, surgery and woman's health. The schedule of training for each discipline is given in the forthcoming section.

The tasks (what intern may learn) for each discipline/area are listed in different sections. The intern will **"perform and/or observe"** the task, and therefore, should tick (√) the appropriate column for each task. Each task needs to be signed by the training supervisor. If any task is not applicable, then column should be marked as "N/A" (not applicable).

## IV. Internship rotations:

The internship program in physical therapy is divided into two training rotations; each rotation of 6 months in two different hospitals. An intern can be trained at one place, if all training areas are available in the same hospital after the approval of both, Vice Dean for Hospital Affairs as well as the person in-charge at the intended hospital. Interns are NOT allowed to change their training sites without prior permission of program internship coordinator and approval of Vice Dean for Hospital Affairs.

The major areas of training that each intern must undertake include the following:

- a. Physical therapy for orthopedic and sports injuries conditions (16 weeks).
- b. Physical therapy for neurological and pediatric conditions (16 weeks).
- c. Physical therapy for patients in ICU, burn, internal medicine, and geriatrics areas (16 weeks).

## **V. Interns' responsibilities:**

Each intern should have two booklets; a) internship policy and general regulations booklet and b) program specific internship booklet that contains the tasks for each discipline. Each intern must go through both booklets thoroughly.

Internship policy and general regulations booklet have the details of general policy and rules and regulations of the internship, including vacations that all interns have to follow. In program specific booklet each intern must complete the task list on a daily basis, which is to be signed by the immediate supervisor, if possible on a daily basis, otherwise on a weekly basis. All tasks given in the internship booklet will be reviewed by the internship monitoring team on their periodic visits to training sites. Interns must know that filling the task list carries 5 marks. Any intern not filling task list of the disciplines in which they are trained will either lose these marks or get less marks if they have filled partially.

### **During the internship period, interns have to demonstrate following responsibilities:**

1. All interns should produce the required vaccination document.
2. All interns should provide Basic Life Support (BLS) certification at the beginning of the internship. The guidance for obtaining BLS certification will be provided by the office of the Vice Dean for Hospital Affairs.
3. Perform training in accordance with physical therapy policies and procedures at each discipline.
4. All interns should comply with dress code specified by the training site.
5. Interns usually spend at least 8 hours daily, 5 days/week or follow the working hours of clinical site where he/she is being trained.
6. Interns must refrain from unsafe and unprofessional conduct.
7. Show professional behavior as physical therapy professionals.
8. Perform assigned work with responsibility.
9. Adhere with hospital rules and regulations.
10. Attempt to establish good working relationships with all personnel with whom they come in contact during the internship rotation.

## **VI. Internship supervision and monitoring:**

The supervision of interns is done at two levels; one by the hospital physical therapy training coordinator and other

by the program internship coordinator designated by the faculty for this purpose and report to the Vice Dean for Hospital Affairs. During training at the hospital, the intern is supervised on a daily basis by the physical therapy training supervisor for particular rotation.

The internship monitoring team visits the training sites regularly to meet the interns and their supervisors to discuss their progress and addresses issues, if any. However, urgent issues can be reported to the internship coordinator whenever is required. The monitoring team submits the report of each visit to program internship coordinator using a prescribed form (**Form #5**). A progress report on the internship is submitted by the program internship coordinator to the Vice Dean for Hospital Affairs on a quarterly basis.

## **VII. Interns' Evaluation:**

### **a. Evaluation of interns by physical therapy supervisors:**

Professional behavior and technical performance are evaluated using an evaluation form designed to reflect interns competencies that are expected to achieve on completion of their physical therapy internship. Evaluation by hospital physical therapy supervisors has 80% weightage.

This evaluation is organized into two parts: (1) general clinical competencies, i.e., affective behavior and attitude while at the rotation site and (2) discipline competencies, i.e., ability to demonstrate basic theoretical and practical and technical ability in performing various physical therapy procedures. Both parts are rated on percent competency, including assessment of activities that are in the normal course of physical therapy routine and that they would normally attend or participate in seminars/ lectures, in-service workshops, etc. The intern's evaluation criteria are given in Table-1.

At the end of training in a particular discipline of each rotation intern will be evaluated by his/her immediate supervisor using an evaluation form (**Form #1**) provided by the Faculty Internship Coordinator. The training supervisor or person in-charge will submit the evaluation form for each intern to physical therapy training coordinator or head of the department of the training site. A summary of internship evaluation (**Form #2**) will be prepared by the physical therapy training coordinator

and at the end of the internship period evaluation report of each intern will be submitted to Hospital Training and Education Office which will submit this report to the Vice Dean for Hospital Affairs of the Faculty.

**b. Evaluation of interns by program internship committee:**

The evaluation of interns by program internship committee has 20% weightage (20 marks). Each intern is evaluated by this committee using a prescribed form (**Form #3**). Each intern must fill this form at the end of the internship and submit to program internship committee for evaluation. This form has three sections:

- i. Attending and participating in scientific events:** such as conferences, workshops, symposia or any public health services meetings ensure continuing education. This section represents 10 marks of whole internship. An intern must attend at least three events during the internship year and attach copy of certificates when submitting the booklet at the end of the internship.
- ii. Commitment to fill the task list in internship booklet:** Intern's needs to fill assigned task list for each discipline in which he is trained and signed by the training supervisor as shown in internship booklet. This section carries 5 marks. The program internship committee will check this and assign marks. Any intern not filling the task list completely will lose these marks or get less mark.
- iii. Commitment to fill intern feedback form:** Filling intern feedback form (**Form #4**) at the end of each discipline of the internship is necessary and carries 5 marks. Any intern not filling the intern feedback form for the disciplines in which he/she is trained will either lose these marks or gets less mark if filled partially.

**Table 1: Intern's Evaluation criteria**

<b>To be evaluated by supervisor or person in-charge at the training site</b>	<b>25 marks</b>	<ul style="list-style-type: none"> <li>• To assess the intern's commitment to the rules of attendance/absence on the training site.</li> <li>• To assess the professional behavior and attitude of the intern.</li> </ul>
	<b>45 marks</b>	<ul style="list-style-type: none"> <li>• To assess intern performance and skills in clinical competencies, management of different situations, development of appropriate treatment plans and its implementation.</li> </ul>
	<b>10 marks</b>	<ul style="list-style-type: none"> <li>• To assess the intern's skills and activities related to clinical training for:               <ul style="list-style-type: none"> <li>○ <b>5 Marks:</b> Presentation, demonstrations, etc.</li> <li>○ <b>5 Marks:</b> Assignments, seminars, and case studies.</li> </ul> </li> </ul>
<b>To be evaluated by program internship committee of the faculty</b>	<b>20 marks</b>	<p><b>Distributed as follows:</b></p> <p style="text-align: center;">5 marks</p> <p>Filling tasks lists for each discipline in which training obtained.</p> <p style="text-align: center;">10 marks</p> <p>To attend and participate in local, regional, or international scientific meetings, symposia, conferences, or workshops, etc.</p> <p style="text-align: center;">5 marks</p> <p>Filling intern's feedback form for each discipline in which training obtained.</p>

**VIII. Evaluation of training rotations by interns:**

Interns' evaluation of rotation sites is a part of our reciprocal evaluation procedure. Interns must fill an intern feedback form (**Form #4**) at the end of training in each discipline which is placed immediately after the task list of each discipline. Interns must make sure that intern feedback form for all disciplines are filled in which they are trained.

**IX. Internship grading:**

Grades for physical therapy internship are calculated using Intern Evaluation Form (**Form #1 and #2**) and evaluation by program internship committee (**Form #3**). Percent/grades are determined based on the performance in each of the components. The final percentage out of 100 is worked out as follows: 80% weightage will be given to hospital physical therapy training evaluation and 20% weightage for program internship committee evaluation. The minimum of 60% is required for successful completion of internship. The percentage component of grades is then converted to letter grades. The university grading system is used to determine the grade (Table 2).

**Table 2: University grading system**

The percentage obtained	Grade	Letter Grade
95 to 100	Exceptional	A <sup>+</sup>
90 to 94	Excellent	A
85 to 89	Superior	B <sup>+</sup>
80 to 84	Very Good	B
75 to 79	Above Average	C <sup>+</sup>
70 to 74	Good	C
65 to 69	High pass	D <sup>+</sup>
60 to 64	Pass	D
Less than 60	Fail	F

**Note: All forms are available in the "Forms" section.**

**X. Award of internship certificate:**

After successful completion of training, intern should submit the "**internship booklet**" duly signed by the supervisors for each rotation to program internship coordinator. The intern will be granted a certificate by the Faculty after approval of physical therapy internship committee. The certificate will provide the overall grade obtained by the intern in the required disciplines well as % of the final marks and grade obtained in internship.

**Note: Any intern who fails to submit internship booklet will not be awarded the internship completion certificate.**

## AGREEMENT LETTER

**Dear Intern,**

Please read carefully Rules, Regulations and Guidelines stated for the internship year. Sign the statement below to ensure that you understood all contents of the internship and agree to adhere to the Rules, Regulations and Guidelines.

**I have read, understood, and agree to adhere to the Rules, Regulations and Guidelines stated in Physical Therapy Internship Booklet.**

Intern Name: \_\_\_\_\_

University ID No: \_\_\_\_\_

Signature: \_\_\_\_\_



**Umm Al-Qura University**  
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جامعة أم القرى  
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## PROPOSED TRAINING SCHEDULE

Internship Discipline	Number of Weeks
Orthopedic	12
Neurology	12
Pediatrics	5
Sports injuries	5
Cardiopulmonary	4
Geriatrics	2
Burns	2
ICU	2
Woman's Health	2
Surgical cases	2
<b>Total</b>	<b>48 Weeks</b>

### **NOTE:**

1. *The total period of internship should NOT be less than 48 weeks.*
2. *Interns should follow Hospital rules and regulations for Ramadan and Hajj holidays.*

## GENERAL PHYSICAL THERAPY SAFETY PROCEDURES AND RULES

All interns must read and understand the information in this document with regard to general safety and emergency procedures prior to the first physical therapy session. Interns must adhere to written and verbal safety instructions throughout the internship period. Although physical therapy instructor will provide safety information before the beginning of the internship, the following general safety guidelines will help you to work in a safe environment during the internship period.

	<b>Tasks</b>
	<b>General safety measures</b>
	Always wear the lab coat or scrub while working. After work, leave the lab coat in an assigned cabinet or area.
	Must wear personal protective equipment (masks, gloves or photo-protective glasses) when working with hazardous or photo-energy equipments like laser or ultraviolet.
	Gloves should be removed before handling telephones, computer keyboards, or any other physical modalities in case of dealing with infected patients.
	Eating, drinking, smoking and chewing gum are prohibited beside physical therapy equipments and in the treatment area.
	If equipment shows any problem while being used, report immediately to your supervisor. Never try to fix the problem yourself.
	Hands should be washed with soap and water after handling patients.
	CHECK for all connections, in particular for machines and electrodes.
	NEVER use connections or wires of the apparatus or electrodes with any damage or abrasions.
	ENSURE that the apparatus is earthed.
	To check that the machine controls are at zero.
	SWITCH intensity control to the standby position.
	Never apply any thermal modalities directly before applying a test for skin sensation.
	Inform your supervisor about any accidents or potential hazard.
	Follow standard safety precautions when using physical therapy equipments.

<b>Tasks</b>	
<b>Safety precautions for laser application</b>	
	NEVER look directly into a laser pointer or direct a laser pointer towards another person or in someone's eyes.
	Before turning on the laser pointer, always be SURE that it is pointed away from yourself and others.
	FOLLOW the same rules for direct reflections of laser light from reflective surfaces.
	All persons in the laser room should WEAR laser goggles.
	ENSURE that the laser beam is perpendicular to the treatment area all the time during the treatment.
<b>Safety precautions for magnetic therapy application</b>	
	ENSURE that there is no other source of electromagnetic devices at a range of 3 m <sup>2</sup> (EMG, SWD).
	ENSURE that there is no metal near the apparatus.
	ENSURE that the patient has no metals, jewelry, or have cardiac arrhythmias or pace maker.
	Check contraindication of any equipment prior to use for physical therapy modalities.
	CHECK connections of the machine and electrodes.
	NEVER use connections or wires of the apparatus or electrodes with any damage or abrasions.
	ENSURE that all buttons are at zero before application.
	NEVER increase intensity of the device before assuring that the electrodes are secured in their places.
<b>Safety precautions for shortwave diathermy application</b>	
	ENSURE that there is no metal or moisture within the area to be treated for example hairpins or jewelry.
	Adjust the position of electrodes within the covers, if using space plates.
	TEST that the machine is operating by placing your hand between the electrodes resonate the machine and feel that the heat is produced.
	INSTRUCT the patient not to move to avoid touching with any part of the machine.
	DO NOT touch or allow the patient to touch the machine if earth electrode is not connected
	WARN the patient that he/she will feel mild, comfortable, warmth and not more, or a burn could result.
	NEVER resonate the machine on the highest setting and ask the patient to describe any sensation of warmth felt.

<b>Tasks</b>	
<b>Safety precautions for shortwave diathermy application (continue)</b>	
	ENSURE that the skin is dry.
	NEVER apply short wave over clothing.
	CARE must be taken if short wave is to be given over bony prominences.
	TURN on the timer to the required treatment time as short-wave diathermy cannot be produced unless the timer is switched on.
	TURN the intensity control to the lowest intensity setting.
	NEVER resonate the machine on the highest setting and ask the patient to describe any sensation of warmth felt. The patient should feel only comfortable warmth.
	After the treatment time has elapsed; the timer automatically cuts off the patient circuit. RETURN the machine intensity control to zero and remove the applicators.
	ENSURE that there is no other source of electromagnetic devices at a range of 3m <sup>2</sup> (EMG, magnetic therapy).
<b>Safety precautions for ultrasound application</b>	
	TEST the apparatus and the head while operating by putting a small amount of water over the head and observe the presence of small bubbles that occurs on the head.
	CHECK for all connections. ENSURE that the coaxial cable is completely intact with no abrasions or cuts.
	APPLY a sufficient amount of conduction gel first to the target area.
	USE the sound head to evenly distribute the gel.
	SET the timer to the appropriate treatment duration.
	TURN the ultrasound unit ON by increasing the intensity to the required level (W/cm <sup>2</sup> ).
	ENSURE that the head is continuously moved during the application.
	KEEP your hands out of the water when using the underwater technique.
	After completion of treatment duration, remove the remaining gel from the patient's skin and the ultrasound head.

**Intern Name:** \_\_\_\_\_

**University ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Physical Therapy Training Coordinator:**  
**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Internship Guidelines for Physical Therapy Disciplines

## ORTHOPEDICS

Name of Hospital: \_\_\_\_\_ Section: **Orthopedics**  
 Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of orthopedic conditions during the internship period.

**Objectives:**

1. To demonstrate skills in physical therapy evaluation procedures for any type of orthopedic conditions.
2. To analyze and interpret the results of evaluation to record problems in order of priority.
3. To identify the etiology, pathophysiology, and clinical manifestations of common orthopedic, rheumatic, traumatic and surgical conditions that arise in orthopedics.
4. To demonstrate skills in the management of orthopedic patients, and the way to design a suitable care program for orthopedic conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A". Each task to be signed by the trainer during training of the trainee:

**A. Evaluation:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate orthopedic patients.			
2	Describe precisely the steps of history taking for different orthopedic cases.			
3	Interpret various orthopedic evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate appropriate treatment schedule for specific musculoskeletal disorders.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common disorders in orthopedics.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to the patients.			
5	List normal and abnormal responses to exercise.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly documents patient's information in writing.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to changing demands of a patient's status.			
6	Explain to the patient and his family as to how continue the treatment procedures at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Orthopedics**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_\_ to \_\_\_\_\_ (No of weeks) \_\_\_\_\_
4. Name(s) of the supervisor under whom you were trained:

\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable   **1**=Poor   **2**=Adequate   **3**=above average   **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## NEUROLOGY

Name of Hospital: \_\_\_\_\_ Section: **Neurology**

Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of functional activities occurred in the patients due to neurological disorders.

**Objectives:**

1. To describe and demonstrate skills in physical therapy evaluation procedures for any type of neurological conditions.
2. To analyze and interpret the results of evaluation to record the problems in order of priority.
3. To identify the etiology, pathophysiology, and clinical manifestations of common neurological, and neurosurgical conditions.
4. To demonstrate skills in the management of neurological patients and approach to design a suitable care program for neurological conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A". Each task to be signed by the trainer during training of the trainee:

**A. Evaluation:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate neurological patients.			
2	Describe precisely the steps of history taking for different neurological cases.			
3	Interpret various neurological evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate appropriate treatment schedules for specific motor, sensory, equilibrium and gait problems in different neurological conditions.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common disorders in neurology.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to the patients.			
5	List normal and abnormal responses to exercises for neurological patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly documents patient's written information.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify the original plan if it is not effective in response to changing demands of a patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Neurology**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_ to \_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (√) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable   **1**=Poor   **2**=Adequate   **3**=Above average   **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_



**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

1. Did you find a correlation between previously learned theories/ concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.

- Yes       No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## PEDIATRICS

Name of Hospital: \_\_\_\_\_ Section: **Pediatrics**  
 Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of pediatric disorders during the internship period.

**Objectives:**

1. To enable interns to deal with any case referred from the pediatrician.
2. To enable interns to apply basic manual skills necessary for evaluation of different physical therapy problems in children.
3. To design an optimal treatment plan for patients suffering from any pediatric disabilities.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A". Each task to be signed by the trainer during training of the trainee:

**A. Evaluation:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate pediatric patients.			
2	Describe precisely the steps of history taking for different pediatric cases.			
3	Use various assessment tools accurately.			
4	Prepare problem lists that appropriately meet patient's needs.			
5	Design an individualized rehabilitation program that fulfills the patients' requirements.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Use any type of managements such as: manual exercises, massage, and physical modalities to help the patient according to the treatment plan.			

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
3	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
4	Identify various physical therapy techniques, modalities and methods employed in the treatment of common disorders in pediatrics.			
6	Apply different physical therapy modalities accurately during patients' management.			
7	List normal and abnormal responses to exercises for pediatric patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly documents patient's information in writing.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to the changing demands of the patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Pediatrics**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (√) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

- Additions:** \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## INTERNAL MEDICINE

Name of Hospital: \_\_\_\_\_ Section: **Internal Medicine**  
 Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of pulmonary, cardiac and metabolic disorders during the internship period.

### Objectives:

1. To understand and recognize the importance of physical therapy management for pulmonary, cardiac and metabolic disorders and its surgeries.
2. To analyze and interpret results of evaluation to record the problems in order of priority.
3. To identify physiological basis, indications and contraindications for the use of different treatment modalities.
4. To choose and apply appropriate physical therapy techniques for patients suffering from pulmonary, cardiac or metabolic disorders for evaluation and treatment.
5. To demonstrate skills in arranging and organizing treatment programs for patients with pulmonary, cardiac and metabolic disorders with different clinical departments.
6. To modify the treatment plan as needed and re-arrange problems' solving priorities according to circumstances during treatment.
7. Demonstrate competence in the application of therapeutic modalities in safe and effective manner.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".  
 Each task to be signed by the trainer during training of the trainee:

### A. Evaluation:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Collect and integrate data from different sources, and have the ability to perform physical evaluations for common pulmonary, cardiac and metabolic cases.			
2	Describe the steps of history taking of these cases.			



	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
3	Interpret various evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Distinguish different signs and symptoms correlated with each pulmonary, cardiovascular and metabolic disorder.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Choose and apply appropriate physical therapy evaluation techniques for patients with pulmonary, cardiac and metabolic disorders.			
2	Analyze and interpret physical therapy evaluation reports and select proper "problem-solving" physical therapy procedures for each disorder.			
3	Design outlines for a reasonable treatment plan for each disorder.			
4	Distinguish different treatment protocols, and compare outcomes of each one for pulmonary, cardiac and metabolic disorder			
5	Analyze treatment outcomes in relation to the progress of the patient.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively both orally and in writing.			
2	Use available resources and facilities to cope with the case and situation demands.			
3	Participate effectively in the work of the health services team and prepare case study presentations.			
4	Have a sufficient background in statistics or mathematical information that will enable them in interpreting data and proposing solutions.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes in relation to progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to changing demands of a patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Internal Medicine**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:

\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

Yes       No

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**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

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**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## Geriatrics

Name of Hospital: \_\_\_\_\_ Section: **Geriatrics**  
 Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
 Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of common impairments, disabilities and handicaps of geriatric patients during the internship period.

### Objectives:

1. To describe and demonstrate skills in physical therapy evaluation procedures for any type of geriatrics conditions.
2. To analyze and interpret the results of evaluation to record the problems in order of priority.
3. To identify the etiology, pathophysiology, and clinical manifestations of common orthopedic, rheumatic, traumatic, surgical, neurological, and cardiovascular conditions that arise in geriatrics.
4. To demonstrate skills in management of geriatric patients and ways to design a suitable care program for particular geriatric conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".

Each task to be signed by the trainer during training of the trainee:

### A. Evaluation:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate high-risk geriatric patients.			
2	Describe the steps of history taking for different geriatrics cases.			
3	Interpret various geriatric evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate an appropriate treatment schedule for specific disorders associated with geriatric.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common disorders in geriatric.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to the patients.			
5	List normal and abnormal responses to exercises for geriatric patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly documents patient's information in writing.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to the changing demands of the patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Geriatrics**

1. Intern Name: \_\_\_\_\_

2. Hospital Name: \_\_\_\_\_

3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_

4. Name(s) of the supervisor under whom you were trained:

\_\_\_\_\_

\_\_\_\_\_

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**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes
- To some extent
- No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0=Not applicable    1=Poor    2=Adequate    3=Above average    4=Excellent**

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern’s learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns’ questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

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**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

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**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## SPORTS INJURIES

Name of Hospital: \_\_\_\_\_ Section: **Sports Injuries**

Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of sports injuries during the internship period.

### Objectives:

1. To describe and demonstrate skills in physical therapy evaluation procedures for different types of sports injuries.
2. To analyze and interpret results of evaluation to record the problems in order of priority.
3. To decide and create different treatment programs for the same sports injury problems.
4. To judge and apply suitable methods of rehabilitation for sports injuries, according to individual variations.
5. To demonstrate skills in the management of sports injuries and to design a suitable care program for these conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".

Each task to be signed by the trainer during training of the trainee:

### A. Evaluation:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate high-risk sports injury patients.			
2	Describe the steps of history taking for different sports injury cases.			
3	Interpret various sports injury evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate appropriate treatment schedules for specific sports injury.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common sports injuries.			
4	Use all the physical therapy apparatus in a perfect manner that provides maximum benefits to the patients.			
5	List normal and abnormal injury responses to exercises for sports injury patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly documents patient's information in writing.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to the changing demands of a patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_ **Section: Sports Injuries**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_



**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

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**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

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**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## BURNS

Name of Hospital: \_\_\_\_\_ Section: **Burns**

Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of different burn cases and their complications during the internship period.

### Objectives:

1. To describe the pathology associated with skin and soft tissue burns.
2. To examine patients with burns considering specific factors related to burn injury, such as burn etiology, burn depth, and burn size.
3. To determine the problem with burn patients, in acute stage, wound healing stage and rehabilitative stage.
4. To enable in dealing with different burns complications such as, infected wound and delayed wound healing, scars, body deformities and post burn neuropathy.
5. To set goals for each treatment, and develop a plan of care.
6. To select interventions for patients with burn injuries, including those directed at wound healing and rehabilitation management.
7. To select appropriate and applicable modalities of treatment, according to individual variations in burn cases.
8. To analyze treatment outcomes in relation to the pre-set goals to reach a decision about the progress of the burn case.
9. To modify treatment strategies to gain the best result.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".

Each task to be signed by the trainer during training of the trainee:

**A. Evaluation:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate burn patients.			
2	Describe the steps of history taking of burn cases.			
3	Interpret various burn evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate an appropriate treatment schedule for various problems, complications and disorders associated with burn in different stages.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common problems, complications and disorders associated with burn in different stages.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to the patients.			
5	List normal and abnormal burn patient's responses to different physical modalities and schedules.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Document patient's information in written.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to the changing demands of a patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP**  
**(Intern form)**

**Year:** \_\_\_\_\_

**Section: Burns**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed  
 Clear to some extent  
 Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training  
 Good training  
 Adequately planned training  
 Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.  
 Some of the responsibilities were above my ability to handle them.  
 The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes
- To some extent
- No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	The amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

- Additions:** \_\_\_\_\_
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_



## Intensive Care Unit

Name of Hospital: \_\_\_\_\_ Section: **Intensive Care Unit**

Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of the patients in the intensive care unit (ICU) during the internship period.

### Objectives:

1. To list common neurological, musculoskeletal, cardiovascular, chest, and metabolic conditions and related surgeries treated by physical therapists in the ICU.
2. To discuss and select appropriate evaluation techniques relating to these conditions.
3. To design various treatment modalities in relation to specific disorders.
4. To recognize and play effective role of physical therapy intervention with other ICU team members in the treatment of various related medical and surgeries conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".

Each task to be signed by the trainer during training of the trainee:

### A. Evaluation:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate high-risk ICU patients.			
2	Describe precisely the steps of history taking of different ICU patients.			
3	Interpret various ICU patients' evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate appropriate treatment schedules for specific medical or surgical conditions that need patient enrollment in the ICU.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to the patients taking into consideration that special need and precautions required in these cases.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of specific medical or surgical conditions.			
4	Use all ICU devices in perfect manner related to physical therapy, which provides maximum benefits to the patients.			
5	List normal and abnormal responses to exercises for critical care patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Properly document patient's information in written.			
3	Participate effectively in the work of the ICU team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discontinuation/termination of physical therapy services in the ICU.			
5	Modify original plan if it is not effective in response to the changing demands of a patient's status.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Intensive care unit**

1. Intern Name: \_\_\_\_\_

2. Hospital Name: \_\_\_\_\_

3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_

4. Name(s) of the supervisor under whom you were trained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed  
 Clear to some extent  
 Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training  
 Good training  
 Adequately planned training  
 Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.  
 Some of the responsibilities were above my ability to handle them.  
 The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes
- To some extent
- No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## WOMAN'S HEALTH

Name of Hospital: \_\_\_\_\_ Section: **Woman's Health**

Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of obstetrics and gynecology patients during the internship period.

**Objectives:**

1. To describe and demonstrate skills in physical therapy evaluation procedures for any type of obstetrics and gynecological conditions.
2. To analyze and interpret results of evaluation to record the problems in order of priority.
3. To decide and create different treatment programs for the same gynecological or obstetric problems.
4. To judge and apply suitable methods of rehabilitation for obstetrics and gynecology cases according to individual variations.
5. To demonstrate skills in the management of obstetrics and gynecology patients and designing of a suitable care program for these conditions.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A".

Each task to be signed by the trainer during training of the trainee:

**A. Evaluation:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used to evaluate high-risk obstetrics and gynecology patients.			
2	Describe the steps of history taking for different obstetrics and gynecology cases.			
3	Interpret various obstetrics and gynecology evaluation reports.			
4	Prepare complete and clear patient's physical problems list.			
5	Illustrate an appropriate treatment goal for specific obstetrics and gynecology disorders.			

**B. Treatment:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills in a perfect manner that provides maximum benefits to patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common disorders in obstetrics and gynecology.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to patients.			
5	List normal and abnormal responses to exercises for obstetrics and gynecology patients.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Document patient's information in written.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			



**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy service.			
5	Modify original plan if it is not effective in response to the changing demands of a patient's status.			
6	Explain to the patient and his family as to how treatment procedures to be continued at home.			
7	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP**  
**(Intern form)**

**Year:** \_\_\_\_\_

**Section: Woman's Health**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:

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**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed  
 Clear to some extent  
 Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training  
 Good training  
 Adequately planned training  
 Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.  
 Some of the responsibilities were above my ability to handle them.  
 The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes
- To some extent
- No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

- Additions:** \_\_\_\_\_
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

## SURGERY

Name of Hospital: \_\_\_\_\_ Section: **Surgery**  
Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_  
Rotation Period (from/to): \_\_\_\_\_

**Goal:** Interns need to acquire practical skills of physical therapy procedures for rehabilitation of postoperative problems during the internship period.

### Objectives:

1. To evaluate and recognize general surgery complications in relation to physical therapy.
2. To assess the nature of actual or potential postoperative complications in pre- and postoperative situations.
3. To design a proper individualized treatment program and schedule of treatment for surgical cases.
4. To correlate indications and contraindications for different surgical cases.
5. To use effectively physical therapy tools and measuring instruments in accordance with standard guidelines.
6. To use relevant evaluation and training equipment efficiently for surgical cases.
7. To apply appropriate physical therapy procedures as preventive tools and counseling measures for specific surgical cases.
8. To demonstrate ability in choosing and applying therapeutic exercises (resistive and ROM/stretching), soft tissue mobilization, physical agents, and functional mobility training.
9. To provide appropriate intervention for simple gait disorders, including selection of assistive device, gait pattern, and assistance.
10. To be able to explain to patient about the clinical decision and most appropriate treatment to be started with the concurrence of the surgeon.
11. To review the response to the treatment at every treatment session and to modify therapy, if required.
12. To prevent or treat common postoperative complications such as postoperative atelectasis, deep venous thrombosis, pressure sores, etc.
13. To regain fitness, improve muscle strength and postural balance, to improve mobility and restore walking skills, and to cope better with the pain and trauma associated with surgery.

**Tasks:** The intern will observe and/or perform the following procedures. If any task is not applicable, please mark "N/A". Each task to be signed by the trainer during training of the trainee:

### A. Evaluation:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Explain various methods and procedures used for pre and postoperative patients.			
2	Describe the steps of history taking of surgical cases.			
3	Interpret various surgical evaluation reports.			
4	Prepare a complete and clear patient's physical problem list.			
5	Illustrate appropriate treatment schedules for various problems, complications and disorders associated with different surgical cases.			

### B. Treatment:

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Apply all exercising skills as well as other modalities in a perfect manner that provides maximum benefits to patients.			
2	Manipulate effectively physical therapy tools and measuring instruments in accordance with standard guidelines.			
3	Identify various physical therapy techniques, modalities and methods employed in the treatment of common problems, complications and disorders associated with different surgical cases.			
4	Use all physical therapy apparatus in a perfect manner that provides maximum benefits to patients.			
5	List normal and abnormal surgical patient's responses to different physical modalities and programs.			

**C. Communication:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Communicate accurately, clearly, confidently, and effectively in writing and orally.			
2	Document patient's information in written.			
3	Participate effectively in the work of the health services team.			
4	Share importance of intern's role and role of other members of the health care team in patient's management and work appropriately as a member of this team.			
5	Appreciate relevance and importance of the ideas of others.			

**D. Follow Up:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	List the changes that result from physical therapy, including physiological, structural, behavioral and functional changes.			
2	Interpret various evaluation reports and modify appropriately original plan if it is not effective.			
3	Analyze treatment outcomes and interpret collected data to reach a decision about the progress of the patient.			
4	Mention criteria for discharge from physical therapy services.			
5	Modify original plan if it is not effective in response to the changing demands of a patient's status.			
7	Explain to the patient and his family as to how treatment procedures to be continued at home.			
8	Manage psychological and environmental changes of patient effectively as these affect the treatment outcomes and response to changing demands.			

**E. Quality control:**

	Tasks	Trainee (Tick appropriate column)		Trainer's signature
		Observe	Perform	
1	Participate in quality control procedures.			
2	Quality control of different manual techniques.			
3	Quality control of instruments.			

**Physical Therapy Training Coordinator:****Name:** \_\_\_\_\_**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP  
(Intern form)**

**Year:** \_\_\_\_\_

**Section: Surgery**

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_ to \_\_\_\_ (No of weeks) \_\_\_\_
4. Name(s) of the supervisor under whom you were trained:  
\_\_\_\_\_  
\_\_\_\_\_

**I. Overview:** Check (√) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes
- To some extent
- No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	The amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_
- 7. \_\_\_\_\_ 8. \_\_\_\_\_
- 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

- Additions:** \_\_\_\_\_
- 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

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**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

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**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

# FORMS





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

Form #1

**INTERN EVALUATION**  
**(Supervisor form-Confidential)**

Intern information	
Intern Name	
University ID	
Mobile No	
E-mail	
Training information	
Rotation Number	
Hospital	
Duration	<b>6 Months (24 weeks)</b>
Date	From:    /    /    To:    /    /
1. Orthopedics	( Weeks)
2. Neurology	( Weeks)
3. Pediatrics	( Weeks)
4. Internal medicine	( Weeks)
5. Geriatrics	( Weeks)
6. Sport injuries	( Weeks)
7. Burn	( Weeks)
8. Intensive care unit	( Weeks)
9. Woman's Health	( Weeks)
10. Surgery	( Weeks)
Field Supervisor	
Supervisor's Name	
Title	
Signature	
Date	

Parameters	Below average < 60	Average 60-70	Good 71-80	Very Good 81-90	Excellent 91-100
<b>I. General Clinical Competences</b>					
<b>The intern was able to:</b>					
1. Follow hospital regulations and codes.					
2. Punctuality and initiative to work.					
3. Adhere to safety rules.					
4. Exhibit verbal communication skills.					
5. Work as a team member.					
<b>TOTAL (of each column)</b>					
<b>GRAND TOTAL= SUM OF ALL COLUMNS</b>					
<b>AVERAGE OF SECTION I (Grand total/5)</b>					
<b>II. Discipline Competencies</b>					
1. Level of physical therapy knowledge in particular discipline.					
2. Ability to use scientific facts and skills to interpret and correlate clinical diagnosis.					
3. Ability to learn and apply new techniques willingly in physical therapy.					
4. Understand principles and use of techniques and methods appropriate for the tasks in various disciplines.					
5. Ability to organize, classify and deliver information effectively.					
6. Ability to solve therapeutic problems by suggesting alternative strategies.					
7. Effective use of time to complete tasks and work load management.					
8. Ability to work independently and alter activities according to the situation.					
9. Proper use of instruments and following safety precautions.					
10. Follow quality assurance procedures.					
<b>TOTAL (of each column)</b>					
<b>GRAND TOTAL= SUM OF ALL COLUMNS</b>					
<b>AVERAGE OF SECTION II (Grand total/10)</b>					
<b>AVERAGE SUM OF SECTIONS I + II/2</b>					
<b>FINAL % (out of 70)</b>					

**Instructions to Evaluator:** 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 student performed in each category while on rotation in your department. If you feel a category is not applicable to your clinical situation, please mark "N/A".

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

**(Section II)**  
**EVALUATION OF INTERN BY TRAINING AND FACULTY**  
**ACADEMIC SUPERVISORS**

**(Confidential)**

This part **MUST** be filled and signed by both field training supervisor and program internship coordinator (academic supervisor) at the end of each internship rotation, and submitted to program internship coordinator.

Score of this section represents 10% (10 marks) of the total internship score and subdivided as follows:

**5 Marks for:** Lecture presentation and demonstrations.

**5 Marks for:** Assignments, regular seminars, and case studies.

Skill	Subject	Date	Marks
<b>Total</b>			<b>/10</b>

Evaluator	Name	Signature	Date
<b>Field supervisor</b>			/ /
<b>Program internship coordinator</b>			/ /



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #2**  
**SUMMARY OF INTERNSHIP EVALUATION**  
**(Confidential)**

Intern Name: \_\_\_\_\_

Intern University ID: \_\_\_\_\_

Name of the Hospital: \_\_\_\_\_

No.	Clinical Discipline	Final Assessment Percentage (%)	
		Rotation 1	Rotation 2
1	Orthopedics		
2	Neurology		
3	Pediatrics		
4	Internal medicine		
5	Geriatrics		
6	Sport injuries		
7	Burn		
8	Intensive care unit		
9	Woman's Health		
10	Surgery		
	<b>Total %= sum of all %/10 or number of disciplines in which training obtained</b>		
	<b>Average % of both rotations (Out of 70%)</b>		
	Training and faculty academic supervisor's evaluation (Out of 10%)		
	Average % of both rotations (Out of 10%)		
	<b>Final % out of 80%</b>		

Remarks (if any): \_\_\_\_\_

Name of Physical Therapy Training Coordinator: \_\_\_\_\_

Signature of Physical Therapy Training Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_





**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**(Section III)**

**Form #3**

**EVALUATION OF INTERN BY PROGRAM  
INTERNSHIP COMMITTEE**

**(Confidential)**

Each intern is also evaluated by the program internship committee for his/her professional development and continued medical education on the basis of his/her participation or attendance in faculty/university scientific conferences, seminars and workshops.

This section represents 20% of the total internship evaluation. Each intern **MUST** fill this form and submit to program internship coordinator along with certificates of attendance and participation at the end of the internship period for the review of internship committee.

NO	TITLE OF EVENT	VENUE	DATE	Marks Obtained
<b>I</b>	<b>ATTENDANCE/PRESENTATION IN FACULTY/UNIVERSITY CONFERENCE: (10 MARKS)</b>			
1				
2				
3				
4				
5				
<b>II</b>	<b>COMMITMENT TO FILL TASKS FORMS IN INTERNSHIP BOOKLET</b>			<b>(5 MARKS)</b>
<b>III</b>	<b>COMMITMENT TO FILL STUDENT FEEDBACK FORM</b>			<b>(5 MARKS)</b>
<b>TOTAL MARKS (20)</b>				

**Members of Faculty Internship Committee:**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Score Calculation:**

Section	Rotation No.	1st	2nd	Average
<b>I</b>	Evaluation of field training	/70		
<b>II</b>	Evaluation by training and faculty academic supervisors	/10		
<b>III</b>	Evaluation by program internship committee	/20		
<b>Score</b>	<b>Total</b>	/100		

<b>Intern Name</b>		Please write letters grade corresponds to the final score (e.g. A+)
<b>Intern University ID</b>		
<b>Final score</b>		
<b>Letter Grade</b>		

**Approved by:**

Authorities	Name	Signature	Date
<b>Program Internship Coordinator</b>			/ /
<b>Head of the Department</b>			/ /
<b>Vice Dean for Hospital Affairs</b>			/ /



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #4**

**INTERN FEEDBACK OF INTERNSHIP**  
**(Intern form)**

**Year:** \_\_\_\_\_ **University ID:** \_\_\_\_\_

1. Intern Name: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_\_ to \_\_\_\_\_

1. Name(s) of the supervisor under whom you were trained:

\_\_\_\_\_  
\_\_\_\_\_

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**I. Overview:** Check (✓) explanation that most closely represents your evaluation of this section.

**1. Were intern responsibilities and privileges discussed with you?**

- Clearly discussed
- Clear to some extent
- Not clear

**2. What is your opinion about training for interns in this section?**

- Excellent training
- Good training
- Adequately planned training
- Poorly planned training

**3. Do you feel that the responsibilities given to you in this section were according to your abilities to handle them?**

- The responsibilities given to me were suited to my ability to handle them.
- Some of the responsibilities were above my ability to handle them.
- The responsibilities given to me were too limited and too narrow.

**4. Do you feel that you gained maximum benefits of the training in this section?**

- Yes  
 To some extent  
 No benefit

**II. Supervision and Instruction:** Please rate the section on each item below by **circling** the appropriate number on the rating scale. The rating scale is:

**0**=Not applicable    **1**=Poor    **2**=Adequate    **3**=Above average    **4**=Excellent

		Rating Scale				
<b>A</b>	Committed to the training program	0	1	2	3	4
<b>B</b>	Supervision of intern	0	1	2	3	4
<b>C</b>	Encouraging intern's learning	0	1	2	3	4
<b>D</b>	Amount of feedback given to the intern	0	1	2	3	4
<b>E</b>	Friendliness toward interns' questions	0	1	2	3	4

**III. Clinical Physical Therapy Experience:**

**1. List below the instruments/equipments you operated.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**2. List types of physical therapy special tests you observed but did not perform.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_  
 9. \_\_\_\_\_ 10. \_\_\_\_\_

**3. What additions/deletions or suggestions would you like to make for the training in this section? Please explain.**

**Additions:** \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Deletions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Suggestions:** \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**IV. Academic/Clinical Correlation:**

**1. Did you find a correlation between previously learned theories/concepts (at university) and their practical application during training in this section? If your answer is "no", please explain.**

- Yes       No

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**2. What recommendations would you like to make to correlate your learning theories/concepts (at university) with the practical experience during training in this section?**

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**V. Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department of Physical Therapy  
Physical Therapy Internship

**Form #5****INTERNSHIP MONITORING REPORT****Year:** \_\_\_\_\_1<sup>st</sup> Round  1<sup>st</sup> Visit  2<sup>nd</sup> Visit  3<sup>rd</sup> Visit 2<sup>nd</sup> Round**A: FEEDBACK FROM HOSPITAL COORDINATOR:**

Name of the Hospital: \_\_\_\_\_

Name of the Hospital Coordinator: \_\_\_\_\_

Students' Performance:	Excellent	Very Good	Good	Average	Below average
	90-100	81-90	71-80	60-70	<60
1. Follow hospital rules and regulations.					
2. Punctuality and initiative to work.					
3. Adhere to safety codes.					
4. Exhibit verbal communication skills.					
5. Work as a team member.					
<b>Problems with Students, if any.</b>					

**B: FEEDBACK FROM INTERNS:**

Student Experience:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1. The internship gives me a better understanding of concepts and skills.					
2. I am given level of responsibilities which is consistent with my abilities.					
3. My supervisor is available and accessible when I have questions.					
4. I have regular meetings with my supervisor and receive constructive feedback.					
5. Are you all using UQU internship booklet.	<b>Yes</b>		<b>No</b>		
6. <b>If yes</b> , does this booklet provide you useful guidance for internship?					
7. <b>If not</b> , please state the difficulties.					
<b>8. Any Suggestions:</b>					







## CONTACTS

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تصميم واخراج

