



Lesotho National Internship Program Evaluation Form

Rotation Site: _____

Rotation: _____ Dates: _____

Intern: _____

Upon completion of the rotation, each intern is to be evaluated by the rotation director, with input from other clinical supervisors, using the following scale:

5	Superior for level of training
4	Above expected for level of training
3	Appropriate for level of training
2	Below expected for level of training
1	Unacceptable for level of training

In order to pass the rotation, the intern must average a 3 or above.

1	Patient Care	1	2	3	4	5
	Gathered accurate, essential information from all sources					
	Made informed decisions about preventive, diagnostic, and therapeutic options					
	Made interventions based on clinical judgment, scientific evidence, and patient preference					
	Developed effective patient management plans and integration of patient care					
2	Medical Knowledge					
	Evaluated and effectively treated patients					
	Presented patients' medical issues in a concise, organized, problem-based format					
	Executed a care plan for a variety of illnesses that required hospitalization					
	Interpreted a wide variety of medical tests					
3	Clinical Skills					
	Performed a wide variety of appropriate procedures					
	Completed procedure log					
4	Professionalism					
	Demonstrated respect and compassion for patients, families, hospital staff, and colleagues					
	Demonstrated appropriate communication skills with patients, families, and staff members					
	Adhered to principles of confidentiality, academic integrity, and					

	informed consent					
	Completed all shifts and calls assigned in a timely fashion					

OVERALL SCORE (taking the average from 14 items above) = _____

I, _____ (*rotation director name*) certify that this

intern, _____ (*intern name*),

has (**PASSED / FAILED**) (*circle one*) their rotation at Motebang Hospital in the area of

_____.

ADDITIONAL COMMENTS:

Rotation Director Signature

Date