





NO	Competency	Fail <1	Pass 1 - <2	Good 2 - <3	V. Good 3 - <4	Excellent 5
<b>C. Professionalism and Leadership:</b> The intern as a professional and leader						
12.	<b>Professionalism:</b> Demonstrate ethical behaviors and professional values towards patients and the profession					
13.	<b>Teamwork:</b> Respect the roles and expertise of other healthcare professionals and works effectively as a member or leader of the inter-professional team					
14.	<b>Clinical Responsibility:</b> Take increasing responsibility for patient care while recognizing their own limitation of expertise and seek help when needed					
15.	<b>Reliability and accountability:</b> Take responsibility for decision-making and determines when to intervene in clinical care of patient and when to consult with attending physician					
16.	<b>Communication &amp; relationships with patients &amp; family:</b> Communicate effectively with patients and putting them at ease. Sensitivity to patient's feelings and/or needs, compassion, respect & comfort w/interactions					
17.	<b>Communication &amp; relationships with health care team:</b> Communicate clearly and effectively with senior staff, colleagues and other medical staff					
18.	<b>Professional Attributes:</b> Attendance, punctuality, commitment, motivation and dependability					
19.	<b>Self-education:</b> Demonstrate reflective practice & seeks opportunities for on-the-job learning & teaching of others					
20.	<b>Overall:</b> Accept constructive feedback and put efforts in improving knowledge and skills					
<b>Total Score:</b>		<b>Numerical Grade:</b>				

**Notes:**

- In order to pass the rotation, the intern should have a total score of 60% (pass). Also, **MUST pass each item in the professionalism section and honesty and integrity separately.**
- In case of failure, documentation is required (reasons / justifications) and must be discussed with the intern prior to submission of this form.
- **Do you have any concerns about honesty and integrity of the intern?** YES NO

**If yes, please mention your concerns below:**

Evaluating Consultant comments:

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Was this assessment based on discussion with:

Other consultants:  Yes  No

Other staff:  Yes  No

Specify: .....

Evaluating Consultant Name:..... Signature: .....

Intern's Signature: .....

Date:.....

مكتب الامتياز