

# EVALUATION OF INTERN



## CONTACT DETAILS OF INTERN

Name of Intern:.....

Postal Address:.....

.....

Telephone numbers: .....

E-mail: .....

BKS:.....

ID NUMBER:.....

## CONTACT DETAILS OF SUPERVISOR

Name of supervisor:.....

Practice name/institute:.....

Physical Address.....

.....

.....

Telephone

numbers(w).....cel:.....

E-mail: .....

BK (HPCSA) Registration Number:.....

Practice Number:.....

Year of practice accreditation:.....

Number of Interns appointed:.....

## GENERAL INFORMATION

Period of completed internship months at (date):

First evaluation..... Second evaluation.....

A copy of the completed evaluation form must be handed to the Intern by the supervisor.

## CODES FOR EVALUATION

Please indicate with X

3 – Good

2 – Average

1 – Poor

The following divisions serve as guidelines for the evaluation of the capabilities and knowledge of the intern in the practice:

**AREAS OF EVALUATION**

• **Facility / Equipment Utilization**

Evaluation dates						
	1	2	3	1	2	3
Equipment maintenance						
Lay out of equipment						
Space utilization						
Cleanliness/ appearance						
Handling of equipment, storage & safety						

Recommendations:.....  
 .....

• **Administrative Competence**

Evaluation dates						
	1	2	3	1	2	3
Compilation of Patient Records						
Filing and Record Keeping						
Computer Proficiency						
Report Compilation and Writing						
Oral Communication Skills						
Practice Management						

Recommendations:.....  
 .....

• **Basic Knowledge**

Evaluation dates						
	1	2	3	1	2	3
Safety Precautions / Emergency Plan						
First Aid						
CPR						
Pharmacological agents						
Special populations						
Applied anatomy & physiology						

Recommendations:.....  
 .....

• **Ethics & Conduct**

Evaluation dates						
	1	2	3	1	2	3
Ethical Code						
Patient Interaction						
Collegial Relationships						
Privacy						
Professionalism						
Punctuality						
Dress Code						

Recommendations:.....  
 .....

**EXPERIENCE**

• **Preventative Medicine – Group Counseling**

Evaluation dates	Recommen- dations			Total
Education on cardiac risk factors	50			
Education on orthopaedic risk factors	50			
Other health awareness talks	50			

Recommendations:.....  
 .....

• **Evaluation & Testing**

Evaluation dates	Recommen- dations	Eval 1	Eval 2	Total
Screening for contra-indications for exercise	25			
Screening for coronary risk factors	15			
Obese individuals	15			
Ankle/foot	5			
Knee	5			
Hip	3			
Back	5			
Shoulder	3			
Hand/arm	3			
Neck	2			
Anthropometry (including % body fat)	15			
Special populations				

Recommendations:.....  
 .....

• **Exercise Program Prescription**

Evaluation dates	Recommendations	Eval 1	Eval 2	Total
Healthy individuals	25			
Coronary risk patients (at least 1 primary risk factor)	15			
Patients with documented coronary blood vessel illness	15			
Obese individuals	15			
Patients with other chronic medical condition	15			
Ankle/foot	5			
Knee	5			
Hip	5			
Back	5			
Shoulder	7			
Hand/arm	3			
Neck	2			
Special populations				

Recommendations:.....

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• **Final Recommendation**

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**First Evaluation:**

**Second Evaluation:**

Date:.....

Date:.....

.....

Signature: Supervisor

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Signature: Supervisor

.....

Signature: Intern

.....

Signature: Intern

**PLEASE MAKE COPIES FOR YOUR OWN RECORD AND POST IT TOGETHER WITH THE OTHER REGISTRATION DOCUMENTS FOR REGISTRATION WITH THE HPCSA ONCE INTERNSHIP IS COMPLETED  
P.O. BOX 39051  
GARSFONTEIN EAST  
0060**