

REPUBLIC OF SOUTH SUDAN

SOUTH SUDAN GENERAL MEDICAL COUNCIL GENERAL MEDICAL COUNCIL PROVISIONAL ORDER, 2014

Internship Assessment Form Medicine/Dentistry

РНОТО	Surname
	First Name
	Second Name
	Internship Registration No
	Internship Centre
	Discipline
	Period of Rotation, From To To

GRADE: A - Very Good B - Good C - Satisfactory D - Unsatisfactory

N/B: Where the grading shall be for scale **D** above, the Supervisor shall be required to give reasons for the said finding and make recommendations in the best interest of the intern and the public at large.

	GRADE	REMARKS
I. KNOWLEDGE		
Basic Sciences		
Theoretical Knowledge in the Discipline		
 Participation in CPD(Continuous Professional Development) 		
II. CLINICAL SKILLS		
History Taking		
Clinical examination		
Interpretation of laboratory Data and X-Ray findings		
Patient notes		



> Use of drugs		
Patient Manag	gement	
III. PROFESSIONA	L CONDUCT	
(a) To patients		
(b) To seniors, collea health workers	agues and other	
(c) To public		
(d) Punctuality & av	ailability	
A) OVERALL ASSES	SMENT BY THE SUPERVISO	OR .
•		Reg. No
	Date	-
B) RECOMMENDATION	ONS BY THE INTERN COOR	DINATOR
Name	Qualification	Reg. No
Signature	Date	
-	TOR/MEDICAL SUPERINTEI	
discipline specified ab		in full-time training employment in the on II of Cap 253 and is hereby recommended/icable)



QUALIFICATIONS	REG. NO:
NAME	SSGMC REGISTRATION No
DESIGNATION	
Signature	Date
Official Stamp	