



College of Medicine Intern Evaluation form

Name of the Intern:

Rotation name:

Intern ID:

Department :

Hospital :

Date of rotation :

To :

Supervisor's name:

Questions

These questions are designed to help the interns to learn more about whether this particular experience was be valuable to them. Please answer these questions honestly and thoughtfully.

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
I had a good assimilation/orientation at the start of the internship					
I received thorough information on the duties and expectations at the start of my internship					
A mentor/supervisor was assigned to me to oversee my work and was always available to answer questions					
The overall quality of supervision was sufficient					
As a result of this rotation, I have a better understanding of concepts, theories					
Aspects of this rotation helped bridge the gap between theory and application and improved my clinical skills					
The work environment was positive and motivating					
There were ample opportunities for learning.					
I made good networking contacts with other staff					
This experience gave me a realistic preview of this career field.					
I was given adequate training or explanation of projects.					
I was provided levels of responsibility consistent with my ability and was given additional responsibility as my experience increased.					
This rotation was challenging and practical					
I feel that I am better prepared to enter the world of work after this experience.					
I would recommend this rotation to fellow interns					

1. Please include any other comments or information you feel would be helpful.

مكتب الامتياز

الرقم: التاريخ:/...../١٤..... هـ المشفوعات: