Intern Assessment Audit Form

1. ID____________________

2. Year of MBBS Graduation
   2003  3  2005  5
   2004  4  2006  6

3. Date of Birth __/__/____

4. Hospital Intern Assessment Report Date: __/__/____

3. Hospital at which Intern Year undertaken:
   Royal Adelaide Hospital 1  Modbury Hospital 4
   Lyell McEwin Hospital  2  Flinders Medical Centre 5
   The Queen Elizabeth Hospital 3

4. Assessment of Intern: 1 High competency – 5 Low competency  0=missing information
   a) Clinical Assessment/ Presentation
   b) Clinical Judgement/ Problem Solving
   c) Ongoing Management
   d) Documentation
   e) Physician/Patient Interactions
   f) Interactions with Senior Colleagues
   g) Interaction with Peers And Colleagues in other Disciplines
   h) Interaction with Nurses & Ancillary Staff
   i) Ethics and Integrity
   j) Professional Skills
   k) Overall Appraisal
   l) Theoretical Knowledge:
   m) Learning Initiative
   n) Technical Competencies
   o) Organisation and Time Management Skills
5. Appropriate level of competence achieved: Yes 1 No 0

6. Progress towards registration:
   Satisfactory 1 Borderline 2 Unsatisfactory 3

7. General Comments Yes 1 No 0
   TXT
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

8. Intern Comments Yes 1 No 0
   TXT
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________