

MBBS Graduate Outcomes Evaluation



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	_____	i) Ethics and Integrity	_____
b) Clinical Judgement/ Problem Solving	_____	j) Professional Skills	_____
c) Ongoing Management	_____	k) Overall Appraisal	_____
d) Documentation	_____	l) Theoretical Knowledge:	_____
e) Physician/Patient Interactions	_____	m) Learning Initiative	_____
f) Interactions with Senior Colleagues	_____	n) Technical Competencies	_____
g) Interaction with Peers And Colleagues in other Disciplines	_____	o) Organisation and Time Management Skills	_____
h) Interaction with Nurses & Ancillary Staff	_____		

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
