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**STRUCTURED FORM FOR FOREIGN TRAINED INTERNS**

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NAME OF INTERN:..... QUALIFICATIONS:.....

PERIOD COVERED BY REPORT: From ..... To.....

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REPORT FROM DEPARTMENT OF:..... DATE.....

NAME:

POSITION:

SIGNATURE:

**Instructions**

- This assessment form is to be completed after 3, 6, 9 and 12 months of internship period.
- Please ensure that all the interns being assessed have familiarised themselves with a blank assessment form. This should take place at the beginning of the work period so that they are aware of all the aspects that will be assessed.
- On the basis of your observation of this JRMO, please use the assessment form to comment on his/her capabilities in relation to each of the areas listed. Please also indicate the basis upon which you have reached your judgement.
- Where 'D' grading is given for any part of the assessment, detail the reasons on the space provided overleaf.

Note: Evaluation Symbols: A= Excellent, B=Good, C= Satisfactory, D=Unsatisfactory

### PROFESSIONAL SKILLS

|                                     |                      |
|-------------------------------------|----------------------|
| (1) History taking                  | <input type="text"/> |
| (2) Clinical examination            | <input type="text"/> |
|                                     | <input type="text"/> |
| (3) Diagnostic ability              | <input type="text"/> |
| (4) Use of Laboratory and Radiology | <input type="text"/> |
| (5) Continuing Patient Care         | <input type="text"/> |
| (6) Therapeutic Ability             | <input type="text"/> |
| (7) Technical Ability               | <input type="text"/> |
| (8) Reliability                     | <input type="text"/> |

### PROFESSIONAL KNOWLEDGE

|   |                      |
|---|----------------------|
| (1) Theoretical Knowledge                 | <input type="text"/> |
| (2) Attendance at Post Graduate education | <input type="text"/> |
| (C) <b>OTHER</b>                          |                      |
| (1) Relationship with patients            | <input type="text"/> |
| (2) Relationship with colleagues          | <input type="text"/> |
| (3) Relationship with Nursing Staff       | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| (D) FINAL EVALUATION |                      |
| Excellent            | <input type="text"/> |
| Good                 | <input type="text"/> |
| Satisfactory         | <input type="text"/> |
| Unsatisfactory       | <input type="text"/> |

|                                    |
|------------------------------------|
| (E) Registrable/ Not registrable * |
| (*delete as necessary)             |

### COMMENTS

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