

Appendix 10: Health Rehabilitation Internship Program

Health Rehabilitation Internship Program Behavioural / Performance Periodic Evaluation (Hospital)

#	ITEM	Observed by Hospital Preceptor				
		5 Excellent	4 Very Good	3 Good	2 Average	1 Below Average
I. Patient/ Client Management						
1	Safely examines a patient/client using valid and reliable measures whenever available.					
2	Establishes a diagnosis and prognosis for physical therapy, identifies risks of care, and makes appropriate clinical decisions.					
3	Establishes and monitors a plan of care in consultation, cooperation and collaboration with the patient/client and other involved health care team members.					
4	Provides intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.					
5	Discharges the patient/client from physical therapy services when expected outcomes have been achieved or discontinues treatment when the patient/client is unable to continue to progress toward goals.					
II. Health Teaching						
6	Educates patients/clients, family, and caregivers in assuring optimal patient care outcomes.					
7	Uses relevant and effective teaching methods.					
III. Professionalism						
8	Observes neatness in appearance and follows hospital dress code in performing duties.					
9	Follows the hospital's time schedule for work and break hours and completes given assignment on time.					
10	Displays an understanding of and compliance with all regulations governing the practice in his/ her assigned area.					
11	Demonstrates knowledge and works to accommodate health disparities for individuals and the community at large.					
IV. Communication and Documentation						
12	Communicates and coordinates all aspects of patient/client management.					
13	Ensures that information is both sought and communicated promptly and clearly with clients, caregivers and professional colleagues.					
14	Ensures that the content of documentation is accurate, complete, legible and finalized in a timely manner.					
15	Guarantees that documentation is stored securely at all times in accordance with legal requirements for privacy and confidentiality of personal health information.					

	V. Attitude					
16	Accepts work assignments.					
17	Displays cooperative behavior.					
18	Forms a professional relationship with patients/clients, colleagues and other members of the health care team.					
	VI. Personal Competence					
19	Displays ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS /20	100				
	FINAL %					

Evaluator's Name: _____

Signature: _____

Appendix11: Health Rehabilitation Internship Program

Health Rehabilitation Internship Program Behavioural / Performance Periodic Evaluation (Hospital)

Name of Hospital: _____
Student Name: _____ University ID: _____
Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please evaluate the level of competence at which the student performed in each category while on rotation in your laboratory by assigning a **numerical grade within one column**. If you feel a category is not applicable to your clinical situation, please mark "N/A". Add additional lacking categories in our form as you deemed necessary for evaluation.

OVERALL PERFORMANCE:

Grade: _____

If unsatisfactory, what recommendations would you like to make?

Repeat the training for whole rotation period Repeat _____ tasks for _____ weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Note: Please could you send the evaluation to: iams@su.edu.sa

**Appendix12: Summary of Health Rehabilitation Internship
Evaluation Form**

S. No.	Clinical Discipline	Final Evaluation	
		Percentage (%)	Grade
1	Outpatient (Gym- Electrotherapy- Hydrotherapy-Special Technique)		
2	Inpatient (Traumatology)		
3	Orthopedic Surgery Intensive Care Unit Neurological Disorders Cardiopulmonary		
4	Pediatrics (Orthopedics Neurological Disorders)		
5	Elective Area		
6	Elective Area		
7	Educational Activity (Research in the special training area)		
	Total percentage (%)= sum of all %/7		
	Final grade		

Remarks (if any):

Name of Training Coordinator: _____

Signature of Training Coordinator: _____ **Date:** _____

Note: Please could you send the evaluation to: iams@su.edu

Appendix 11: Presentation Evaluation Sheet

Student's name:

Topic Name:

Date: / /

Items	Total mark	Student mark	Comment
A. Content			
1. Cover is complete	1		
2. Organized: Typed and written according to acceptable font type and size, format and page setup.	1		
3. Complete content: covering all outline about assigned topic.	2		
4. References: recent, written correctly, minimum of 5 references (three of them are textbook)	1		
B. Presentation			
1. Oriented efficiently by all items of topic	1		
2. Voice is audible and tone is changeable	1		
3. Attitude of self- confidence & Interact with his/her colleagues.	1		
4. Managing time	1		
5. Provide a summary for point of presentation	1		
Total degree	10		

Supervisor name.....

Signature.....