

Appendix 4: Nursing Internship Program

Nursing 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. Direct Patient Care						
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
II. Health Teaching						
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
III. Professionalism						
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
IV. Communication and Documentation						
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					
V. Attitude						
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
VI. Personal Competence						
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %		100				

Evaluator's Name: _____

Signature: _____

Date: _____

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

Appendix 5: Nursing Internship Program

Nursing 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

Appendix 6: Summary of Nursing Internship Evaluation Form

S. No.	Clinical Discipline	Final Evaluation	
		Percentage (%)	Grade
1	Orientation		
2	Medical ward		
3	Medical clinics		
4	Nursing Management		
5	Surgical ward		
6	Surgical clinics		
7	Paediatric ward		
8	Paediatric clinics + PICU		
9	Obstetric ward		
10	Obstetric clinics		
11	Psychiatric Clinics		
12	ICU		
13	Operating room		
14	Dialysis		
15	Emergency		
16	Nursery + NICU		
17	Delivery Room		
18	Endoscopy		
19	Elective Area(1)		
20	Elective Area(2)		
21	Educational Activity (Research in the special training area)		
	Total percentage (%)= sum of all %/20		
	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.sa