



COLLEGE OF MEDICINE SHAQRA UNIVERSITY

Medical Intern Feedback FORM

Intern Name: _____ I.D #: _____

INFORMATION ABOUT THE HOSPITAL WHERE THE ROTATION IS CARRIED OUT

Hospital Name: _____

Rotation: _____

Place An X in box of the number that best reflects your level of agreement/disagreement with each of the following statements 1 = srtrongly agree ; 5 = strongly disagree

A : Personal achievement					
I achieved my learning goals and skills during my rotation	1	2	3	4	5
Through my duties, I received training in a professional/ field related to my studies	1	2	3	4	5
experienced some of the realities of working in the profession/field	1	2	3	4	5
I successfully completed my assigned responsibilities and duties	1	2	3	4	5
B : Work Environment:					
Clarity of organizational structure	1	2	3	4	5
Access to necessary materials and /or equipment	1	2	3	4	5
Collegiality/friendliness of the employee	1	2	3	4	5
Attitude of respect for interns	1	2	3	4	5
C: Support and Feedback:					
From your supervisor	1	2	3	4	5
From other employees with whom you interacted	1	2	3	4	5
D: Interaction with others:					
Opportunity to a team project contribute					
Questions were encouraged and answered					
5 Access to one or more supervisors					

Additional comments :

Interns signature: _____

To be returned to:

Internship unit

Fax:

Cell: