PROGRESS REPORT 2

SLMC COPY

Name with initials: …… SLMC provisional Reg. No: .....

1st Appointment – From…… To …….

Name of the consultant: …… Specialty:……

Grading evaluation [First three month of first appointment]
0=very poor, 1=poor, 2=average, 3=good, 4=very good

	1-3 Month	4-6 Month	Remarks/ Comments
1. Clinical history, physical examination and documentation*			
2. Management of health related problems and emergencies*			
3. Ward procedures and administration*			
4. Practical skills*			
5. Ethics and attitudes*			

1. Includes taking a required case history, thorough physical examination and their entry in the B.H.T. in sufficient detail, developing a clinical summary e.g. description of injuries which may be required for medico-legal purposes, writing daily status, instructions of superiors, operation notes, etc.
2. Includes diagnosis, requesting relevant investigations and prescribing treatment.
3. Includes writing diagnosis cards, transfer forms, notifications, issuing medical certificates and death declarations, requesting temporary leave for a patient, permission to perform pathological post-mortems, diagnosis of illness on discharge, cause of death, medico-legal procedures: requesting inquests, cases to be referred to the Police /JMO, whether a patient is smelling of or under the influence of alcohol.
4. Includes performance of venepuncture, arterial puncture, paracentesis, lumber puncture, endotrachial intubation and CPR, catheterization of bladder, suturing and dressing of wounds, IV infusion, blood grouping, cross matching and transfusion, assisting at major surgery, performing minor surgery under supervision and labour room procedures.
5. Includes punctuality, dress code, interpersonal relationships, communication with patients and relations, code of ethical and professional conduct, patient empathy, willingness to learn/work, awareness of limitations, participation in academic and social activities
6. Additional comments on the back of this page
7. Received my evaluation certificate. ……..
   Intern's Signature

……	……	……	……
Name of the Consultant/Acting consultant	Seal	Signature	Date
……..	……..	……..	…….
Head of institution	Seal	Signature	Date

Reporting commendable events:

Reporting adverse issues (specify details) and remedial actions: