

INAYA MEDICAL COLLEGE
DEPARTMENT OF DENTAL HEALTHCARE
INTERNSHIP TRAINING SCHEDULE

	SECTION/AREA OF TRAINING	DURATION	TOTAL	DATE OF TRAINING	COMMENTS
1	Introduction to dental clinics		2 WEEKS		
	History taking	2 WEEKS			
2	Fluoride application	2 WEEKS	5 WEEKS		
	Pits and fissure sealants	3 WEEKS			
3	Treatment planning & alginate impression taking	2 WEEKS	10 WEEKS		
	Identify Different periodontal disease	1WEEK			
	Manual Scaling and polishing	7 WEEKS			
4	Dental radiology		5 WEEKS		
	Taking X-ray	2 WEEKS			
	Developing and reading X-ray	2 WEEKS			
	Take X-ray on patient	1 WEEKS			
5	Ultra-sonic scaling		5 WEEKS		
	Scaling and polishing				
6	Sterilization		2 WEEKS		
	How to use an autoclave and sterilize instruments				
7	Final revision		3 WEEKS		
	Case evaluation				
	Group discussions				
	Case presentation				
	Final evaluation				
	Certificate presentation ceremony				
	TOTAL :		32 WEEKS		
	TOTAL:		48 WEEKS		

KINGDOM OF SAUDI ARABIA
INAYA MEDICAL COLLEGE



DEPARTMENT OF DENTAL HEALTHCARE

INTERN EVALUATION FORM

INAYA MEDICAL COLLEGE
DEPARTMENT OF DENTAL HEALTHCARE

Intern Evaluation Form

Name of Intern:

Training Institution: Unit:

Type of Assignment: Date: From To

Preceptors at training institution:

Name of Faculty Supervisor:

Directions:

The following items display the behavioral outcomes expected of the intern at the completion of each of his/her training sessions. The ratings are based on performance requirements. If an item is not applicable, please print N/A (Not Applicable). It is expected that any qualifying comments or examples concerning *poor* or *excellent* performance would accompany the corresponding rating in the "Remarks" column.

Evaluation Form

Performance of Items	Poor	Good	Very good	Excellent	Remarks
<p><i>Knowledge of work & working Abilities:</i></p> <ol style="list-style-type: none"> 1. To what extent does the intern demonstrate capability of using scientific facts and skills as a basis of his/her performance? 2. To what extent does he/she demonstrate a desire to learn more than just routine aspects of the prescribed work? 3. To what extent does the intern adjust to new work methods and conditions? 4. How effective is has the intern been in planning and organizing his/her work? 5. How effective does the intern communicate in speech and writing? 6. To what extent does the intern accept the maximum responsibilities for his/her work and volunteer for new assignments? 7. How effective has the intern been in establishing working relationship with others. 8. To what extent is the intern receptive to new ideas and information. 					

Comments:

Evaluation Form (Cont'd)

Performance of Items	Poor	Good	Very good	Excellent	Remarks
<p><i>Quality & Quantity of Work:</i></p> <ol style="list-style-type: none"> 1. To what extent has the quality of his/her work matched the responsibilities given? 2. How efficient is the intern as to thoroughness and completeness of his/her work? 3. How successful has he/she been in meeting the requirements with respect to the amount of work within the time allotted? 4. <i>Define in quantity (list) work done:</i> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 					

Comments:

Evaluation Form (Cont'd)

Performance of Items	Poor	Good	Very good	Excellent	Remarks
<p><i>General performance</i></p> <ol style="list-style-type: none"> 1. To what extent has the intern been punctual and complying with working hours of the institution? 2. How effective has the intern been in following departmental policies and procedures. 3. How effective were the intern's attitudes towards other members of the healthcare team and patients? 4. After finishing this training how well do you think the intern will be able to execute his/her responsibilities 5. Over-all performance evaluation 					

Comments:

Signature of the preceptor..... Date.....