**INAYA MEDICAL COLLEGE**

**Emergency Medical Services and Critical Care Departement**



Internship log book

**كلية العناية للعلوم الطبية**

**قسم الطوارئ الطبية والعناية المركزة**

**طالبات**

**INTERNSHIP LOG BOOK**

**Personal Information**

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| ................................................................... | Name  |
| ................................................................... | College I.D |
| .................................................................... | Date of Starting Internship  |
| .................................................................... | Hospital  |

**Notice for Starting Internship**

**On The Day**: - / / 201

**Student: -**................................................................................................

has started his field training in………………………………………...hospital

for total period of one year (five) Days a week (eight) hours per day according to the Department schedule and these shifts could be on any day of the week and at any period (day shift - evening shift - night shift) according to the work need and the prepared schedule.

 **Internship Completion Notice**

**On the Day: -** / / 201

**Student: -** .......................................................................................

has finished his internship in ………………………………...hospital.

for one year (five) Days a week (eight) hours per day according to the attached evaluation.

**Internship Guide**

**What is internship?**

The paramedic internship training is a supervised twelve months’ clinical rotations schedule in which the paramedic student will visit and participate under direct supervision in patient care at off-campus clinical facilities.

**Internship Goals:**

The goals of an internship are:

1. To become familiar with the rules and scope of his profession.
2. To apply the knowledge and skills learned during your studies.
3. To become familiar with the daily operations of an Emergency Medical Services agency and hospital.

During the internship experience, the paramedic intern, under the direct supervision of the preceptor/ physician, is to observe, practice and demonstrate the skills learned in the classroom on a variety of patients in the pre hospital and hospital setting.

**The Duration of the Internship:**

Total period of one year (five) Days a week (eight) hours per day according to the Department schedule and these shifts could be on any day of the week and at any period (day shift - evening shift - night shift) according to the work need and the prepared schedule.

**How to use the log book?**

* **This logbook will help to record your experiences and achievements on this placement. It is required to be filled in completely:**
1. Write your name and other requested information in the appropriate place.
2. Fill all the requested fields at the start of each rotation.
3. Register any activity immediately after finishing to avoid loss of any case – related information.
4. Get the supervisor’s signature for all procedures that you have done or participated in.
5. Add any procedure which is not included in the appropriate section.
6. Attach a copy of the certificate of attendance of any academic activity that you have attended.
7. Give your log book to the supervisor at least one week before end of your rotation to write his report and collect your log book from your supervisor after he finishes his report.
8. Keep your log book tidy and clean throughout the internship year.
9. Log books should be presented to internship unit along with evaluations at the end of internship year
10. Documentation; ***Each student must complete logbook that include:***
11. Patient assessment sheet.
12. Skills Sheet.
13. Preceptor evaluation form at the end of each hospital department rotation.

**Internship rotation plan:**

* **A minimum of 8 hours of documented, on-duty field internship time is required for successful completion for a period of 12 Months Distributed as follow:**

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| **Sr.** | **Department** | **Duration (Months)** |
| **1.** | Emergency Department (ER). | **6** |
| **2.** | General Surgery Department (Operations). | **1** |
| **3.** | Obstetrics and Gynecology Department | **1** |
| **4.** | Intensive Care Unit (ICU). | **4** |

**Clinical Objectives of the internship:**

* **Patient Assessment/Management - Medical:**
1. Scene size up.
2. Primary Assessment (survey).
3. History Taking and Secondary assessment. (including detailed physical examination)
4. Reassessment.
5. Ongoing assessment.
* **Patient Assessment/Management – Trauma:**
1. Scene size up.
2. Primary Assessment /Resuscitation and immediate interventions.
3. History Taking.
4. Secondary assessment.
5. Vital signs.
6. Other assessments/interventions. (based on secondary assessment finding)
7. Reassessment.
8. Ongoing assessment.
* **Patient Assessment /Management – Obstetric Case:**
1. Obtains a history relevant to the pregnancy.
2. Assessment. (Usual assessment e.g. vital signs, plus assessment of signs of imminent labour).
3. Prepares for and Conduct Normal delivery.
4. Care for the newborn.
* **Skills to be mastered:**

|  |  |  |
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| **No.** | **Skill** | **Skill Name**  |
| 1 | **Vital Signs and assessment** | Pulse  |
| Blood Pressure  |
| Temperature  |
| Capillary Refill time  |
| R.R  |
| Pulse oximetry  |
| Pupil examination |
| AVPU and GCS |
| RBG |
| Medical patient assessment  |
| Trauma patient assessment  |
| 2 | **Access** | I.V cannulation |
| Intraosseous access  |
| 3 | **Airway** | Head tilt and chin lift  |
| Jaw thrust |
| Suction  |
| Direct laryngoscopy  |
| Laryngeal mask airway insertion  |
| Nasopharyngeal airway insertion  |
| Oropharyngeal airway insertion |
| Endotracheal intubation  |
| Rapid sequence intubation  |
| 4 | **Respiratory and ventilation** | Bag and Mask ventilation  |
| Emergency chest decompression , needle cannula , suspected pneumothorax  |
| Oxygen therapy |
| 5 | **Cardiac** | 12 lead ECG acquisition  |
| Cardioversion |
| Static Cardiology  |
| Dynamic Cardiology  |
| Defibrillation  |
| ACLS Care  |
| 6 | **Obstetric and Neonatology**  | Management of normal labour  |
| Cord Clamping  |
| APGAR score  |
| 7 | **Trauma** | Bleeding control and arterial tourniquet  |
| Extrication  |
| Lifting , moving and SMRD  |
| ITLS care  |
| Bandaging and Splinting  |
| Nasal Pack  |
| 8 | **Drug administration** | Oral  |
| Intramuscular  |
| Intranasal  |
| Intraosseous  |
| Intravenous  |
| Inhalation  |
| Subcutaneous  |
| Nasogastric tube insertion |
| Sublingual  |
| Infusion Pump |
| 9  | **Others**  | Urinary catheterization  |
| Stoma Care  |
| Tracheostomy care  |

**Patient Assessment Sheet**

1. Patient Assessment Sheets **MUST Be** Filled by Each Student in-full and signed by their training supervisor as They go through Clinical Rotation.
2. Scanned copies of the filled sheets should be sent monthly to your internship Supervisor.
3. At least two cases records should be taken and sent per month, different cases should be sent, no duplicate cases will be accepted.
4. 2 samples of patient assessment sheets are included one for the hospital setting (A), and the other is for red crescent.
5. Duplicate the sheets as much as required to reach the required number of cases and attach them to the log book.

**Patient Assessment Sheet- A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Department**  | **Age** | **Sex** | **Date** | **Time** |
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| --- | --- |
| **Evaluation and Treatment** | **Comments** |
| **Scene Size Up** |
| Scene safety |  |
| Body substance Isolation |  |
| Number of patient  |  |
| Nature of illness |  |
| Need for additional resources  |  |
| Cervical spine stabilization  |  |
| **Primary survey/resuscitation** |
| 1. **Primary survey**
 |
| General appearance |  |
| Conscious level /responsiveness |  |
| Determines chief complaint. |  |
| Airway |  |
| Breathing  |  |
| Circulation  |  |
| Disability  |  |
| Transport Decision  |  |
| 1. **Resuscitation/immediate intervention**
 |
| Patient positioning  |  |
| Airway Maneuvers  |  |
| SPO2 and Oxygen supplementation  |  |
| Cardiac monitoring  |  |
| I.V |  |
| CPR/Defibrillation  |  |
| **Base line Vital signs**  |
| Blood pressure |  |
| Pulse |  |
| Respirations |  |
| SpO2 |  |
| Pain – if appropriate |  |
| **Secondary assessment and history Taking**  |
| 1. **History Taking**
 |
| **Symptoms (OPQRST/ SAMPLE)** |  |
| --Onset |  |
| --Provocation |  |
| --Quality |  |
| --Radiation/ region |  |
| --Severity |  |
| --Timing |  |
| Symptoms  |  |
| Allergies |  |
| Medications |  |
| Past pertinent Medical History |  |
| Last meal |  |
| Events leading to incident |  |
| 1. **Vital Signs (2nd )**
 |
| Blood pressure |  |
| Temperature  |  |
| Pulse |  |
| Respirations |  |
| SpO2 |  |
| Pupil  |  |
| 1. **Detailed Head to toe Physical / Focused Examination**
 |
| Head |  |
| Neck |  |
| Chest  |  |
| Heart  |  |
| Abdomen |  |
| Pelvis |  |
| Back/Spine |  |
| Extremities |  |
| **Affected system detailed examination :** |
| ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| 1. **Field Impression :**
 |
| High or low priority / Receiving facility? |  |
| Transport decision re-evaluated. |  |
| **Ongoing assessment / Further interventions** |
|  Repeat Primary survey  |  |
| Vital signs  |  |
| Evaluates response to treatments  |  |
| Repeats secondary assessment regarding patient complaint or injuries |  |
| Utilizes proper diagnostic tools e.g. ECG, glucometer, capnography  |  |
| Performs appropriate treatment at the correct time – IVs, oxygenation/ventilation, medication administration |  |

* Comments: ……………………………………………………………………………………………………………………………………………………………...

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**Receptor signature:**

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**Section 2**

**Clinical skills**

The given Skills in this section is to be performed by each student

All fields must be filled

Proficiency level should be determined by the instructor supervising the students.

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Finding**  | **Proficiency level** | **Signature of the supervisor** |
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1. **Pulse:**

**→ Proficiency level:** P: poor, A: average, G: good, E: excellent

1. **Blood pressure:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Finding**  | **Proficiency level** | **Signature of the supervisor** |
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 **→ Proficiency level:** P: poor, A: average, G: good, E: excellent

1. **Temperature:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Finding**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent

1. **Capillary Refill Time:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Finding**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Respiratory Rate:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Finding**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Pulse oximetry and oxygen saturation interpretation:**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **Finding** | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Pupil examination:**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **Finding** | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **AVPU and GCS Calculation:**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **AVPU**  | **GCS** | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Random Blood Glucose measurement and interpretation (Hypo/Hyperglycemia):**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **Value**  | **Interpretation** | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Medical Patient Assessment (Both Adult and Pediatrics):**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **Complaint/Brief History**  | **Physical Finding**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Medical Patient Assessment (Both Adult and Pediatrics):**

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| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **MOI/Brief History** | **Physical Finding** | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Head Tilt and Chin lift:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Jaw Thrust:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Suction:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Direct laryngoscopy:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Laryngeal mask airway insertion:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level: P:** poor, A: average, G: good, E: excellent.

1. **Nasopharyngeal airway insertion:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level: P:** poor, A: average, G: good, E: excellent.

1. **Oropharyngeal airway insertion:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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**→ Proficiency level: P: poor, A: average, G: good, E: excellent.**

1. **Endotracheal intubation:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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| 1. **Rapid sequence intubation**
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→ **Proficiency level:** P: poor, A: average, G: good, E: excellent.

1. **Bag and Mask Ventilation:**

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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 → Proficiency level: P: poor, A: average, G: good, E: excellent.

1. **Oxygen therapy:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.** | **Name of the patient** | **Age** | **Diagnosis** | **SPO2** | **Method of o2 delivery●** | **Proficiency level** | **Signature of the supervisor** |
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 ● e.g. Face Mask, Nasal Cannula

1. **Needle decompression (Tension Pneumothorax):**

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| **S.** | **Name of the patient**  | **Age**  | **Etiology**  | **Physical Finding**  | **Proficiency level** | **Signature**  |
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| 1. **Lifting , moving and SMRD**
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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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1. Cardiac Arrest cases, CPR, ACLS cases:

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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1. Bandaging and Splinting:

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| **S.** | **Name of the patient**  | **Age**  | **Diagnosis**  | **Proficiency level** | **Signature of the supervisor** |
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1. Bleeding Control and Tourniquet:

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| **S.** | **Name of the patient**  | **Age**  | **Source of bleeding**  | **Blood pressure and pulse**  | **Proficiency level** | **Signature of the supervisor** |
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1. Drug Administration (Oral, Intramuscular, Intranasal, Intraosseous, Intravenous and Inhalation).

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| --- | --- | --- | --- | --- | --- | --- | --- |
| S. | Age | Name | Diagnosis | Route | Drug Used | Proficiency | Signature |
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Preceptor Evaluation Form

* Copy of the evaluation forum should be filled and scored at the end of each hospital rotation.
* Scoring system:

|  |  |
| --- | --- |
| Evaluation | Scored points |
| Poor | 1 point |
| Average | 2 points |
| Good | 3 points |
| Excellent | 4 points |

* Overall evaluation of the students:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. | Department | Preceptor signature  | Score |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |



**INAYA MEDICAL COLLEGE**

Hospital Rotation - Preceptor Evaluation Form

Shift - Morning/Evening/Night

Excellent

Good

Average

Poor

1

2

Patient Communication

3

Interaction with Hospital Staff

Interaction with Class Mates

4

Procedures performed as per the

objectives of the rotation

5

**Motivation and Commitment**

Professional demeanor

Documentation

**Writing Skills**

**Criteria**

Date:

**Psychomotor Skills**

Team Work

**Interpersonal Skills**

Case Presentation

Motivation

Attendance

Punctuality

**Verbal Skills**

Hospital:

ID No.

Name of the student:

**OVERALL SCORE FOR THE ROTATION:**

(Average of Objective and Subjective Scores)

***COMMENTS BY THE PRECEPTOR:***

1. **Strengths:**
* …………………………………………………………………………..
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* …………………………………………………………………………..
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1. **Areas to Improve:**
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Preceptor’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

***STUDENT COMMENTS:***

………………………………………………………………………………………………………………………………………………………………………………

(The student is encouraged to comment on this evaluation and the remarks included by the preceptor.)



**INAYA MEDICAL COLLEGE**

Hospital Rotation - Preceptor Evaluation Form

Shift - Morning/Evening/Night

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**Criteria**

Date:

**Psychomotor Skills**

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Case Presentation

Motivation

Attendance

Punctuality

**Verbal Skills**

Hospital:

ID No.

Name of the student:

**OVERALL SCORE FOR THE ROTATION:**

(Average of Objective and Subjective Scores)

***COMMENTS BY THE PRECEPTOR:***

1. **Strengths:**
* …………………………………………………………………………..
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1. **Areas to Improve:**
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Preceptor’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

***STUDENT COMMENTS:***

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Hospital:

ID No.

Name of the student:

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(Average of Objective and Subjective Scores)

***COMMENTS BY THE PRECEPTOR:***

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1. **Areas to Improve:**
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Preceptor’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

***STUDENT COMMENTS:***

………………………………………………………………………………………………………………………………………………………………………………

(The student is encouraged to comment on this evaluation and the remarks included by the preceptor.)



**INAYA MEDICAL COLLEGE**

Hospital Rotation - Preceptor Evaluation Form

Shift - Morning/Evening/Night

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Good

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Hospital:

ID No.

Name of the student:

**OVERALL SCORE FOR THE ROTATION:**

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***COMMENTS BY THE PRECEPTOR:***

1. **Strengths:**
* …………………………………………………………………………..
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1. **Areas to Improve:**
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Preceptor’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

***STUDENT COMMENTS:***

………………………………………………………………………………………………………………………………………………………………………………

(The student is encouraged to comment on this evaluation and the remarks included by the preceptor.)



 كلية العناية الطبية

 Inaya Medical College

Clinical Training & Internship Unit

وحدة التدريب الإكلينيكي و الإمتياز

ـــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــــ

**إقرار و تعهد**

أتعهد أنا الطالبة (الأخصائية تحت التدريب) :

تخصص :

1- ألتزم بمواعيد التدريب المحددة من قِبل القسم التابع له بمركز التدريب, و توقيع الحضور و الإنصراف في الكشف الخاص بي و في حال تجاوز غيابي النسبة المحددة بلائحة التدريب سوف يتم إيقاف تدريبي بالمركز و أتحمل تكلفة التدريب على نفقتي الخاصة .

2- أتعهد بأنه ليس لي الحق في المطالبة بتغيير أماكن التدريب بعد بداية التدريب .

3- ألتزم بقضاء فترة التدريب بمركز التدريب دون إنقطاع و إلا لن يتم إستلام مشهد التدريب من الجهة المختصة .

4- ألتزم بالزي المعمول به في مركز التدريب .

5- ألتزم بالانظمة و اللوائح الداخلية بمركز التدريب مع الحق للمركز بإيقاف تدريبي في حال مخالفتي الأنظمة و اللوائح المعمول بها، و أتحمل تكلفة تدريبي على نفقتي الخاصة .

6- في حالة عدم إلتزامي بأي بند من البنود المشار إليها سوف اتحمل كافة المسؤولية و ما يترتب عليه من إجراءات.
7- بالنسبة لطلاب العلوم الإشعاعية و تقنية الطب النووي، أتعهد بتسلم قارئ التعرض الإشعاعي من الكلية و تسليمه كل ثلاثة أشهر لقراءته وفقاً لتعليمات هيئة الحماية من الإشعاع و طبقاً لنظام الوقاية الإشعاعية الداخلي للكلية.

8- أتعهد بأن أتعاون مع مركز التدريب و الكلية في سبيل تحقيق المصلحة العامة للإرتقاء بمستوى التدريب.

9- في حال حدوث أي إصابات عمل أو إنتقال عدوى أو أي إشكاليات أخرى تتعلق بطبيعة العمل الصحي أتحمل كامل المسؤولية المترتبة على ذلك، دون أدنى مسؤولية مالية أو قانونية على الكلية .

إسم الطالب :

التوقيع :

التاريخ :

 **مشرف التدريب:**

اللائحة التنظمية والقواعد لسنة الإمتياز

**تعريف سنة الإمتياز**

هي الفترة الزمنية التي يقضيها الطالب في التدريب الإكلينكي بعد إنهاء متطلبات الخطة الدراسية التي تؤهله للممارسة المهنية في مجال تخصصه ، ومدة سنة الإمتياز 52 إسبوعاً يقضيها المتدرب تحت التدريب في عدد من الأقسام ذات العلاقة بتخصصه.

**شروط الالتحاق بمرحلة الإمتياز**

يُشترط للإلتحاق في سنة الإمتياز إجتياز جميع ساعات الخطة الدراسية بنجاح في مجال تخصصه بمعدل لا يقل عن 2 من 5 ولن يُستــــثنى أي طالب تبقى عليه عدد من ساعات الخطة الدراسية.

**فترة سنة الإمتياز**

تُحدد فترة الإمتياز بــ 52 أسبوعاً للطلبة الذين أنهوا ساعات الخطة الدراسية (حملة الثانوية العامة ) وَ 32 أسبوعاً لحملة الدبلومات (طلبة التجسير ).

 **بداية سنة الإمتياز**

 يتم تحديد بداية سنة الإمتياز من القسم الذي يتبعه التخصص بتعبئة النوذج المخصص وتوقيعه من الطالب ورئيس القسم والمشرف على القبول والتسجيل وموافقة عميد الكلية ويُعد خطاب بهذا الخصوص موجه إلى جهة التدريب الذي سيتدرب فيه طالب الإمتياز والذي أنهى جميع ساعات الخطة الدراسية بنجاح.

**جهات التدريب لمرحلة الإمتياز**

هي المستشفيات او المراكز الطبية المعتمدة من الكلية لتدريب طلاب الإمتياز.

**شروط اجتياز سنة الامتياز**

* يشترط لاجتياز سنة الإمتياز إنهاء جميع المراحل التي يحددها كل قسم تبعاً للخطة الأكاديمية المعتمدة و الموضحة في دليل التدريب الاكلينيكي لسنة الإمتياز LOG BOOK و إجتياز التقييم المحدد من قبل القسم.
* في حالة عدم إجتياز طالب الإمتياز التقييم المحدد من القسم في أي مرحلة من مراحل الإمتياز سواء كانت مرحلة أساسية أو فرعية أو إذا تجاوزت نسبة الغياب أكثر من المسموح في أي مرحلة معينة يتم إعادة تلك المرحلة وذلك بتوصية من رئيس القسم و قرار عميد الكلية.
* في حالة الغياب بعذر مقبول يقوم الطالب بإعادة المدة التي تم الغياب فيها و ذلك في نهاية السنة التدريبية.

**نظام الإجازات و الغياب خلال مرحلة الإمتياز**

* يتمتع طالب الإمتياز بإجازة لمدة أربعة عشر يوماً فقط ( تكون عادة على فترتين ) خلال سنة الإمتياز ولا يحق له جمعها خلال فترة التدريب دفعة واحدة إلا بموافقة وحدة التدريب الاكلينيكي و اعتمادها من عميد الكلية.
* يحق لطالب الإمتياز التمتع بالإجازات الرسمية لموظفي الدولة في المملكة العربية السعودية أو القطاع الخاص ( تبعاً للجهة التي يمضي فيها امتيازه ).
* يحق لطالب الإمتياز التقدم لجهة التدريب بطلب إجازة اضطرارية كحد أقصى ثلاثة أيام على أن يتم التوصية بها من وحدة التدريب الإكلينيكي و من ثم اعتمادها من عميد الكلية
 قبل التمتع بالاجازة ، ما لم يكن إجازة خاصة ( زواج ، ولادة ، سفر ) على أن يتم بتعويض فترة هذه الإجازة دون أن تتكفل الكلية بأي رسوم تدريبية إضافية جراء ذلك.
* الغياب بدون عذر ليوم واحد يُعتبر إنذار مبكر لإلغاء فترة الإمتياز أو جزءً منها.
* الغياب لمدة 3 أيام بدون عذر مسبق يلغي التدريب في الجزء الذي يتدرب فيه الطالب ، وعليه إعادته بعد انقضاء سنة الإمتياز ، وفي حال تكرار الغياب سيؤدي إلى الغاء فترة الإمتياز كاملة.

**شروط تحويل مقر مرحلة الإمتياز**

* لا يحق لأي طالب إمتياز تغيير مقر التدريب إلا بعد موافقة وحدة التدريب الإكلينيكي و إعتمادها من عميد الكلية بما يتناسب مع الخطة التشغيلية لكل مركز تدريبي معتمد ، ويتم النظر في طلبات التغيير فقط للحالات الخاصة .
* في حالة قيام الطالب بتغيير مكان التدريب دون إخطار الكلية يصدر قرار من عميد الكلية بناء على توصية وحدة التدريب الإكلينيكي بإعادة فترة التدريب منذ قيامه بتغيير المقــر.
* في حال رفض الطالب توجيه الكلية له إلى إحدى الجهات المعتمده للتدريب من قِبل الكلية, يتحمل الطالب تبعات ذلك و يتكفل بتوفير مكان تدريب له دون أدنى مسؤولية للكلية في ذلك.

**شروط تأجيل مرحلة الإمتياز**

 يحق للمتقدمين بعذر مقبول وبعد موافقة وحدة التدريب الإكلينيكي واعتمادها من قبل عميد الكلية يسمح بتأجيل سنة الإمتياز للمتقدم بحد أقصى ثلاثة أشهر، و يبدأ التدريب منذ تاريخ إلتحاق الطالب بالإمتياز، ويتحمل الطالب المتدرب تبعيات التأجيل مثل: تأخر التخرج.

 **مسؤوليات طالب الإمتياز**

* يلتزم الطالب بالوصف الوظيفي لطلاب الإمتياز.
* يلتزم طالب الإمتياز بالحضور والانصراف في مواعيد العمل الرسمية أو حسب مواعيد كل قسم بما يتناسب مع الخطة التشغيلية لكل قسم في جهة التدريب.
* يلتزم طالب الإمتياز بتغطية المناوبات المطلوبة منه بالقسم الذي يعمل به في جهة التدريب.
* يجب على طالب الإمتياز إتباع التعليمات والأنظمة الخاصة بالجهة التدريبية الذي يعمل بها.
* على طالب الإمتياز التقيد بأنظمة المستشفيات وفي حاله إيقافه عن التدريب من قبل المستشفى يتم حسب أنظمه الكلية إيقاف التدريب لسنة الإمتياز والبحث عن قبول أخر من قبل الطالب ولا تحسب فترة الإيقاف ضمن فترة سنة الإمتياز.
* إذا تغيب طالب الإمتياز أو انقطع ثلاثة أيام فأكثر عن الحضور خلال التدريب بالمستشفى فيجب إبلاغ وحدة التدريب الإكلينيكي لاتخاذ اللازم حيال ذلك.
* لعميد الكلية بناء على توصية المشرف على سنة الإمتياز ووحدة التدريب الإكلينيكي بالكلية إلغاء التدريب لطالب الإمتياز في حالة انقطاعه عن التطبيق دون سبب مقنع أو الإخلال باللوائح والأنظمة بالكلية أو الجهة التدريبية.
* تطبق اللائحة التأديبية بكلية العناية في حق طالب الإمتياز الذي يخالف الأنظمة والقوانين.

**نظام تقييم طالب الإمتياز**

 يتم إخضاع طالب الإمتياز للتقييم من قبل جهة التدريب طبقا لنموذج التقييم المعتمد من قبل الكلية وُيعتمد من قبل جهة التدريب و من ثم إعتماده من الكلية و تقع مسؤلية إعتماد نموذج التقيم من جهة التدريب على مشرف التدريب بالكلية.

**الأوراق التي تقدم للالتحاق بسنة الإمتياز**

* صورة من السجل الأكاديمي.
* صورة من الهوية الوطنية أو الإقامة سارية المفعول .
* تعبئة النماذج المطلوبة الخاصة بالكلية والحصول على موافقة عميد الكلية .

**اللأنظمة المالية لمرحلة الإمتياز**

* تتكفل الكلية بسداد رسوم التدريب حسب المتعارف علية مع جهات التدريب.
* أي تأخير او إعادة لأي جزء من أجزاء مرحلة الإمتياز بغير إذن خطي معتمد من عميد الكلية ، يتحمل الطالب التبعات المالية على ذلك كاملة.
* في حالة إعادة مرحلة الإمتياز لأسباب تتعلق بالطالب أو عدم إلتزامه بأنظمة الكلية أو جهة التدريب ، يتوجب على الطالب تغطية تكاليف المرحلة كاملة.

وحدة التدريب الإكلينيكي و الامتياز