**SIHS 2017**

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**Shalamar Surgical Intern Training Program**

**SSITP**

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Shalamar Surgical Intern Training Program (SSITP): Education and Training in the Intern Year

1. **INTRODUCTION**
	1. **Purpose of Surgical Internship**

The intern year is a supervised year of transition from medical student to doctor. The Program for Intern Training is designed to ensure that on completion of the intern year every intern will be able to practice medicine in a competent and safe manner and those patients whom they treat will receive the best possible care.

The Curriculum (Section B) is based upon the Pakistan Medical & Dental Council’s Eight Domains of Good Professional Practice.1,2,3,

* 1. **Definition of Internship**

Internship, the first year of postgraduate training, is the period of transition from medical student to registered medical practitioner. An intern is a medical doctor who has completed his or her medical degree and is registered to practice medicine in supervised training posts; the intern year is the first level of postgraduate medical training and is an essential step in every doctor’s career. The intern year should provide a balance between education, training and clinical responsibility, enabling interns to develop the professional and personal competencies that result in good patient care and provide a foundation for lifelong learning4 .

* 1. **Principles Objectives of Internship**

Principle objective of the Internship Clinical service takes place within the contract of employment between the intern and employing authority (i.e. Shalamar Hospital and the Intern). Most commonly, interns work as part of a multidisciplinary team where the intern is the most junior doctor of a hospital based medical or surgical team. The intern works in a supervised structure with their Postgraduate Resident (PGR), registrar, specialist/senior registrar and consultant guiding and overseeing their work. Interns also work with other allied health professionals as part of the multidisciplinary team. During this time the intern will learn to make clinical decisions in a supervised environment and have direct responsibility for patient care, the extent of this responsibility being monitored and graded according to their level of experience.

**Clinical Training:** clinical training incorporates both formal teaching of clinical skills and the more informal training that occurs as part of clinical service. It is through this combination that the intern gains the necessary skills such as basic life support (BLS), appropriate clinical note keeping, phlebotomy, cannulation, obtaining informed consent, assisting in Operation Theater.

**Clinical Education:** Surgery is an extensive subject and it is important that the Intern continues to learn and expand their knowledge base. Through a structured clinical education program the intern will learn important practical knowledge such as the management of acute surgical problems but also learn equally important matters such as the importance of infection control, communication and gain an appreciation of evidence based medicine.

1. **Surgical Intern Curriculum**

The program is fully consistent with the aims and objectives of internship as outlined above; in addition, the PM&DC’s Eight Domains of Good Professional Practice (Figure 1) have been incorporated into 3 overlapping and interdependent modules each of which emphasizes specific aspects of Intern Core Competencies (Figure 2). This will be centered around 3 months of clinical service and training supported by a structured education and training program that will allow interns to become competent independent doctors providing high quality and safe medical care to patients.

* 1. **Clinical Judgment Module:** Good clinical judgment is central to safe patient care and describes the process through which clinical decisions are made; patient care comprises of a series of clinical decisions, each clinical decision being based on a combination of clinical information and clinical knowledge. Clinical information is gained through detailed history taking, physical examination and investigations while clinical knowledge merges theoretical knowledge, understanding of disease processes and clinical experience. During the intern year, the intern embarks on a process of lifelong learning in a supervised environment where interns will work to develop, improve and enhance their clinical judgment. This will combine learning of clinical skills, continuing the process of scholarship begun as an undergraduate, undertaking responsibility for patient care so that interns will become competent independent practitioners with knowledge and understanding to inform and maintain best practice.
		1. The principal components to clinical judgment are: (i) Clinical History and Examination: the basis of all clinical practice is the ability to communicate with patients so as to record clear, thorough and complete clinical histories along with being able to perform physical examination in a structured purposeful manner respecting a patient’s autonomy. From the information gained through history and examination, doctors establish a principal or working diagnosis from which a plan of management that includes investigations and treatments is generated. By the end of the surgical internship the intern must understand the importance of clinical history, physical examination and appropriate investigations to determine clinical diagnosis and management. The intern must be able to:
			1. Record a clear, thorough and detailed clinical history
			2. Perform a systematic physical examination and identify abnormal findings
			3. Order appropriate investigations based on history and examination
			4. Interpret basic (positive and negative) findings of investigations
			5. Generate a working or differential diagnosis based upon clinical information
			6. Generate a basic management plan including therapeutic interventions and/or further investigations
			7. Understand how their clinical information and knowledge informs clinical decisions and analyze how clinical judgments impacts on decision-making
			8. Identify clinical judgments made in clinical practice and understand the impact of these on patient outcome
			9. Understand the importance of re-assessing clinical decisions once made the possibility of pregnancy should be considered in all women of reproductive age undergoing surgery, anesthesia and procedures involving ionizing radiation; similarly the possibility of pregnancy should be considered when prescribing medication.

Clinical assessment of a patient often involves a physical examination as well as relevant history-taking. Interns should explain what this examination will entail and seek permission from the patient before making a physical examination. Where an intimate examination is necessary, interns should explain to the patient why it is needed and what it will entail. Interns should also let the patient know that they can have a chaperone present if they wish.

**(ii) Clinical Skills**: During the intern year, interns will learn how to perform a variety of clinical procedures; initially these will be performed with supervision until the intern has achieved the appropriate level of competence for each procedure. While interns will be exposed to a range of clinical procedures depending on their specialty attachments, there are certain skills that are common to all intern posts and “on-call” duties so that by the end of the intern year, all interns are able, in a safe, confident and competent manner, to:

* Perform and interpret an electrocardiogram (ECG)
* Perform venepuncture for phlebotomy
* Perform upper limb peripheral intravenous cannulation
* Perform subcutaneous, intradermal and intramuscular injections
* Perform blood cultures from peripheral using sterile technique
* Perform blood cultures from central lines using sterile technique
* Perform arterial puncture for arterial blood gas sampling in an adult
* Perform male urethral catheterization
* Perform nasogastric tube insertion
* Perform Basic Life Support including basic airway management
* Carry out basic interpretation of chest X-Ray
* Carry out basic interpretation of abdominal X-Ray

**(iii) Infection Control:** infection control is an essential aspect of clinical practice as it addresses factors related to the spread of infections within health-care settings. It encompasses preventative strategies, surveillance and outbreak investigation and management of outbreaks of nosocomial or healthcare-associated infection. It is important that all practicing healthcare staff have an understanding and awareness of Infection Control. By the end of the internship, the intern should be able to:

* Understand the importance of infection control in reducing the spread of hospital acquired infection
* Ensure personal immunizations are up to date
* Consider the risk of infection before undertaking procedures
* Perform universal precautions in all aspects of clinical practice
* Perform frequent and correct hand washing and cleaning including after every clinical examination
* Use appropriate protective equipment such as gloves, aprons etc. for procedures
* Perform aseptic technique when undertaking all clinical procedures including phlebotomy, catheterization

**(iv) Managing the Acutely Ill:** Managing acutely unwell surgical patients is an integral part of all clinical practice: it requires doctors to determine clinical information in an efficient manner; perform basic procedures; make clinical decisions; implement management plans; analyze and respond to such clinical decisions and be aware of one’s own limitations. Over the course of the intern year, and in particular when rostered “on-call”, interns will have to respond to patients who are acutely unwell. The intern is expected to perform an immediate assessment, initiate resuscitation, formulate a differential diagnosis, select the relevant urgent investigations and call for help if necessary; the intern should also be able to accurately interpret the results of urgent investigations, initiate a management plan and reassess the patient as required. The following are common medical emergencies that the intern is expected to be able to manage in a safe and competent manner by the end of intern year:

* Application of ATLS in trauma patient
* Preoperative Assessment
* Postoperative Assessment & Management of Complications
* DVT and it Prophylaxis
* Acute Shortness of Breath
* Resuscitation of the patient
* Management of the Shock
* Wound Care, Dressing
* Basic suturing Skills
* Managing Acute Abdomen
* Post-operative complications (incl: pain control / analgesia, hypotension, low urine output & post thyroidectomy care)

**(v) Prescribing:** It is a medical responsibility to prescribe drugs, intravenous fluids, blood components or blood products. Prescribing is a critical component of clinical practice and must be done in a thorough and safe manner to ensure patient safety. To prescribe drugs safely an intern must:

* Understand and apply the principles of therapeutics in all cases
* Ensure as far as possible that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient’s best interests
* Take an accurate drug history including all known drug allergies and adverse drug reactions
* Record all prescriptions in a legible manner; using approved abbreviations only (e.g. tds, s.c., etc.)
* Date, sign and add the Medical Council Registration Number on all prescriptions
* Prescribe all drugs according to recommended dosing, drug regulations and prescribing guidelines
* Demonstrate and be aware of potential for drug side effects and adverse reactions
* Demonstrate and be aware of potential for drug interaction
* Demonstrate and be aware of potential dangers of drug dependency when prescribing benzodiazepines, opiates and other drugs with addictive potential
* Be aware of the potential for prescribing error and work with senior colleagues and pharmacy to minimize this risk

To prescribe blood and blood products safely an intern must:

* Understand the guidelines for use of blood and blood products
* Complete the form and blood sample tube of a crossmatch sample in a legible and correct manner
* Write blood product prescriptions in a legible manner
* Provide the reason for blood product transfusion
* State the type of blood component or product to be given • State the rate of infusion
* Date, sign and include the Medical Council Registration Number
* Document accurately all transfusion reactions

**(vi) Continuous Learning**: as a science, medicine continues to evolve and thus medicine requires not only a broad base of knowledge but a lifetime commitment to continued learning and education. While much of the intern year is about practical knowledge, interns must continue to maintain and further their knowledge of medicine. This should be achieved through self-directed learning as well as utilising medical education opportunities throughout their intern year, common examples of both of these would include:

* Use of medical reading material including journals, textbooks & clinical practice guidelines
* Attending hospital grand rounds
* Attending and presenting at journal clubs
* Participating in teaching ward rounds
* Attending structured teaching

**3. Communication Module**

The ability to communicate is essential to clinical practice; medical practitioners must have effective verbal and written communication skills to enable the exchange of information between patients and their families as well as with clinical and non-clinical colleagues. To ensure good communication interns must at all times:

* Treat patients and their relatives in a courteous, timely, safe and competent manner
* Adhere to professional dress code while on duty
* Behave in a professional manner while on duty and on campus
* Maintain high levels of verbal communication with all colleagues
* Respond to all calls/bleeps in a prompt and courteous manner
* Respond to emergency calls without delay

Certain features of communication that are critical in providing safe patient care and that are more specific to medical practice include:

1. **Patient confidentiality:** Confidentiality is a fundamental principle of medical ethics and is central to the trust between patients and doctors. Information disclosed to a doctor during the course of a doctor-patient relationship is confidential and patients are entitled to expect that such information will be held in confidence. Patient information remains confidential even after the death of the patient. Where it is necessary to obtain patient information from third parties this information is governed by the same rules of confidentiality. It is important that patient’s privacy is maintained at all times and that accidental disclosure of confidential information does not occur. Consequently, it is important that patient information is maintained securely and in compliance with data protection legislation
2. During the intern year, interns will receive, record and discuss confidential information from their patients with their senior medical colleagues so as to provide appropriate medical care. As the management of confidential information is a central component of a doctor’s career it is important that by the end of the intern year the intern should understand the importance of:
	* The confidential relationship between patients and doctors
	* Ensuring that any disclosure of patient information to medical colleagues is done in a manner that ensures the information remains confidential
	* Not sharing confidential information without consent, including discussing such information with a patient’s family members
	* Protecting patients’ confidential details while using web-based or other telecommunication methods.
	* Avoiding accidental disclosure of patient information (e.g. not discussing a patient’s care in public spaces)
	* Keeping confidential information in a secure environment (e.g. not taking clinical notes away from the hospital premises)
	* Disclosure of confidential information that is required by law
3. **Clinical Note Taking:** All clinical notes are indispensable to patient care as they provide an accurate account of the patient’s progress and management decisions. Interns are involved in recording written clinical notes including:
	* Comprehensive patient history, examination, investigations and differential diagnosis
	* Clinical progress notes that include a patient’s diagnosis, results of investigations, adjustments in medications and other management pathways
	* Clinical notes recording information given to patients, details of discussion and patients views on investigations and of therapeutic intervention(s)
	* Consultation letters
	* Discharge summaries/letters
	* “On-call” notes on reviewing acutely unwell patients outlining patient’s clinical status, diagnosis, investigations and management Clinical notes are critical in providing safe patient care, are often the only reliable means of charting a patient’s progress and may also be used as a legal document.

Considering this, on completion of the intern year, the Intern must understand both the clinical and medico-legal importance of good note keeping including that all clinical notes:

* Are recorded in a clear and legible manner
* Include the date on which the note is recorded
* Include the name of the patient and the patient’s medical record number to whom the note refers at the top of all notes
* Include the name of the supervising doctor leading the ward round or patient review
* Are written in a accurate and logical fashion (e.g. Subjective Findings, Objective Findings, Assessment and Plan [SOAP]) • Have management plans and instructions written in clear fashion
* Are written contemporaneously
* Are signed and dated by the medical doctor and include their Medical Council Registration Number
* Cannot be tampered or altered once written
1. **Informed Consent:**

Before any medical intervention is performed it is essential that the patient has given informed consent; informed consent is central to good clinical practice as it ensures that the patient’s autonomy and that their right to control their own life is respected. Informed consent is the exercise of a voluntary choice by a patient and it requires effective communication between doctors and patients. At the end of the intern year an Intern should understand the appropriate procedures to obtain informed consent including the following:

* The capacity of a patient to give consent
* The provision of sufficient information, in a way that the patient can understand, to enable the patient to exercise their right to make informed decisions
* The disclosure of all significant or substantial risks of any proposed intervention
* Informed consent must be sought when the patient is best able to understand and retain the information
* Informed consent is a continuing process of keeping patients up to date with any changes in their condition and the treatments or investigation proposed
* Refers consent request to relevant senior colleagues, when appropriate
* In emergency situations where consent cannot be obtained, lifesaving medical treatment may be provided to anyone who needs it
* Every adult with capacity is entitled to refuse medical treatment and the doctor must respect a patient’s decision to refuse treatment

**4. Professional Development Module**

 All medical practitioners must demonstrate a commitment to fulfilling professional responsibilities and duties; the PMDC guidelines. Throughout the intern year, interns are expected to understand their professional and personal responsibilities as doctors both as they relate directly to their intern year but also to their professional career as a whole.

The patient-doctor relationship is a privileged one that depends on the patient’s trust in the doctor’s professionalism. To ensure professionalism doctors are expected to attend work on time; they should dress appropriately and act in an appropriate manner with patients, their relatives, colleagues and other healthcare professionals. During times of absence, either planned or unplanned, it is part of doctor’s professional duties to ensure that the safety and welfare of your patients is protected during their absence.

All doctors must maintain competence throughout their professional career. The intern year is a structured training year and each intern must attend and complete the necessary training as determined by their Training Network so as to be eligible for the Certification of Experience.

The patient-doctor relationship is a privileged one that depends on the patient's trust in the doctor's professionalism. Doctors must understand their ethical and professional duties to patients respecting their rights as individuals and in particular:

* Respect patient autonomy
* Respect and maintain patient confidentiality
* Understand the implications of Do Not Resuscitate (DNR) orders
* Understand the legal obligations of Advance Directives

When working in multidisciplinary teams it is important that doctors maintain clear lines of communication and systems of accountability. Doctors must treat all healthcare workers with dignity and respect. Senior doctors must create an environment in which junior colleagues are encouraged to consult their senior colleagues where a patient’s condition gives cause for concern. When disputes arise between colleagues, they must not impact on patient care and should be settled as quickly as possible with intervention by senior colleagues as necessary.

The intern year is both an exciting and demanding year. It is important that during this year interns learn to identify their limitations and seek assistance and support from (senior) colleagues. It is also important to maintain both physical and psychological health during the year and seek medical or other advice or treatment as required.

1. **Assessment of Intern Training**

Shalamar Human Resource Department would issue the experience certificate for the said rotation. The Intern Training Curriculum comprises of three fundamental elements; Clinical Judgment; Communication and Professional Development which are derived from the Eight Domains of Good Professional Practice. Each intern will need to demonstrate a competence in all three elements. The assessment would include:

* **Intern Assessment Form:** at the end of each clinical attachment during the intern year, an Intern Assessment Form must be completed by the supervising consultant (the Trainer) and co-signed by the Intern. This form will address key elements of clinical knowledge, professionalism and overall competence. The trainer assessments will be incorporated into the online intern training program over time. The Trainer will also sign off as a representative of his/her training body.
* **E Learning Portfolio:** the Intern Networks will develop eLearning modules; these modules will include interactive compulsory stations that must be completed correctly by the intern. These stations may include demonstrating clinical understanding of prescribing as well as case vignettes. The ePortfolio will include an eLogbook element where interns will record clinical procedures completed and experience gained during the intern year.
* **Bedside Clinical Assessment:** includes assessment of both doctor/patient interaction and direct observation of clinical skills that are essential to providing quality patient care.
* **Certificate of Experience:** In compliance with the Medical Council’s responsibilities Shalamar Hospital would issue the internship experience certificate.

**D. Professional Dress**

 Dress code is an important aspect to professional practice and forms part of a doctor’s professional responsibilities. Appropriate professional dress should be maintained throughout all aspects of professional duties including regular working day, on-call, attending education and teaching and where possible should be adhered to when on the hospital campus. Although, most hospital and institutions will have their own specific Dress Code the following is a guide to appropriate professional dress:

* General Grooming:
	+ Hair should be clean, maintained in a neat fashion and be secured back from the face if shoulder length or longer.
	+ Finger nails should be short and clean.
	+ Jewellery should be neat and not excessive, ear piercing should be limited to one earring per ear, other visible body piercing (e.g. tongue, nose) is not acceptable
	+ Use of cosmetics should be kept to a minimum.
	+ Hospital identification should be worn and clearly visible
* General Attire:
	+ Scrubs are permitted for on-call duties only
	+ White Coat is must in the hospital setting and Scrubs are must in theater
	+ Decent dress should be worn
* The following clothing is not recommended:
	+ Jeans/denim trousers or shirts - T-shirts and/or vest tops - Strapless/string strapped tops and/or plunging neckline - Track suits and hooded sweatshirts - Camouflage clothing and/or prominent slogans or images - Clothing with tears, holes or rips - Short skirts/dresses –
	+ Formal shoes, well kept and clean, worn with socks/hosiery as appropriate
	+ Footwear should be closed (no open toe) to maintain health and safety
	+ Socks/hosiery should be clean, not torn and not have excessive patterns.

Eight Domains of Good Professional Practice

**Patient Safety and Quality of Patient Care:** Patient safety and quality of patient care should be at the core of the health service delivery that a doctor provides. A doctor needs to be accountable to their professional body, to the organization in which they work, to the Medical Council and to their patients thereby ensuring the patients whom they serve receive the best possible care.

**Relating to Patients:** Good medical practice is based on a relationship of trust between doctors and society and involves a partnership between patient and doctor that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

**Communication and Interpersonal Skills:**  Medical practitioners must demonstrate effective interpersonal communication skills. This enables the exchange of information, and allows for effective collaboration with patients, their families and also with clinical and non-clinical colleagues and the broader public**.**

**Collaboration and Teamwork:** Medical practitioners must co-operate with colleagues and work effectively with healthcare professionals from other disciplines and teams. He/she should ensure that there are clear lines of communication and systems of accountability in place among team members to protect patients.

**Management (including Self Management)** A medical practitioner must understand how working in the health care system, delivering patient care and how other professional and personal activities affect other healthcare professionals, the healthcare system and wider society as a whole.

 **Scholarship** Medical practitioners must systematically acquire, understand and demonstrate the substantial body of knowledge that is at the forefront of the field of learning in their specialty, as part of a continuum of lifelong learning. They must also search for the best information and evidence to guide their professional practice.

**Professionalism** Medical practitioners must demonstrate a commitment to fulfilling professional responsibilities by adhering to the standards specified in the Medical Council’s “Guide to Professional Conduct and Ethics for Registered Medical Practitioners”.

**Clinical Skills** The maintenance of Professional Competence in the clinical skills domain is clearly specialty-specific and standards should be set by the relevant Post-Graduate Training Body according to international benchmarks.



**Modular Curriculum Highlight**



**Shalamar Surgical Intern Training Program Assessment Form**

**Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Council Regt No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rotation Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Intern Network: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intern Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment**

|  |  |  |
| --- | --- | --- |
| **Please rate the above intern with respect to their competence in the following area:** | **Required** **Support** | **Competent** |
| **Clinical Judgment :**In general approach to patient families and other competent in history taking physical examination, formulating diagnosis ordering appropriate investigation and interpreting results. Perform common practical procedure in safe & competent and safe procedure. Prescribe in safe manner |  |  |
| **Communication Skill :**i.e collaborates and work with team colleagues, seeks assistance when necessary ,good oral & written communication with patients relatives and staff; confidentially discuss the sensitive issue appropriately, gain informed consent  |  |  |
| **Professionalism :**i.e attendance, punctuality reliability and dependability: adherence to dress code; show capacity to self learning ; follow safe practice: knowledge regarding appropriate statues and regulation.  |  |  |
| **Patients Safety & Quality Patient Care :**i.e overall approach to patient care clinical competency patient doctor relationship based on mutual respect confidentiality honesty responsibility and accountability  |  |  |

**Comments:**

**Are there particular where intern should work to improve over the reminder of the intern year? If Yes Please describe.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conclusion:**

For the purpose of registration intern must satisfactorily complete all rotations. Has the above named intern performed satisfactorily during their attachment?

**Yes No**

**Consultant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intern Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_