**Appendix I：Assessment for Students' Internship Rotation Performance**

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| **Student Information** | | | | | | | **PHOTO** |
| **Name** |  | | | **Student ID** |  | |
| **University** |  | | | **Major** |  | |
| **Rotation Information** | | | | | | | |
| **Hospital Name** | |  | | **Rotation**  **Department** |  | | |
| **Hospital Address** | |  | | | | | |
| **Start Date** | |  | | **End Date** |  | | |
| **For each item in every category, please select a score from 1 to 5, or choose N/A if the item is not applicable or cannot be evaluated.**  ※5-Excellent ※4-Very good ※3-Good ※2-Fair ※1-Poor  ※N/A-Not Applicable/Unable to Evaluate.  **Please note that selecting N/A will not affect the student’s final evaluation score.** | | | | | | | |
| **Professional Conduct** | | | | | | | |
| **Professional Attitude:**  Understands the basic laws, regulations, and ethical guidelines in the medical field; demonstrates a strong sense of responsibility and dedication; maintains a professional image and attitude; manages stress and emotions effectively. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Respect for Patients:**  Demonstrates empathy, respects, and cares for patients, applying fundamental principles of medical ethics and providing high-quality, humane care. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Teamwork:**  Respects supervisors and colleagues; demonstrates integrity, honesty, and friendliness; displays strong teamwork and leadership capabilities. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Self-directed/ Lifelong Learning:**  Acknowledges the limits of personal professional knowledge, actively engages in self-directed learning, demonstrates problem-solving skills, and strives for excellence. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Clinical Competence** | | | | | | | |
| **Medical Knowledge:**  Demonstrates appropriate medical knowledge. Able to engage in case discussions in various clinical scenarios. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Medical Rounds:**  Actively participates in medical rounds, presents patient history, and suggests evaluation and treatment plans. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Daily Medical Work:**  Engages in various tasks such as blood collection, medical record keeping, and case discussions under supervision. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Clinical Skills:**  Able to collect comprehensive and accurate patient histories. Conducts systematic and standard physical examinations. Formulates differential diagnoses and reasonable treatment plans based on history and examination findings. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Medical Record Writing:**  Completes medical records according to department standards under the guidance of senior doctors. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Doctor-Patient Communication:**  Effectively communicates with patients and their families, addressing concerns, explaining diagnoses, and involving patients in decision-making. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Advanced Capabilities** | | | | | | | |
| **Medical Risk Management:**  Understands potential medical risks, infection control, and safety practices, and recognizes patients needing urgent care. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Preventive Healthcare Awareness:**  Incorporates preventive care, early diagnosis, and chronic disease management into clinical practice. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Health Economics Awareness:**  Considers the patient's condition, financial situation, and cost-effectiveness in treatment plans. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Global Competence in Medical Practice:**  Demonstrates the ability to work effectively in international medical teams, respects cultural differences in patient care, and can apply global health knowledge to local healthcare scenarios. | | | | | | **○5 ○4 ○3 ○2 ○1**  **○N/A** | |
| **Comments（Required）:** | | | | | | | |
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|  | | | | | | | |
| **Supervisor Name (Signature):** | | | **Date(YYYY/MM/DD):** | **Seal (If Applicable):** | | | |
| **Title:** | | | |
| **Email Address:** | | | |

**Note: Please print this form double-sided on a single sheet of paper.**

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