



**CMS F**

**EVALUATION OF THE EXPERIENCE OF THE INTERN CANDIDATE DURING TRAINING**

**MEDICAL AND DENTAL PROFESSIONS BOARD  
MEDICAL SCIENCE**

Rate the following on a scale from 1-3

1-Poor; 2-Acceptable; 3-Good; (If you score any section poor, please provide reasons in the comment section)

*This form must be completed by the intern medical scientist*

	N/A	1	2	3	Comments
<b>1. Orientation/Induction:</b>					
▪ To staff/organogram/organisation					
▪ Facilities					
▪ Purpose of HPCSA internship					
<b>2. Overall quality of supervision</b>					
<b>3. Quality of written guidelines:</b>					
▪ Training program (facility-based)					
▪ HPCSA documentation					
▪ General guidelines (if applicable)					

▪ SOPs					
<b>4. Interaction/consultation with other health professionals:</b>					
▪ Other laboratory personnel					
▪ Interaction with other health professionals					
<b>5. Exposure to clinical environment</b>					
<b>6. Exposure and quality of laboratory resources</b>					
<b>7. Access to and quality of:</b>					
▪ Journal Clubs					
▪ CPD accredited activities					
▪ Lectures/Tutorials					
▪ Multidisciplinary meetings					
▪ Literature (online/library/text books)					
▪ Training courses/workshops					
<b>8. Opportunities to present/attend conferences/research days</b>					
<b>9. Exposure to ethical guidelines</b>					
<b>10. Avenues to deal with problems or complaints pertaining to training</b>					
<b>11. Did you receive sufficient exposure/training to meet minimum requirements of training program?</b>					

<ul style="list-style-type: none"> <li>• Practical experience</li> <li>• Academic knowledge</li> </ul>	
<p><b>12. What phrase best describes your experience in the clinical/diagnostic environment?</b></p> <ul style="list-style-type: none"> <li>▪ Stimulating and Challenging</li> <li>▪ Interesting at times</li> <li>▪ Uninteresting clinical routines</li> <li>▪ Largely administration duties</li> </ul>	
<p><b>Additional comments</b></p>	