

University of Gadarif Faculty of Medicine & Health Sciences



GRADUATE ASSESSMENT FORM

> This form to be co	ompleted by the supervisor/assessor.				
Graduate's Name:					
Hospital:					.
Department:					
Time Spent With Gra					
_					
From:	To:	• • • • • •		• • • • •	
Type of Contact witl	n Graduate: (Please cross):				
Little contact Sporadic superficial contact Infrequ				h con	tact
Moderate in-depth co	Performance:				
	erformance observed by yourself or colleagues through for each behavior listed below:	hout th	ie per	forma	ance
Domain		Unsatisfactory	Satisfactory	Excellent	Not Observed
	Basic				
Knowledge	Clinical				
	Integration				
Clinical Practice	History Taking				
	Physical Examination				
	Identifying problems and priorities				
	Discrete use of lab test suggestions				
	Appropriate management plans				
	Data interpretation				
	Good records keeping				



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Domain		Unsatisfactory	Satisfactory	Excellent	Not Observed
Clinical Technical	Clinical Skills				
Skills	Technical skills (procedures)				
	Work habits & Ethics				
	Attendance & punctuality				
Professional	Interprofessional relationship				
Attitudes	Doctor-patient relationship				
	Academic contribution				
	Continuous professional development				

rvisor's Signature:		
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