

**INTERNSHIP VALIDATION CERTIFICATE**  
**6<sup>th</sup> YEAR MEDICAL STUDENT FROM UFR SIMONE VEIL SANTE**

Surname - First Name : \_\_\_\_\_

Hospital / specialty : \_\_\_\_\_

Internship dates : \_\_\_\_\_

**EXPERTISE: DIAGNOSIS / MEDICAL CARE**

1. Acquisition of medical knowledge related to the specialty:  
 Excellent     Achieved     Ongoing acquisition     Not achieved
2. Quality of medical observations:  
 Excellent     Achieved     Ongoing acquisition     Not achieved
3. Ability to synthesize and develop diagnostic strategies:  
 Excellent     Achieved     Ongoing acquisition     Not achieved
4. Ability to implement a relevant patient care strategy:  
 Excellent     Achieved     Ongoing acquisition     Not achieved

**SAVOIR-ÊTRE : INTEGRATION A UNE EQUIPE DE SOINS**

1. Attendance / punctuality:  
 Blameless     Good     To be improved     Poor
2. Inquisitiveness:  
 Excellent     Relevant     Unsuitable     Lacking
3. Human qualities (with patients and the care team):  
 Excellent     Good     Fair     Poor
4. General assessment (investment, hygiene and safety...):  
 Excellent     Good     Fair     Poor

**SITUATIONAL ASSESSMENT TEST (ECOS-like)**

Excellent     Satisfying     Fair     Poor

**INTERNSHIP VALIDATED :    Yes                       No**

Optional comments (required if the internship is not validated)

I hereby confirm that the medical commission of UFR SVS may communicate my email address to internship prospects                      Yes                       No

Date :

Signature and stamp of the internship supervisor: