

INTERNSHIP VALIDATION CERTIFICATE
3rd YEAR MEDICAL STUDENT FROM UFR SIMONE VEIL SANTE

Surname - First Name : _____

Hospital / specialty : _____

Internship dates : _____

EXPERTISE: SEMIOLOGY / MEDICAL OBSERVATION

1. Ability to introduce oneself to the patient:
 Excellent Achieved Ongoing acquisition Not achieved
2. Ability to gather and organize relevant information in a medical observation (medical history, history of illness, lifestyle, etc.):
 Excellent Achieved Ongoing acquisition Not achieved
3. Ability to perform a clinical examination of all systems and to recognize what is normal from what is not:
 Excellent Achieved Ongoing acquisition Not achieved
4. Ability to explain observed clinical signs in anatomical, physiological, or pathophysiological terms:
 Excellent Achieved Ongoing acquisition Not achieved
5. Ability to interpret additional patient examinations to determine whether the results are normal or not:
 Excellent Achieved Ongoing acquisition Not achieved

SOFT SKILLS: INTEGRATION INTO A CARE TEAM

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

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: