

CHIROPRACTIC INTERNSHIP PROGRAMME EVALUATION SHEET



Name:

Date of Birth:

Address:

Telephone:

**Cell No. and
email address:**

INSTRUCTIONS :

THIS IS A SUMMARY SHEET OF ALL YOUR INTERNSHIP ACTIVITIES.

THIS SHEET NEEDS TO BE ACCOMPANIED BY :

- LETTERS FROM THE RESPECTIVE DOCTORS THAT WERE OBSERVED.
- CERTIFICATES FOR COURSES ATTENDED.
- ANY DOCUMENT VERIFYING WHAT YOU HAVE STATED IN THIS SUMMARY DOCUMENT.

WHEN COMPLETING THE DOCUMENT THE RED WRITING MAY BE DELETED TO ADEQUATELY COMPLETE THE REQUIRED DATA.

PLEASE INSERT THE HOURS OBTAINED FOR EACH CATEGORY AS INDICATED AS WELL AS FOR THE OVERALL CATEGORIES OF "ACADEMIC" AND WORK EXPERIENCE" .

A LETTER OF THE PROS AND CONS THAT YOU PERCEIVED WHILST GOING THROUGH THE INTERNSHIP PROGRAMME.

IP COMPONENTS	EXAMPLES	DESCRIPTION OF WORK COMPLETED	DATE	CONFIRMATION SIGNATURE	RECOMMENDED
ACADEMIC MINIMUM No. HOURS= 75 hours in total for combined fundamental, core and elective					
FUNDAMENTAL	MINIMUM No. HOURS=		Please make sure that you have at least one item in each block		
a. LITERACY	Referral letters, Case summaries, Learning a different language, computer literacy etc	Please make sure that you have at least one item in each block			
b. NUMERACY / MEDICOLEGAL	Practical experience or course on: taxation, accounting, budgets, marketing, practice maintenance etc.	Please make sure that you have at least one item in each block			
c. LIFE SKILLS	Work or attending courses / training that facilitates better practice management	Please make sure that you have at least one item in each block			
IP COMPONENTS	EXAMPLES	DESCRIPTION OF	DATE	CONFIRMATION	RECOMMENDED
CORE	MINIMUM No. HOURS=				
a. BASIC SCIENCES	Lectures on: anatomy, physiology, biomechanics	Please make sure that you have at least one item in each block			
b. CHIROPRACTIC SPECIFIC TECHNIQUES	CASA meeting with technique demos.	Please make sure that you have at least one item in each block			

SPECIAL/ELECTIVES	MINIMUM No. HOURS=				
a. PATIENT CARE	Patient centered care lectures e.g. Pain conference, holism aspect of practice and patient care.	Please make sure that you have at least one item in each block			
b. CHIRO SPECIALITIES	Short courses or further education and training in specialty areas : ICSSD; Myofascial; Acupuncture etc	Please make sure that you have at least one item in each block			
c. CARE FOR A GROUP OF DISADVANTAGED PERSONS	Lectures on pediatrics, geriatrics, care for handicapped, HIV patients; formerly disadvantaged.	Please make sure that you have at least one item in each block			
d. DIAGNOSTIC AMBIT	Neurology, othopaedics, radiology, trauma and emergency care etc.	Please make sure that you have at least one item in each block			
e. ALTERNATIVE HEALTH CARE	Pharmacology, surgery, homeopathy, naturopathy, somatology	Please make sure that you have at least one item in each block			
f. RESEARCH	Participation in research related to chiropractic.	Please make sure that you have at least one item in each block			
g. INVOLVED IN EDUCATION	Assistant clinicians. OSCE assistants, tutors, demonstrators etc.	Please make sure that you have at least one item in each block			

IP COMPONENTS	EXAMPLES	DESCRIPTION OF WORK COMPLETED	DATE	CONFIRMATION SIGNATURE	RECOMMENDED
WORK EXPERIENCE		WORK EXPERIENCE MINIMUM No. HOURS = 600			
MINIMUM No. HOURS=					
a. COMMUNITY SERVICE / PUBLIC SECTOR WORK <i>note: 20% can be paid work</i>	At an established hospital: community centers and other places were the service provided is for those that would otherwise not have access to chiropractic care.	<i>Please make sure that you have at least one item in each block</i>			
b. PROFESSIONAL INTERACTION <i>note: 20% can be paid work</i>	Clinical and radiologic rounds, attendance of procedures, time with medical specialists. Note the 5 practitioners x 5 hours rule for chiropractic practitioners AND for non-chiropractic practitioners	<i>Please make sure that you have at least one item in each block</i>			
c. EDUCATIONAL DRIVES <i>note: 20% can be paid work</i>	At schools, sports clubs, careers fairs, old age homes, community centres, other professional association meetings, case presentations etc.	<i>Please make sure that you have at least one item in each block</i>			
d. SPORTS EVENTS <i>note: 20% can be paid work</i>	Can only be 25%.	<i>Please make sure that you have at least one item in each block</i>			

e. CLINIC NUMBERS note: 20% can be paid work	Note and differentiate between : 5 th year patients seen (i.e. for the institution) and those that are requested to count for internship	Please make sure that you have at least one item in each block			
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Therefore there is a limit of 100 hours of the 600 hours that can be paid work.

Each portfolio should be accompanied by a letter indicating the pro's and con's of the internship as it was experienced.