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| INTERNSHIPPROGRAMEVALUATION |
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| **Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Cell No. & email address:** |  |
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| **Internship Components** | **Requirements per category – please refer to the handbook for specific details in each category**  | **DESCRIPTION OF WORK COMPLETED** | **DATE** | **CONFIRMATION SIGNATURE** | recommended (for office use) |
| **Academic component : 75 hours All courses can be done face to face or online or webinars, provided the online courses provide certificates to show participation has been completed to the relevant levels.** |
| **1. Fundamental** |
| a. Literacy | A **minimum requirement of 6 hours** – each case summary or referral letter counts ½ hour. | Outline type and number of referrals |  | Clinic manager |  |
| b. Numeracy | A **minimum requirement of 3 hours**  | Course / lecture title, date, time and duration.Employer as well as dates, time, duration and type of work. |  | Practitioner / EmployerLecturer, with qualifications or course co-ordinator |  |
| c. Life skills | A **minimum requirement of 3 hours**  | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |

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| **2. Core** - It should be noted that lectures as part of the Chiropractic Programme (for purposes of qualification) do not count for this section) |
| a. Basic Sciences | A **minimum requirement of 3 hours**, with a minimum of 2 different topics to be attended.  | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| b. Chiropractic Specific Techniques | A **minimum requirement of 10 hours**  | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| **3. Special or electives : Electives are for information purposes only and do not add to the legal scope of practice for chiropractic. As a result you may not - for example attend a cupping course as part of the internship or for that matter as a practitioner and then practice this under your chiropractic qualification.** |
| a. Patient care | A **minimum requirement of 1 hour** | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| b. Chiropractic specialties  | A **minimum requirement of 5 hours** | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| c. Care for a group of disadvantaged | A **minimum requirement of 3 hours** | Name of hospital / institution, date and period of stay |  | Letter from the head of the relevant institution |  |
| d. Diagnostic ambit | A **minimum requirement of 2 hours** | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| e. Alternative Health Care / Non- chiropractic health care  | A **minimum requirement of 1 hour** | Course / lecture title, date, time and duration. |  | Lecturer, with qualifications or course co-ordinator |  |
| f. Research (excluding Master's) | The **intern needs to gain one hour**  | Course / lecture / activity, date, time and duration. |  | Lecturer/supervisor, with qualifications or course co-ordinator |  |
| g. Involved in education | A **minimum requirement of 5 hours** | Subject, course, institution, timetable outline per week |  | Lecturer, with qualifications or course co-ordinator |  |

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| **Work experience : 600 hours** |
| a. Community service | A **minimum requirement of 25 hours**, with the following being examples and not requirements (ideally the focus of this section of the portfolio would relate to the chiropractic assessment and treatment of patients) Additionally **a maximum of 20 hours** can be obtained from one or more of the following community initiatives (again examples and not requirements):* Blood Bank Promotion Day Helper; SPCA / Kitty or Puppy haven; Soup Kitchens; Charity for the under privileged; Charity tours
 | Name of hospital / centre and period of stay |  | Confirmation of flight sheets, patient sheets, evaluation sheets, letter from the supervising doctor |  |
| b. Professional interaction | A **minimum requirement of 50 hours**, with the following requirements.Please be reminded that for this section you will be required to present the AHPCSA certificate of internship registration as well as the letter supplied by the Registrar to the people that you wish to observe. Observation of :* 5 Chiropractors [observation of **5** **or more** chiropractors for at least **5 hours each**, 3 of which must be qualified for at least 2 years]
* 5 medically qualified person [oobservation of **5 or more** other medical professionals (preferentially diagnostic professions) for at least **5 hours each]**.
 | Name of contact person, date and time. This needs to be on a letterhead or doctors pad indicating duration of visit, date and duly signed by the doctor / chiropractor. |  | Copies of the written interaction (this will be in the format for the observations as issued by CASA) |  |
| c. Educational drives / public relations | A **minimum requirement of 10 hours**Public TalksPresenting a public talk (talk available from Dr Korporaal), for example (public relation events where chiropractic is discussed and promoted).Attending Career Fairs where chiropractic as a profession or the chiropractic programmes are discussed and promoted | Organisation name, date, time and duration of presentation  |  | Copies of the presentation, letter from the head of the relevant institution |  |
| d. Sports events  | **Minimum hours = 10 hours minimum / minimum of 20 sports patients** | Event name, date and time period.  |  | Diary, letter from relevant authority |  |
| e. Chiropractic Clinics | **Minimum hours = 17.5 minimum**Patients seen at each institutional clinic (over and above clinical requirements)1 new patient = 1 hour; 1 follow up = 30 minutesYou need to see at least 5 new patients and 25 follow ups over and above your institutional clinic requirements. | Clinic co-coordinator or clinic administrator  |  | Copy of patient number printout  |  |
| f. Remunerated work / paid work | **No minimum hours; 100 maximum hours** | Work place manager / supervisor / coordinator  |  | Copy of a letter that is signed by the relevant line manager  |  |