

WAH MEDICAL COLLEGE



INTERN'S LOGBOOK

FOUNDATION YEAR/HOUSE JOB

POF TEACHING HOSPITAL

WAH CANTT

PREPARED BY

DEPARTMENT OF MEDICAL EDUCATION

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FOREWARD

The prospect of commencing any new career is always stressful and daunting. This is especially so in medicine where delicate human lives are at stake and the practice has no room for mistake and negligence. To that effect, a period of supervised training known as 'internship', where interns undergo a structured training to enable them to consolidate and extend theoretical clinical knowledge and technical skills, is provided for. The one-year internship is formulated in such a way to ensure that you, as internee gain appropriate knowledge, skill and experience as well as correct attitude to the profession. Though you undertake responsibility for patient management, it is aimed at providing you with sound knowledge and competency as a basis for professional development. Your active role in caring for your patients will be your greatest source of learning. In the process, it is hoped that the noble training aims not only to produce safe and competent practitioners, but also caring and compassionate professionals. Inevitably, you will face many new challenges during the internship rotations. Most of these will be exciting and positive. You will be working with people who understand that you are undergoing the learning process. If in doubt, ask them for advice and assistance. It is also always helpful to develop a good working relationship and be always courteous and respectful to other members of staff whom you work with. Before you start any rotation, you should seek more specific information about your new unit and job especially the manuals and protocols that can help in your rotation.

As an intern / house officer, most often you will be in the frontline and your competence, care, courtesy, and concern is thus of vital importance. Notwithstanding any circumstances, you are strongly advised to always maintain and uphold your professional conduct. To ensure that your practice comply with all legal requirements of this beloved and noble profession, I would like to advise all practitioners not only to be aware of the Code of Ethics for Medical and Dental Practitioners revised in its 97th session of Pakistan Medical & Dental Council held on 29th and 30th December 2001 at Islamabad but more importantly to comply with all its requirements. Though the internship training was in place even before, however, no guidebook to provide information pertaining to such training was issued by WMC. Hence, the publication of this Guidebook, entitled "A Guidebook & Logbook for House Officers" is not only timely but more importantly appropriate. This Guidebook was adapted from various sources with suitable adjustments made to suit our needs. This Guidebook aims to inform fresh graduates (like you) of what to expect from them during internship training, the training programmes which they should abide by, to meet the legal requirements and eventually what is expected of us as professionals. It

is fervently hoped that this Guidebook will allay fears and anxiety whilst undergoing this very important training in their professional career.

The method of evaluation has been well-defined in this booklet. It is expected from both the trainers and trainees to leave no stone unturned to promote learning skills during the internship / house job. Finally, on behalf of the Wah Medical College and POF Hospital, I wish you a purposeful and a rewarding training.

Principal /

Wah Medical College

Wah Cantt

Photograph



CERTIFICATE

This is to certify that to the best of my knowledge all the entries in the logbook of

Dr.are correct.

Signature:

Date:

(Internee / House Officer

COUNTERSIGNED

BY

Academic In-Charge of Internship Programme/

Coordinator Internship Programme

Official Stamp:

Date:

CLINICAL UNITS WHERE TRAINING HAS BEEN DONE

S. NO	INSTITUTION	DISCIPLINE	NAME OF HEAD OF UNIT	DURATION OF TRAINING
1		General Surgery		03 months
2		General Medicine		03 months
3		Gynaecology		
4		Paediatrics		
5		ENT		
6		EYE		
7		Allied departments of surgery		
8		Allied departments of Medicine		

DEPARTMENT OF GENERAL SURGERY

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis/ Activity	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis/ Activity	Signature

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis/ Activity	Signature

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis/ Activity	Signature

Skills Surgery

Skill	Level of Competency				Signature
	I	II	III	IV	

Surgery & Allied OT Procedure (s)

Date	Patient's MR no	Procedure	Level of Competency				Signature
			I	II	III	IV	

Management of critically ill patients

[illegible]

Academic activities

S.no	Date	Session	Topic	Signature

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
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History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time & interaction.			
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			
Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

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What was good? What can be improved and how?

Date: _____

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DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
Task:					
Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.				
4	Aseptic technique.				
5	Technical ability.				
6	Seeks help where appropriate.				
7	Communication skills				
8	Consideration for patient.				
9	Overall performance.				

Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

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Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended himself/herself to meet patient needs					
Advocated on behalf of a patient					
Demonstrated awareness of limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

Comments:

Based on Professionalism Mini-Evaluation Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate Medical Education (ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days _____ **Sick:** _____ Days _____

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

from _____ to _____

**is a true and accurate record of my training experiences at POF Teaching Hospital
affiliated with Wah Medical College.**

Signature of Trainee: _____

Name in Block Letters: _____

Supervisor Name/Signature & Stamp: _____

Date: _____

DEPARTMENT OF MEDICINE

Clinical Experience (s)

[illegible]

Clinical Experience (s)

[illegible]

Clinical Experience (s)

[illegible]

Clinical Experience (s)

[illegible]

Clinical Experience (s) (Emergency)

[illegible]

Skills (General Medicine)

Skill	Level of Competency				Signature
	I	II	III	IV	
General/physical Exam					
Systemic Examination (CNS, Respiratory, CVS, Genitourinary)					
I/V cannulation					
Drug administration					
NG tube insertion					
Ascetic tap					
Pleural tap					
Central line insertion					
Urinary Catheterization					
I/M Injection					
S/C Injection					
I/V Injection					
I/V Infusion					
Lumbar puncture					

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

OPD/IPD/ER Procedure (s)

Date	Patient's MR no	Procedure	Level of Competency				Signature
			I	II	III	IV	

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

[illegible]

Academic Session (s)

[illegible]

Research Activity

1. _____

2. _____

Conference/ Workshop Attended:

1. _____

2. _____

3. _____

Counseling Details

Date	Counselor	Issues Identified (Optional)	Details/ Agreed plan (Optional

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Signature of student: _____

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Date _____

Signature of student: _____

Signature of assessor: _____

DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
Task:					
Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.				
4	Aseptic technique.				
5	Technical ability.				
6	Seeks help where appropriate.				
7	Communication skills				
8	Consideration for patient.				
9	Overall performance.				

Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
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Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

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DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
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Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
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8	Consideration for patient.				
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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended himself/herself to meet patient needs					
Advocated on behalf of a patient					
Demonstrated awareness of limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

Comments:

Based on Professionalism Mini-Evaluation Medical Education (Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days **Sick:** _____ Days

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

from _____ to _____

is a true and accurate record of my training experiences at POF Teaching Hospital
affiliated with Wah Medical College.

Signature of Trainee: _____

Name in Block Letters: _____

Supervisor Name/Signature & Stamp: _____

Date: _____

Clinical Experience (s)

[illegible]

Clinical Experience (s)

[illegible]

Clinical Experience (s) (Emergency)

[illegible]

Skills

Skill	Level of Competency				Signature
	I	II	III	IV	
I/M Injection					
S/C Injection					
I/V Injection					
I/V Infusion					

OPD/IPD/ER Procedure (s)

[illegible]

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

[illegible]

Academic activities

[illegible]

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
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Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			
Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
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What was good? What can be improved and how?

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Instructor Comments:

What was good? What can be improved and how?

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8	Consideration for patient.				
9	Overall performance.				

Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

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What was good? What can be improved and how?

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Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended himself/herself to meet patient needs					
Advocated on behalf of a patient					
Demonstrated awareness of limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

Comments:

Based on Professionalism Mini-Evaluation Medical Education (Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days **Sick:** _____ Days

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

PRACTICAL SKILLS

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

from _____ to _____

**is a true and accurate record of my training experiences at POF Teaching Hospital
affiliated with Wah Medical College.**

Signature of Trainee: _____

Name in Block Letters: _____

Supervisor Name/Signature & Stamp: _____

Date: _____

Elective Department
DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature

Skills

Skill	Level of Competency				Signature
	I	II	III	IV	
I/M Injection					
S/C Injection					
I/V Injection					
I/V Infusion					

OPD/IPD/ER Procedure (s)

[illegible]

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

[illegible]

Academic activities

S.no	Date	Session	Topic	Signature

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
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Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
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Assessment taken by (name in capitals & level of Observer)			
TASK			
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What was good? What can be improved and how?

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Mini-CEX (Mini-clinical Evaluation Exercise)

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What was good? What can be improved and how?

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DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
Task:					
Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
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8	Consideration for patient.				
9	Overall performance.				

Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

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DOPS (Direct Observation of Procedural Skills)

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Comments:

What was good? What can be improved and how?

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Signature of student: _____

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Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Listened actively to patient					
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Comments:

Based on Professionalism Mini-Evaluation Medical Education (Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days Sick: _____ Days

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

PRACTICAL SKILLS

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

from _____ to _____

**is a true and accurate record of my training experiences at POF Teaching Hospital
affiliated with Wah Medical College.**

Signature of Trainee: _____

Name in Block Letters: _____

Supervisor Name/Signature & Stamp: _____

Date: _____

Elective Department
DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature

Skills

Skill	Level of Competency				Signature
	I	II	III	IV	
I/M Injection					
S/C Injection					
I/V Injection					
I/V Infusion					

OPD/IPD/ER Procedure (s)

[illegible]

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Academic activities

S no	Date	Session	Topic	Signature

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time & interaction.			
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			
Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
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What was good? What can be improved and how?

Date: _____

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Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
Task:					
Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
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5	Technical ability.				
6	Seeks help where appropriate.				
7	Communication skills				
8	Consideration for patient.				
9	Overall performance.				

Marks obtained: ____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

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Marks obtained: _____ /36

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What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

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Marks obtained: _____ /36

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Signature of student: _____

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Marks obtained: _____ /36

Comments:

What was good? What can be improved and how?

Date _____

Signature of student: _____

Signature of assessor: _____

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Listened actively to patient					
Showed interest in patient as a person					
Recognized and met patient needs					
Extended himself/herself to meet patient needs					
Advocated on behalf of a patient					
Demonstrated awareness of limitations					
Admitted errors/omissions					
Solicited feedback					
Accepted feedback					
Maintained appropriate boundaries					
Maintained composure in a difficult situation					
Maintained appropriate appearance					
Was on time					
Completed tasks in a reliable fashion					
Addressed own gaps in knowledge and skills					
Was available to colleagues					
Avoided derogatory language					
Maintained patient confidentiality					
Used health resources appropriately					

Comments:

Based on Professionalism Mini-Evaluation Medical Education (Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days Sick: _____ Days

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

PRACTICAL SKILLS

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

from _____ to _____

**is a true and accurate record of my training experiences at POF Teaching Hospital
affiliated with Wah Medical College.**

Signature of Trainee: _____

Name in Block Letters: _____

Supervisor Name/Signature & Stamp: _____

Date: _____

Elective Department
DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (S)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature

Skills

Skill	Level of Competency				Signature
	I	II	III	IV	
I/M Injection					
S/C Injection					
I/V Injection					
I/V Infusion					

OPD/IPD/ER Procedure (s)

Date	Patient's MR no	Procedure	Level of Competency				Signature
			I	II	III	IV	

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

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Academic activities

S.no	Date	Session	Topic	Signature

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Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: ____/15

Instructor Comments:

What was good? What can be improved and how?

Date: _____

Signature of student: _____

Signature of assessor: _____

Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
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Marks obtained: ____ /36

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Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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Used health resources appropriately					

Comments:

Based on Professionalism Mini-Evaluation Medical Education (Exercise (P-MEX) from McGill University Faculty of Medicine and ABIM Foundation 8/2015 ©2015 Accreditation Council for Graduate ACGME)

Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: _____

Pass / Fail

Date: _____ Name & Signature of Supervisor:

Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

How did you feel about the learning environment in the department?

What do you think you learnt from the time spent in this rotation?

What do you think can improve learning opportunities in the department?

What do you think you should avoid in future?

Leave Record

Casual: _____ Days Sick: _____ Days

Any Other: _____

Signature of Internee: _____

Name & Signature of the HOD: _____

PRACTICAL SKILLS

Certificate of Accuracy

I certify that the information contained in the Logbook covering the period

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Signature of Trainee: _____

Name in Block Letters: _____

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Date: _____