GAJJU KHAN MEDICAL COLLEGE SWABI



HOUSE JOB year

BACHA KHAN MEDICAL COMPLEX
SWABI, KPK
PREPARED BY

DEPARTMENT OF MEDICAL EDUCATION

Personal data of the house officer (trainee)

Name
E-mail
Phone
University & year of graduation
Training center
Name
Address

Instructions to the trainees (House Officers):

Trainees are instructed to:

- 1- Maintain the logbook throughout the training period.
- 2- Make the required entries and seek evaluation and signature of the supervisor in the same day of the event.
- 3- Follow the classical paradigm of the stepwise progression along the competency scale in acquiring the manual skills: observing (1), assisting (2), doing under supervision (3), doing independently (4).
- 4- Identify the required level of competence for each manual procedure, listed in each section, by carefully reading the related statements.

 Those which start by a verb that describes a real like "perform", "do" or "insert"; should be repeatedly practiced to reach mastery level.

 Statements which start by verbs like "observe", "witness", or "assist" refer to procedures that the trainee is required to achieve only level 1 or level 2 respectively.
- 5- Make use of the given feedback to improve their clinical competencies, manual procedures, and communication skills.

Instructions to the trainers (supervisors)

Trainers are requested to:

- 1- Carefully observe the performance of the trainees and point out the deficiencies; if any, in order to be corrected.
- 2- Sign the activities done or attended by the trainees in the same day of performance as possible.
- 3- Give constructive feedback to each trainee and document improvements in his/her performance with repeated practice.
- 4- Observe their progression along the competency scale in acquiring the manual skills: observing (1), assisting (2), doing under supervision (3), doing independently (4).

The common training requirements

These requirements are not limited to a certain discipline, and can be performed in all rotations. Each trainee is responsible for distributing those skills throughout the whole training year, and is encouraged to repeatedly practice them in all rotations in order to ensure mastery in various contexts, with different age groups, and in both sexes.

Practical skills:

By the end of the training year, each graduate should be able to

- 1. Perform CPR for cases of cardio-pulmonary arrest, either in real situations or using the CPR model.(5 times)
- 2. Give different medications by IV, IM or SC routes.(5 times each)
- 3. Insert IV cannula and give IV fluids (5 times).
- 4. Give oxygen therapy. (5 times)
- 5. Insert uretheral catheter. (4 times)
- 6. Insert a Ryle tube for oral feeding. (3 times)
- 7. Witness the insertion of a central venous catheter (1 time)
- 8. Witness the insertion of an endotracheal tube (1 time)

Communication skills

By the end of the training year, each graduate should be able to:

- 1. Counsel patients suffering from complicated illness
- 2. Obtain informed consent
- 3. Respond patiently to the patient's queries and alleviate his concerns
- 4. Deliver bad news
- 5. Respond appropriately to requests of colleagues.

House officer is required to provide evidence of **5 situations**, attended by the supervisor, for each communication skill.

TABLE OF CONTENTS

FOR	EWARD	7
CLINI	ICAL UNITS WHERE TRAINING HAS BEEN DONE	10
Targe	eted competencies	11
DEP	ARTMENT OF GENERAL SURGERY	15
a.	Clinical Experience (s)	
b.	Clinical Experience (s) (Emergency)	
C.	Skills Surgery	
d.	Surgery & Allied OT Procedure (s)	
e.	Academic activities	
f.	Mini-CEX (Mini-clinical Evaluation Exercise)	
g.	DOPS (Direct Observation of Procedural Skills)	
h.	Professionalism Mini-Evaluation Exercise	
i. :	Result of OSCE:	
j.	Reflection by the InternLeave Record	
k. I.	Certificate of Accuracy	
	ARTMENT OF MEDICINE	
DEP	ARTIMENT OF MEDICINE	40
a.	Clinical Experience (s)	40
b.	Clinical Experience (s) (Emergency)	
C.	Skills (General Medicine)	
d.	OPD/IPD/ER Procedure (s)	
e.	Academic Session (s)	
f.	Research Activity	49
g.	Conference/ Workshop Attended:	49
h.	Counseling Details	50
i.	Mini-CEX (Mini-clinical Evaluation Exercise)	51
j.	DOPS (Direct Observation of Procedural Skills)	57
k.	Professionalism Mini-Evaluation Exercise	63
I.	Result of OSCE:	64
m.	Reflection by the Intern	65
n.	Leave Record	
0.	Certificate of Accuracy	67
Elect	tive Department	
a.	Clinical Experience (s)	
b.	Clinical Experience (s) (Emergency)	
c.	Skills	
d.	OPD/IPD/ER Procedure (s)	
e.	Academic activities	
f.	Mini-CEX (Mini-clinical Evaluation Exercise)	
g.	DOPS (Direct Observation of Procedural Skills)	82

h.	Professionalism Mini-Evaluation Exercise	88
i.	Result of OSCE:	89
j.	Reflection by the Intern	90
k.	Leave Record	91
l.	Certificate of Accuracy	92
Elec	tive Department	93
a.	Clinical Experience (s)	
b.	Clinical Experience (s) (Emergency)	
c.	Skills	
d.	OPD/IPD/ER Procedure (s)	
e.	Academic activities	
f.	Mini-CEX (Mini-clinical E <mark>valuation</mark> Exercis <mark>e)</mark>	
g.	DOPS (Direct Obse <mark>rvation of Proced</mark> ural Skil <mark>ls)</mark>	
h.	Professionalism Mini-Evaluation Exercise	
i.	Result of OSCE:	
j.	Reflection by the Intern	
k.	Leave Record	
l.	Certificate of Accuracy	
Elec	tive Department	118
a.	Clinical Experience (s)	
b.	Clinical Experience (s)	119
c.	Clinical Experience (s)	120
d.	Clinical Experience (s) (Emergency)	
e.	Skills	
f.	OPD/IPD/ER Procedure (s)	
g.	Academic activities	
h.	Mini-CEX (Mini-clinical Evaluation Exercise)	
i.	DOPS (Direct Observation of Procedural Skills)	
j.	Professionalism Mini-Evaluation Exe <mark>rcise</mark>	
k.	Result of OSCE:	
l.	Reflection by the Intern	
m.		
n.	Certificate of Accuracy	
Elec	tive Department	
a.	Clinical Experience (s)	143
b.	Clinical Experience (s) (Emergency)	
c.	Skills	146
d.	OPD/IPD/ER Procedure (s)	147
e.	Academic activities	148
f.	Mini-CEX (Mini-clinical Evaluation Exercise)	149
g.	DOPS (Direct Observation of Procedural Skills)	155
h.	Professionalism Mini-Evaluation Exercise	161
i.	Result of OSCE:	162
j.	Reflection by the Intern	163

k.	Leave Record	164
l.	Certificate of Accuracy	165



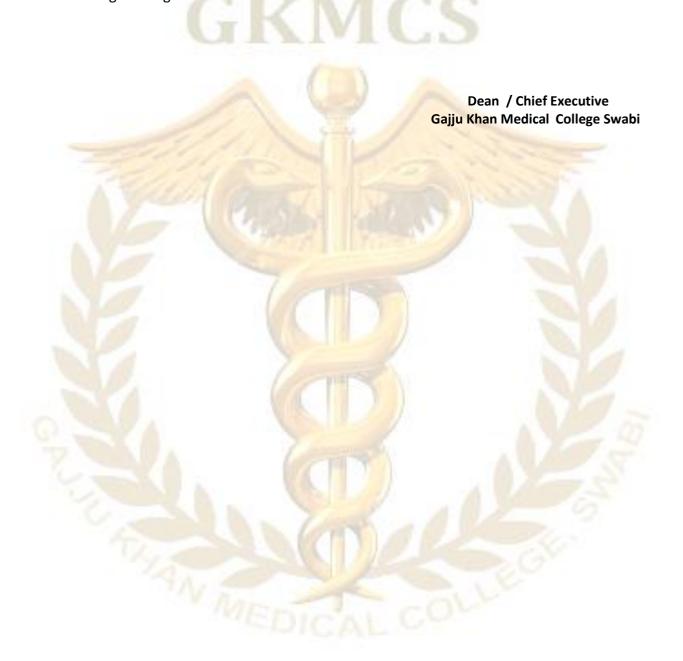
FOREWARD

The prospect of commencing any new career is always stressful. 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 house job, where house officers undergo a structured training to enable them to consolidate and extend theoretical clinical knowledge and technical skills, is provided for. The one-year house job is formulated in such a way to ensure that you, as trainee 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 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 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. 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 house job 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 house job. Finally, on behalf of the Gajju Khan Medical College & Bacha Khan Medical Complex I wish you a purposeful and a rewarding training.



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GKMCS

	CERTIFICATE	
This is to certify that to th	e best of my knowledge all the entries in the log	gbook of
Dr	are correct.	
Cianakura		
Signature:		
House Officer		
	COUNTERSIGNEDED	
	ВУ	
	COUNTERSIGNEDED BY Associate Dean Post graduation	
Official Stamp:		Date:

CLINICAL UNITS WHERE TRAINING HAS BEEN DONE

S. NO	INSTITUTION	DISCIPLINE	NAME OF HEAD OF UNIT	DURATION OF TRAINING
1	G	General Surgery	CS	03 months
2		General Medicine		03 months
3	-23/1	Gynaecology	1	-
4	Ayes	Paediatrics		Z'A
5	NE V	ENT		34
6	10	EYE		20
7		Allied departments of surgery		
8	Z.	Allied departments of Medicine		100

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Targeted competencies

1. Department of General Surgery

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the General Surgery rotation, H.O. will be able to:

- 1. Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - Wounds and ulcers
 - Swellings
 - Common infections (e.g. Hand infections, face infections, erysipelas)
 - Anal disorders Hernias Breast masses Jaundice Acute abdomen
 - Inguino-scrotal swellings
 - Common neck swellings (thyroid, Lymph nodes)
 - Varicose veins
 - Foot problems in diabetics
 - Dyspepsia
- 2. Provide 1st aid measures for acute abdomen.
- 3. Identify common surgical instruments and describe their use.
- 4. Prepare patients for different operative intervention
- 5. Provide the appropriate postoperative care
- 6. Identify cases that need hospital admission.
- 7. Write medical reports for referral and requests for investigations.

2. Department of Medicine

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the Internal Medicine Rotation, H.O. should be able to:

- Carry out a focused history taking, perform physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (at least one patient in each clinical condition)
 - Cardiology: Hypertension Ischemic Heart Disease Rheumatic heart disease Heart failure Arrhythmias
 - GIT/Hepatology: Diarrhea Vomiting Abdominal pain Hematemesis Hepatitis
 Hepatic encephalopathy
 - Nephrology: Nephrotic syndrome Acid-Base balance and electrolytes - Acute renal failure -Chronic renal failure
 - Hematology: Bleeding tendency-Anaemia-Generalized lymphadenopathy
 - Diabetes/Metabolism: Diabetes Mellitus
 - **Endocrinology**: Thyrotoxicosis Hypothyroidism- others
 - Rheumatology: Arthritis Systemic Lupus Erythematosis - Rheumatoid arthritis
 - Emergency/ RR: Coma Shock Respiratory distress Acute abdomen GIT Bleeding Diabetic Emergencies Hypertensive emergencies Food poisoning & drug intoxication
- Prescribe the appropriate diet for patients with diabetes, advanced liver cell failure, hypercholesterolemia and hypertension.
- 3. Prescribe, prepare and monitor parenteral fluid therapy.
- 4. Perform first aid measures for cases with poisoning or intoxication.
- 5. Write medical reports for referral and requests for investigations.

3. Department of Pediatrics

I. Clinical competencies

I.i. Expected clinical competencies

By the end of the Pediatrics Rotation, H.O. should be able to:

- Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - General: malnutrition, febrile illness in different pediatric age groups, skin rash, mental retardation
 - Chest: respiratory tract infection, asthma
- Cardiology:
 - **GIT:** Gastroenteritis
 - Hematology: neonatal jaundice, bleeding tendency-anemia—
- Diabetes/Metabolism: IDDM,
 - Endocrinology:- Hypothyroidism
 - Rheumatology: musculoskeletal disorders
 - Emergency/ RR: Gastroenteritis and dehydration,
 disturbed level of consciousness Shock Respiratory
 distress Acute abdomen Bleeding Diabetic Emergencies
 Food poisoning & drug intoxication
 - 2. Prescribe the appropriate feeding advice for different pediatric age group (breast, artificial, and weaning)
 - 3. Prescribe, prepare and calculate oral rehydration therapy.
 - 4. Perform first aid measures for cases of poisoning or intoxication.
 - 5. Identify cases that need hospital admission.
 - 6. Write medical reports for referral and requests for investigations.

4. Department of Gynae & Obstetrics

I.i. Expected clinical competencies

By the end of the Gynecology & Obstetrics rotation, H.O. will be able to:

- 1. Carry out a focused history taking, do physical examination, justify the diagnosis, discuss management plans, and perform relevant follow-up of the progress of the following clinical conditions (At least one patient for each clinical condition)
 - Vaginal discharge
 - Vaginal bleeding
 - Amenorrhea
 - Dysmenorrhea
- 2. Perform antenatal care.
- 3. Identify high risk pregnancy and write referral reports.
- 4. Diagnose and provide 1st aid management of postpartum complications

 Educate the patient of the appropriate means of family

 planning

DEPARTMENT OF GENERAL SURGERY

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis/ Activity	Signature of facilitator
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Clinical Experience (s)

Patient's MR no	Admission Date	Diagnosis/ Activity	Signature
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Date	Patient's MR no	Admission Date	Diagnosis/ Activity	Signature
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Clinical Experience (s) (Emergency)

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Skills Surgery

Skill		Level of Competency			Signature	
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Surgery & Allied OT Procedure (s)

Date	Patient's MR no	Procedure		el of npeter	тсу		Signature
			I	II	III	IV	
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Management of critically ill patients

MR no & Bed no	Action taken/ Follow-up	Charge taken over with date & time	Charge handed over with date & time	Counter sign
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		CB		
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Academic activities

S.no	Date	Session	Topic	Signature
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	3/4			45
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Assessment taken by (name in capitals & leve	el of Observer)			
TASK				
CRITERIA SCALE	Below	Around	Above	
() K	Expectations (1)	Expectations (2)	Expectations (3)	
History Taking:	TAME.			
Elicits history and allows patient to	Acres 1			
elaborate, asks relevant clinical questions		all to		
current treatment, allergies, past medical		Philadelphia		
history and family history social history inc.	- Call			
risk factors.	500	N. Comments		
Physical Examination:		1000		
Obtains verbal consent for physical				
examination Performs examination			3	
appropriately and competently	of the HINGS		V A	
Uses relevant instruments in a competent	AND LANGE	N7//		
manner.	10 mm			
Organization/Efficiency:		-	TA A	
Exhibits well organized approach	1		TO A STATE OF	
Sensible management of interview time				
&interaction.			A LOP	
Communication Skills:	N 11-101			
Uses clear understandable language				
Shows appropriate nonverbal skills during				
the interview	NH N	7		
Shows appropriate rapport/ empathy.	(C 1 Y)		A TOTAL OF THE PARTY OF THE PAR	
Professionalism:	- N - N		11/19/20	
Responds appropriately to patient by taking			1	
her name				
	WAS TO STATE OF		11-11	
Marks obtained:/15				
Instructor Comments:				
What was good? What can be improved and h	iow?			
1/4			2"	
TA.				
RIFE	315 14 1			
Date:	Signature of			
	Signature of	assessor:		

Mini-CEX (Mini-clinical Evaluation Exercise) Assessment taken by (name in capitals & level of Observer) **TASK CRITERIA SCALE** Below Around Above Expectations (2) Expectations (1) 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:**

Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.	PH TO THE PARTY OF	10
Professionalism: Responds appropriately to patient by taking her name		10
Marks obtained:/15 Instructor Comments: What was good? What can be improved and how?	The state of the s	- S
Date:	Signature of student: Signature of assessor:	

Mini-CEX (Mini-clinical Evaluation Exercise) Assessment taken by (name in capitals & level of Observer) **TASK CRITERIA SCALE** Below Around Above Expectations (1) Expectations (2) 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:

Below Expectations (1)	Around Expectations (2)	Above Expectations (3
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26

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.			3
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			16
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		100	65
Professionalism: Responds appropriately to patient by taking her name	De		Co.

27

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.			36		
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			16		
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		100	55		
Professionalism: Responds appropriately to patient by taking her name	(De		Con		

28

What was good? What can be improved and how?

	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		A.		
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	H	10		
4	Aseptic technique.	OC.	LOUIS .		A .
5	Technical ability.	200			V _A
6	Seeks help where appropriate.	7 mir			V
7	Communication skills	11	27/		40
8	Consideration for patient.	>	1	110	40
)	Overall performance.	(AC 17	7	- 1	
	arks obtained:/36 mments:	(III		1	200
Wl	nat was good? Wh <mark>at can be improved</mark> a	ind how?			
	491,			18	
	W. 13 1/2 m	-	-0		

	cale below	Expectations	Borderline (2)	Around Expectations	Above Expectation
		(1)		(3)	(4)
ir	emonstrates understanding of ndication, relevant anatomy echnique of procedure.		10		
2 0	obtains informed consent.	10KH 1	HOLLER	N. S.	
	emonstrates appropriate pre rocedure preparation.	MAI III		-	(4)
4 A	septic technique.			-	10
5 T	echnical ability.	1		-	1
6 S	e <mark>eks help whe</mark> re appropriate.	PH			10
7 C	om <mark>munication</mark> skills		11		10 -
8 C	onsideration for patient.	200	-	×0.2	7.5
9 0	overall pe <mark>rformance.</mark>	(V)		1 8/4	T.
	A Comment	7,000	1	1/	9
Marks	s obtained:/36				

	ase grade the following areas using	Below Expectations	Borderline (2)	Around Expectations	Above Expectation
		(1)		(3)	(4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		10		F
2	Obtains informed consent.	10KH 1	MARKET		
3	Demonstrates appropriate pre procedure preparation.				(4)
4	Aseptic technique.	OF THE	7	-	10
5	Technical ability.	1		. 0	100
6	Seeks help where appropriate.	NHT.	2		10
7	Communication skills				10 -
8	Consideration for patient.	7		02	75
9	Overall performance.	(A)		4 Q.Z.	12
	C	7,000	6 - 1	1/_	9
		W 11			

Please grade the following areas using the scale below		Below Expectations	Borderline (2)	Around Expectations	Above Expectation
	Domenstrates and outen disc of	(1)	1	(3)	(4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		
2	Obtains informed consent.	10KH 1	ACTION!	J. S.	
3	Demonstrates appropriate pre procedure preparation.				(4)
4	Aseptic technique.	1	7	- 70	10
5	Technical ability.	10 10		- 0	1
6	Seeks help where appropriate.	PH			10
7	Communication skills		11		10 -
8	Consideration for patient.	7	-	×0.2	7.6
9	Overall performance.	(A)		4 Q.Z.	12
	Comp.	7000	500	1	9
		March 1977			

	ease grade the following areas using	Below	Borderline (2)	Around	Above
	e scale below	Expectations (1)	Borderine (2)	Expectations (3)	Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.	50KH 1	4000	- And	
3	Demonstrates appropriate pre procedure preparation.	AN III		-	
4	Aseptic technique.	1		0	10
5	Technical ability.	0			
6	Seeks help where appropriate.	PT	*		10
7	Communication skills	WIL	11		19 =
8	Consideration for patient.	4		×0.2	7.0
9	Overall performance.	(VIII)	1	A QATES	T.
		6	600	6	9
	rks obtained:/36				

Please grade the following areas using the scale below		Below Expectations	Borderline (2)	Around Expectations	Above Expectation
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(1)	10	(3)	(4)
2	Obtains informed consent.	061	HOLDING.	Land.	
3	Demonstrates appropriate pre procedure preparation.	2001		-	(A)
4	Aseptic technique.	MI	-	-	1
5	Technical ability.			. 0	7
6	Seeks help where appropriate.	NHT.	E		10
7	Communication skills		23)		10 -
8	Consideration for patient.	2	3	×0.2	750
9	Overall performance.	(V)		4 Q.Z.co	T.
Со	mments: nat was good? What can be improved a	ind how?	CO	LEGE	

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer Date of Evaluation:

	Not Observed	Not Acceptable	Below Expectations	Met Expectations	Exceeded Expectations
Property of the second con-					
Listened actively to patient					
Showed interest in patient as a person	CI	7 Th. /	000	79	
Recognized and met patient needs	JI	IV			
Extended himself/herself to meet patient needs					
Advocated on behalf of a patient		6			
Demonstrated awareness of limitations	(1)	JT		The same of	
Admitted errors/omissions			150		
Solicited feedback	7			017.20	
Accepted feedback			YOURSE TO		
Maintained <mark>appropriate</mark> boundaries	13			4	
Maintained composure in a difficult situation	1			. 10	X.O
Maintained appropriate appearance	11		70		
Was on time					
Completed tasks in a reliable fashion		>		16	Yal
Addressed own gaps in knowledge and skills			Y	100	100
Was available to colleagues		Carlo III		A 1	
Avoided derogatory language		7	-5.	(1)	
Maintained patient confidentiality			9)	, AVA	- 71
Used health resources appropriately	h.,	1	1	132	60

Comments:		
	My Control of the Con	

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
	TIMEC
	TIVILO
-	

Damanla	/IE	، اما	Fuguela es	
Remarks (if any) by	Examiner:	

Pass / Fail

Date:______Name & Signature of Supervisor:

Reflection by the house (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 house officer: _ Name & Signature of the registrar:

Certificate of Accuracy

I certify that the information	on contained in the Logbook co	vering the period
from	to	
is a true and accurate record	of my training experiences at E Complex Swabi	3acha Khan Medical
Signature of Train	inee:	Sec. of the second
Name in Block Le	etters:	(3) (A)
Supervisor Name/Sig	gnature & Stamp:	
Date:		

DEPARTMENT OF MEDICINE

Clinical Experience (s)

Date	Patient's MR	Admission	Diagnosis	Signature
	no	Date	777	
		1 th 100		
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100		100		
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		1000		
	175		1	
	-7V	MEN	COLL	
			CAL	

Date	Patient's MR no	Admission Date	Diagnosis	Signature
		- T		
	1	JK	MCS	
		1		
	Well !	1000		J. V
1	100			
		-		
100	0	(4)		
-		N.		
	D.	6	- PFS	10
~	10,	V		100
2	A D.A.	7	A 1	100
				-73

THAN ME

Date	Patient's MR no	Admission Date	Diagnosis	Signature
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		OT IN	IVILO	
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P		1		MA
4	AG.	\ \		-6

TVYAN ME

Date	Patient's MR no	Admission Date	Diagnosis	Signature
	IVIK IIO	Date		
	1	GK	MCS	
		18		
	N VICEO	1000	7	A
1.7	100			30
0		-		
100		100		
-		1		
	0	6	- PTTT	10
		N.		W
20	A DA	2		100
4				-7,

THAN ME

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature
	(GKMCS	
		A (0) A	
			700
	There		A TOTAL
	1		
	1		
- W			EN.
101	A		100
	70		100
03 6	3(0)		
The same			

Skills (General Medicine)

Skill	Level of Competency				Signature
	ı	Ш	III	IV	
General/physical Exam					
Systemic Examination (CNS, Respiratory, CVS, Genitourinary)	4.5	5			
I/V cannulation	_				
Drug administration		W.,			
NG tube insertion	140				
Ascetic tap				34	ă.
Pleural tap	3	1	7	M	
Central line insertion			1		CA .
Urinary Catherization				-	1
I/M Injection				1	19
S/C Injection				N	10
I/V Injection					
I/V Infusion			. 1	36	70
Lumbar puncture		2	67		- 671

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

OPD/ER Procedure (s)

Date	Patient's MR no				Level of Competency			
			I	II	III	IV	-	
		CLIMA	6					
		CHIZIALC						
	N The last							
	11-		7,			M		
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	1						1	
- 10	0						9	
0	A	7					10	
1	50						11-	
C. A	XA.	7			٨	y'r	7.20	
4				Ü			2	
		A Long	11	1,2			0	

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

MR no & Bed no	Action taken/ Follow-up	Charge taken over with date & time	Charge handed over with date & time	Counter sign
	OI I			
A A		3715		X
AY		Service dilities		
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	A)	07
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	YAN			3
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Academic Session (s)

S.no	Date	Session	Topic	Signature
			ZIVICS	
		UI.	- VIVI CO	
			999	
		729		
	A 3-	201 19		A .
		663		V.
	W		7	X.O
	NE			N/d
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	30			
0	1			19/10
1		Δ.	407	

Research Activity

1._____

Conference/ Workshop Attended:

1.

2.

3.

Counseling Details

Date	Counselor	Issues Identified (Optional)	Details/ Agreed plan (Optional
	GK	MCS	
	CALL		



Assessment taken by (name in capitals & leve	el 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.	9		
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.		.0)	
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			36
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			100
Professionalism: Responds appropriately to patient by taking her name		102	-6
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	now?	OLLEG	
Date:		student:assessor:	

Assessment taken by (name in capitals & lev	el 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.			Y
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			100
Professionalism: Responds appropriately to patient by taking her name			- AV
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	now?		No.
Date:	_	student:	

Assessment taken by (name in capitals & leve	el of Observer)		
TASK	VIV	10	
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking:			
Elicits history and allows patient to			
elaborate, asks relevant clinical questions		111111111111111111111111111111111111111	
current treatment, allergies, past medical			
history and family history social history inc.			W A
risk factors.	March 17 July 1	Marine The Park	V.A
Physical Examination:			SA SA
Obtains verbal consent for physical	AND DESIRED		VA
examination Performs examination	·		
appropriately and competently			
Uses relevant instruments in a competent			
manner.			
Organization/Efficiency:			1
Exhibits well organized approach	NH	1	
Sensible management of interview time			A VIII
&interaction.			
Communication Skills:	7		30 mm HJ
Uses clear understandable language	THE STATE OF THE S	- A U	
Shows appropriate nonverbal skills during	16	2 (0) 2	(-)
the interview		A 360	To.
Shows appropriate rapport/ empathy.	11000		
Professionalism:	W I I	7.0	367
Responds appropriately to patient by taking			9
her name			
WE	Teral C	COLL	•
Marks obtained:/15			
Instructor Comments:			
What was good? What can be improved and h	now?		

Assessment taken by (name in capitals & leve	el of Observer)		
CI			
TASK	VIV	45	
CRITERIA SCALE	Below Exp <mark>ectatio</mark> ns (1)	Around Expectations (2)	Above Expectations (3)
History Taking:			
Elicits history and allows patient to			
elaborate, asks relevant clinical questions		THE YES	
current treatment, allergies, past medical			-
history and family history social history inc.	PT IN INTE	Contract of the Contract of th	7 A
risk factors.	1/3/07		V. A.
Physical Examination:			3.07
Obtains verbal consent for physical	AND DESTROY		VA
examination Performs examination			
appropriately and competently			
Uses relevant instruments in a competent			
manner.			
Organization/Efficiency:			
Exhibits well organized approach	NH)	
Sensible management of interview time			N. Wall
&interaction.		4	
Communication Skills:	A CONTRACTOR OF THE PARTY OF TH		B. W.
Uses clear understandable language	FIRM	- A V	
Shows approp <mark>riate nonverb</mark> al skills during		2 10 2	69,
the interview		4 3 34	03
Shows appropriate rapport/ empathy.	1000		
Professionalism:	W I N	7	160
Responds appropriately to patient by taking			2
her name			
WE			
Marks obtained:/15			
Instructor Comments:			
What was good? What can be improved and h	iow?		

Assessment taken by (name in capitals & leve	el of Observer)		
TASK	VI	3	
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking:			
Elicits history and allows patient to			
elaborate, asks relevant clinical questions		THE YES	
current treatment, allergies, past medical			
history and family history social history inc.			W A
risk factors.	March 17 July 1	Marine The State of the State o	V. A
Physical Examination:			
Obtains verbal consent for physical	AND DESIRED		TV A
examination Performs examination	·		
appropriately and competently			
Uses relevant instruments in a competent			
manner.			0.10
Organization/Efficiency:			
Exhibits well organized approach	NH	1	
Sensible management of interview time			100
&interaction.			
Communication Skills:	7		3000
Uses clear understandable language	THE STATE OF THE S	- A U	
Shows appropriate nonverbal skills during	16	2 (0) 2	- (-)
the interview		A 360	- En
Shows appropriate rapport/ empathy.	11000		
Professionalism:			1
Responds appropriately to patient by taking			9
her name			
Marks obtained:/15	TICAL I	COLL	
Instructor Comments:			
What was good? What can be improved and h	2007		

Below Expectations (1)	Around Expectations (2)	Above Expectations (3
		Y
		1
	_ 40	- CAN
how?		
		Expectations (1) Expectations (2)

	ease grade the following areas using	Below	Borderline (2)	Around	Above
th	e scale below	Expectations (1)		Expectations (3)	Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	0	_		
2	Obtains informed consent.	1	1	No.	
3	Demonstrates appropriate pre procedure preparation.				
4	Aseptic technique.	061	MATERIAL PROPERTY.	James	A .
5	Technical ability.	200			V/A
6	Seeks help where appropriate.	7 mir			V
7	Communication skills	16	7.7		4.0
8	Consideration for patient.			11/2	4
9	Overall performance.		7	1	
Со	arks obtained:/36 mments: nat was good? What can be improved a	ind how?	5	1	100

Please grade the following areas using	Below	Borderline (2)	Around	Above
the scale below	Expectations (1)	100	Expectations (3)	Expectation (4)
1 Demonstrates understanding of indication, relevant anatomy technique of procedure.	ZIV			
2 Obtains informed consent.				
3 Demonstrates appropriate pre procedure preparation.		1	13.00	
4 Aseptic technique.	2011	28		
5 Technical ability.	36.		1	
6 Seeks help where appropriate.	AVA III	The state of		VA.
7 Communication skills	7	5 A	-	V
8 Consideration for patient.	0	20)	-	4.6
9 Overall performance.	>		100	40
Marks obtained:/36 Comments: What was good? What can be improved a		gnature of studer	nt:	

Та	sk:				
	ease grade the following areas using e scale below	Below Expectations	Borderline (2)	Around Expectations	Above Expectation
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(1)	CS	(3)	(4)
2	Obtains informed consent.		1		
3	Demonstrates appropriate pre procedure preparation.	77	1	3.	
4	Aseptic technique.		100		-
5	Technical ability.	106. I	LOUIS .	-	
6	Seeks help where appropriate.	AND I	100		V _A
7	Communication skills	7			10
8	Consideration for patient.		77		4.0
9	Overall performance.		1		47
Co WI	arks obtained:/36 mments: nat was good? What can be improved a		gnature of studer	nt:	18/18/1

Та	sk:				
	ease grade the following areas using e scale below	Below Expectations	Borderline (2)	Around Expectations	Above Expectation
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(1)	CS	(3)	(4)
2	Obtains informed consent.		1		
3	Demonstrates appropriate pre procedure preparation.	1	1	3	
4	Aseptic technique.		100		-
5	Technical ability.	106 V	MATERIAL		
6	Seeks help where appropriate.	Art I			V _A
7	Communication skills	7			10
8	Consideration for patient.				46
9	Overall performance.			1/2	4/
Co WI	arks obtained:/36 mments: nat was good? What can be improved a		gnature of studer	ıt:	18 N

	ase grade the following areas using	Below	Borderline (2)	Around	Above
the	e scale below	Expectations (1)	100	Expectations (3)	Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	VIV)	
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.		1	13	
4	Aseptic technique.		100		
5	Technical ability.	56	HO (18)	1	
6	Seeks help where appropriate.	234			Va.
7	Communication skills	7			W
8	Consideration for patient.	96	20)	-	4.6
9	Overall performance.			1/2	40
Co	orks obtained:/36 mments: nat was good? What can be improved a	nd how?			10 M

	ase grade the following areas using	Below	Borderline (2)	Around	Above
the	e scale below	Expectations (1)	100	Expectations (3)	Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	VIV)	
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	1	1	13	
4	Aseptic technique.		100		
5	Technical ability.	56.	HO (18)	1	
6	Seeks help where appropriate.	SAM III			V A
7	Communication skills	7			VIII.
8	Consideration for patient.		20		4.6
9	Overall performance.			1/2	40
Co	orks obtained:/36 mments: nat was good? What can be improved a	and how?			S S S S S S S S S S S S S S S S S S S

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer Date of Evaluation:

evel: 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	TK	IVI	C.S		
Recognized and met patient needs					
Extended himself/herself to meet patient needs		V			
Advocated on behalf of a patient				The state of the s	
Demonstrated awareness of limitations		SHE			A
Admitted errors/omissions	Palet				
Solicited feedback	(F. F.			100	
Accepted feedback		LANGE PRINCIPAL			V A.
Maintain <mark>ed appropr</mark> iate boundaries	7	ris	500		V
Maintained composure in a difficult situation	10			-	10
Maintained appropriate appearance		- NIFS		- 6	10
Was on time					
Completed tasks in a reliable fashion				10	07
Addressed own gaps in knowledge and skills		(CTT)	7		17
Was available to colleagues			1/.	A WATER	
Avoided derogatory language	100	Low	201		9
Maintained patient confidentiality				- COV	
Used health resources appropriately	ME	-	01	L	

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
GKM	CS

Remarks	(It 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 importunities in the department? What do you think you should avoid in future?

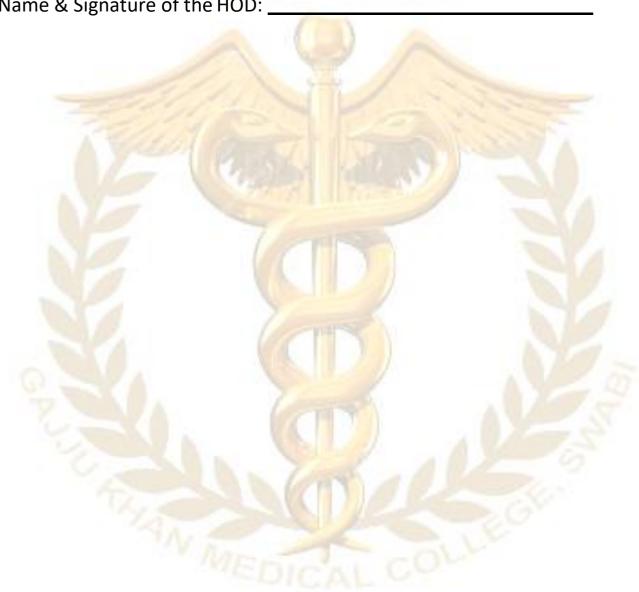
Leave Record

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
fromto
is a true and accurate record of my training experiences at POF Teaching Hospital affiliated with Gajju Khan Medical College Swabi.
Signature of Trainee:
Name in Block Letters:
Supervisor Name/Signature & Stamp:
Date:
THE STATE OF THE S

Elective Department

DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		100		100
	6	(4)		7
		7	THE SA	W
-	5	V		50
-	1	2		
0 -	V/A			NE a
1	34			1
-	430	100		-40
	79			50

Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
	CL	MICC	
	CIL	TALCO	
	141		
1966	PAUL		No. of Particular Part
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10	7		-
10			80
10	7	N. F. S.	10
			10
W.			1200
			10
	A P	100 m 1 1 1 1	200
	MR no	MR no Date	

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		CV	MACC	
		UD	IVILO	
	· ·		11/13	
		100	The six	1
	6	(3,5)		-30
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6	9	(4		20
0				30
	174	- (1
03				
4			SLA AS	1
	THA	V MIEL	TICAL COUL	GE.

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature
		CKMCC	
	700	(Basic Longs)	
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			30
	B	C THE S	
0 2	VA.		NE
1	34		
	45	Short of the	240
		MEDICAL COLL	

Skills

Skill		Level o	of Comp	etency	Signature	
		ı	II	III	IV	-
12	CITA	NI O	76	-0		
	CILIV		4	9		
	- /	\				
		1				
-			18	1/		
76/1	YARRINI					
		30			X	
AV	33034111	Time				VA
	7	4				V
1	(K.)	20				10
I/M Inj <mark>ection</mark>						10
S/C Injection						10
I/V Injection	1				43	20
I/V Infusion				. (A	y A	- (1)
8	A SEE	pd.	А			65
TO	3200					
4	1	No.		18	~	

OPD/ER Procedure (s)

Date	Patient's	Procedure	Leve				Signature
	MR no		Com	peter	ıcy		
			ı	Ш	Ш	IV	
		GKMC	5				
	-						
		4 60 6					
	V And	The second second		-			
	1	Control Transit	1		1		Ann.
	100	7					10
- 6						9	
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	No.					1	1
0 2	AP A				X		05
77							17
T.	Sept 1	A. CLA		1			7
	1					7,	

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

MR no & Bed no	Action taken/ Follow-up	Charge taken over with date & time	Charge handed over with date & time	Counter sign
		ZN/I	CC	
	U	ZIVI	6	
		(73)		
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	2/1/	N. T.		
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4	XIII.			
	Alle	700	- 1 (Z	- 60
		DKI)		-16.
	TIME		O LE	
	107	DICAL	COL	
	1			

Academic activities

S.no	Date	Session	Topic	Signature
		(-	< MCS	
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		926 k		
	A 39	201 19		A.
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	Ma		7	X.O
	W.	I		N/A
	30			
	30			
	A.			100
	1	A	402	7.0
		J N		- Z3,

THAN ME

Assessment taken by (name in capitals & leve	el 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.			10
Professionalism: Responds appropriately to patient by taking her name		400	-61
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	now?	OLLEG	Alexander of the second
Date:	Signature of	student:	

CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3
History Taking:	5-8-1	1	
Elicits history and allows patient to		Contract of the second	
elaborate, asks relevant clinical questions		3/11/	
current treatment, allergies, past medical		The state of the s	1 4
history and family history social history inc. risk factors.			
Physical Examination:	P. Halling		Design at the second
Obtains verbal consent for physical			A V
examination Performs examination			
appropriately and competently			The Part of
Uses relevant instruments in a competent			
manner.		110	
Organization/Efficiency:		Li li	1
Exhibits well organized approach	- WIFS		140
Sensible management of interview time			
&interaction.			
Communication Skills:		A .	(0)
Uses clear understandable language	A STATE OF THE PARTY OF THE PAR		
Shows appropriate nonverbal skills during		- A VI.	
the interview		y 100 AZ	
Shows appropriate rapport/ empathy.		40 364	
Professionalism:	10000	4	
Responds appropriately to patient by taking her name			(1)
nor namo	The second secon	The state of the s	

TASK	1		
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.			Y
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			1
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		200	200
Professionalism: Responds appropriately to patient by taking her name	Me		

TASK						
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.			8			
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			1			
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		200	200			
Professionalism: Responds appropriately to patient by taking her name	Me	450				

GK	IVIC	2	
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.			1
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.	(11)	100	258
Professionalism: Responds appropriately to patient by taking her name	Me		

TASK	173		
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.			No.
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			1
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		100	TO SERVICE SER
Professionalism: Responds appropriately to patient by taking her name	Me		

81

	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(_		
2	Obtains informed consent.	T.	//		
3	Demonstrates appropriate pre procedure preparation.		100		
4	Aseptic technique.		HATTER	Acres	A .
5	Technical ability.	1			7.
6	Seeks help where appropriate.	7		-	V
7	Communication skills				4.0
8	Consideration for patient.				
9	Overall performance.	(TI	7		18
Со	mrks obtained:/36 mments: nat was good? What can be improved a	ind how?			57.78
Da	te		gnature of studer gnature of assess		

					T
	ease grade the following areas using e scale below	Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation: (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		
2	Obtains informed consent.	06	Selling.	Som	A .
3	Demonstrates appropriate pre procedure preparation.	3711			4
4	Aseptic technique.	(MITT	7	0	V
5	Technical ability.			1	10
6	Seeks help where appropriate.	No.	2 0		10
7	Communication skills		20		10 -
8	Consideration for patient.	7		.02	7.00
9	Overall performance.	(A)		4 Q.Z.	-7,
	0	1000	600	1	9
Ma	arks obtained:/36	- NC			
Co	mments:				

As	sessment taken (name in capital & lev	el of observer)			
	C				
Та	sk:	LWIA.		,	
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.	311	100		=
2	Obtains informed consent.	000	HARRINE	mak	A .
3	Demonstrates appropriate pre procedure preparation.	28111			VA
4	Aseptic technique.	1	7	-	Va
5	Technical ability.		2)	0	1
6	Seeks help where appropriate.	(PT			10
7	Communication skills		20		10 =
8	Consideration for patient.	200		×0.2	7.0
9	Overall performance.	(A)		4 Q.Z.	- Z3,
	arks obtained:/36 mments:	MO	L	EGE.	
Wł	nat was good? What can be improved a	nd how?	L CO		

Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		
2	Obtains informed consent.	(C)	TO SECOND		
3	Demonstrates appropriate pre procedure preparation.	AM III	12-51	-	VA.
4	Aseptic technique.	1	7	-	1
5	Technical ability.				
6	Seeks help where appropriate.	PH			10
7	Communication skills		1)	. 0	10 2
8	Consideration for patient.	7		.02	7.0
9	Overall performance.	(A)		4 0 Zm	12
Ma	arks obtained:/36		el		9

1 Demonstrates understanding of indication, relevant anatomy	(3)	(4)
technique of procedure.		
2 Obtains informed consent.	James	A
3 Demonstrates appropriate pre procedure preparation.	1	Va
4 Aseptic technique.		1
5 Technical ability.		19
6 Seeks help where appropriate.		10
7 Communication skills	. 6	10 -
8 Consideration for patient.	. 4.2	7.9
9 Overall performance.	4 0 2	-5
Marks obtained: /36	15.	9

DIA	acce are do the following areas wing	Below	Doudoulino (2)	Around	Above
	ease grade the following areas using e scale below	Expectations (1)	Borderline (2)	Expectations (3)	Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	561		and the	
4	Aseptic technique.	STATE OF THE PARTY		-	CA.
5	Technical ability.	1	-	0	Val
6	Seeks help where appropriate.			- 1	79
7	Communication skills	/ mar			10
8	Consideration for patient.		2)	. 6	10 -
9	Overall performance.	7	3	. 4 %	7.4
	udu aktalinada (200	W. I		A 82	27
	arks obtained:/36				
C -	mments:	100			

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer Date of Evaluation:

	Not	Not	Below	Met	Exceeded
	Observed	Acceptable	Expectations	Expectations	Expectations
Listened actively to patient					
Showed interest in patient		TIN 40	0	10	
as a person		10/1	1		
Recognized and met patient needs	IL	FIAI		P	
Extended himself/herself to					
meet patient needs			100		
Advocated on behalf of a					
patient		5 4			
Demonstrated awareness of limitations	1	SIE		11.00	
Admitted errors/omissions	P. Committee	PT TO IT	1	11/2/11/11	A
Solicited feedback	Paul	Mary 1	Marie Park		
Accepted fe <mark>edback</mark>	100			100	
Maintain <mark>ed app</mark> ropriate boundari <mark>es</mark>	1	A TOTAL		-	CA
Maintained composure in a difficult situation	6	1		0	
Maintained appropriate appearance	V		1	1.0	
Was on time	- /		3		I Audi
Completed tasks in a reliable fashion			9)	100	10-
Addressed own gaps in knowledge and skills		>	4	. 4.7	70
Was available to colleagues			11/1	AV	- 11
Avoided derogatory language	1	Mary Property	1 4	1300	6
Maintained patient confidentiality	100		10 8	-4	4.7
Used health resources appropriately		Z	See	CEL	

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
GKIM	CS

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 importunities in the department? What do you think you should avoid in future?

Leave Record

CKMCS
Casual:Days Sick:Days
Any Other:
Signature of Internee:
Name & Signature of the HOD:
PRACTICAL SKILLS
Control of Francisco
THE STATE OF THE S

Certificate of Accuracy

I certify that the informat	ion contained in the Log	book covering the period
from	to	3
is a true and accurate record affiliated wit	of my trai <mark>ning experienc</mark> : <mark>h Gajju Khan M</mark> edical <mark>Co</mark>	
Signature of Tr	ainee:	
Name in Block	Letters:	
Supervisor Name/S	ignature & Stamp:	
Date:	7	
	PT	

Elective Department

DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		1	9/	
		141		
104	Value	(6)		20
		7		N.
_9		V V		TV.
	P	6		V
0 -	MA.			0
1				-61
- 3		LDA		60
	791			
		WED	ICAL COLL	

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		CK	MCS	
		ULLY	IVILLED	
	- 3			
	18/11	1		3
	1	(6.5)		X.A
1	15		THE WITTER	EVA.
	10	1		
V	10			NA
-	30		THE STATE OF THE S	10
- 1	7 61			May.
0	WA.			1 2
		. (= 3

Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		GK	MCS	
	2000	1110		
	THE	1		3
	6			20
	10		of the same	
	10	(4		10
1	10	V		00
1	10	7	ner S	M
- 1	17/	- VI		100
03	XA.			3-3
-		1		= 71

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature
	(TKMCS	
1	Sec.	Prof. Barre	
	100	Count III have	
		7	PV
			24
- 1			
	PA		
0 3	W/A		
1			
1			9
	1		Car
		MEDICAL COLL	

Skills

Skill		Level o	f Comp	etency		Signature
		ı	II	Ш	IV	-
	T Z TA		-	-		
G	KIV		9 1	9		
	-					
- 3/1		1				
30114						
Ayer	MOK.	, NO	1	1		A
VA A	227	Trace.	9			V A
Ve	7					V
Nº						46
I/M Injecti <mark>on</mark>						40
S/C Injection		7			1	F
I/V Injection	10	1			1	20
I/V Infusion	(CT)	1		- A		7.7
200	A TOP I	1		43		5
45	1		P.			
741	300	Medical		7	0	
LA VO	EDICA	TO	0	-		

OPD/IPD/ER Procedure (s)

Date	Patient's Procedure	Leve				Signature	
MR no			Competency				
		OTTO	1	Ш	III	IV	
		GKIVIC	3				
			-				
						1	
		THE PARTY NAMED IN	97				1
- 6	W	The state of the s					A
- 1		7					9
0	-	VIC. 11.20				100	16
100					H	79	
6	164						
05	N/A				A		Z 00
Y				7	V		12
		A GLA	4				3
	45					200	

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

Management of critically ill patients

MR no & Bed no	Action taken/ Follow-up	Charge taken over with date & time	Charge handed over with date & time	Counter sign
	C	ZIVI	CC	
	UI	FATAT		
			About	
	221/11			
T-3	ELLIY S			37
	- 10	55 11		XA
AY	- /	San I III III		TV4
	7	7	A.	
	7	W 11 7)	20
NE	4			30
	4)	35
0	/ <u>A</u>		/	120
7	WA.		- 1	7
			434	
				400
	4			2
	"N Age		COLL	
		DICAL		

Academic activities

S.no	Date	Session	Topic	Signature
		-	TREOC	
		CT	(VICS	
			(Tree)	
		3/1		
	70	1145		
	AY	- 19	COC LAND BY THE	
	AVE		2000 Illinois	JA.
	Y		7	10
	W			40
	1			40
	20			10
G	34			Z 0
		A .		117
	4	YAL.		6
			DICAL COLLEGE	

Assessment taken by (name in capitals & leve	el 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.			36
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy. Professionalism: Responds appropriately to patient by taking			100
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	ow?	OLLEG	
Date:		gnature of student: _	

Assessment taken by (name in capitals & leve	el of Observer)		
CIK	IVIC	.5	
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3
History Taking:	V	- 10000	
Elicits history and allows patient to			-
elaborate, asks relevant clinical questions			1 A
current treatment, allergies, past medical			
history and family history social history inc.		1/1	
risk factors.	St. Allen		
Physical Examination:			
Obtains verbal consent for physical			
examination Performs examination			
appropriately and competently	0 1 0 0		
Uses relevant instruments in a competent		110	
manner.			
Organization/Efficiency:	- versi		N. P.A.J.
Exhibits well organized approach		19	ALL THE REAL PROPERTY.
Sensible management of interview time			11/11/
&interaction.		X .	100
Communication Skills:	A STATE OF THE STA		The state of the s
Uses clear understandable language	CTITY !	- A W.	
Shows appropriate nonverbal skills during		7 1 1 2	- (-)
the interview		VO 1574	
Shows appropriate rapport/ empathy.	I would	A W H	9
Professionalism:	600		1
Responds appropriately to patient by taking			1
her name			

Marks obtained:	/1	5		
Instructor Comme	nts:			
			_	

What was good? What can be improved and how?

UI	IVIL		
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.	(T)		1
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		100	55
Professionalism: Responds appropriately to patient by taking her name	(T)	450	60

Marks obtained:	_/15
Instructor Comments:	

What was good? What can be improved and how?

	14/1/		
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3
History Taking:	4	- Marie	
Elicits history and allows patient to			The same of the sa
elaborate, asks relevant clinical questions			7 A
current treatment, allergies, past medical			
history and family history social history inc.		1/1	
risk factors.	St. Allinson		A VIII
Physical Examination:			
Obtains verbal consent for physical	and the second		400
examination Performs examination		-	
appropriately and competently	3 1 0 0		
Uses relevant instruments in a competent	4-64/	11/2	100
manner.			
Organization/Efficiency:			N I AU
Exhibits well organized approach			
Sensible management of interview time			107
&interaction.		X	100
Communication Skills:			The second second
Uses clear understandable language	- TITE		
Shows appropriate nonverbal skills during			
the interview	Ta 2 (1)	A 15.40	
Shows appropriate rapport/ empathy.	3	1 10 11	43
Professionalism:	LORINA		
Responds appropriately to patient by taking		1	1
her name			-

Marks obtained:/15	
Instructor Comments:	
What was good? What can be improved and how?	

TASK							
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)				
History Taking:	VIV	- 1000					
Elicits history and allows patient to			The same of the sa				
elaborate, asks relevant clinical questions	7 hall		7. A				
current treatment, allergies, past medical	C. 1/207						
history and family history social history inc. risk factors.	S. State						
Physical Examination:							
Obtains verbal consent for physical							
examination Performs examination		-	D. T. of				
appropriately and competently							
Uses relevant instruments in a competent							
manner. Organi <mark>zation/Effici</mark> ency:							
Exhibits well organized approach							
Sensible management of interview time			11.00				
&interaction.		X.	100				
Communication Skills:	A STATE OF THE PARTY OF THE PAR						
Uses <mark>clear understandable</mark> language		- A VI.					
Shows appropriate nonverbal skills during		2 10 22	6.7				
the interview		. A 164	To.				
Shows appropriate rapport/ empathy.	The second second	AWA					
Professionalism:			Contract Con				
Responds appropriately to patient by taking		(0					
her name							

105

What was good? What can be improved and how?

Assessment taken by (name in capitals & leve	el 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.	0		
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.	115		W.
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		.0	50
Marks obtained:/15 Instructor Comments: What was good? What can be improved and ho	ow?		5
Date:	_	student:ssessor:	

	ease grade the following areas using	Below Expectations	Borderline (2)	Around Expectations	Above Expectation
	CI.	(1)		(3)	(4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.	1	1	13	
3	Demonstrates appropriate pre procedure preparation.				
4	Aseptic technique.	564	10 10		
5	Technical ability.	NAT II	112		//
6	Seeks help where appropriate.	7		-	W.
7	Communication skills	6611	20)		10
8	Consideration for patient.				10
9	Overall performance.	40)))	10	
Co	orks obtained:/36 mments: nat was good? What can be improved a	nd how?			15 S.
Da	te		gnature of studer		

_		D. I.	B. J. P.		A1
	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		10		
2	Obtains informed consent.	06	TO THE PARTY	Second	
3	Demonstrates appropriate pre procedure preparation.			-	(4)
4	Aseptic technique.			0	Y
5	Technical ability.	1			7
6	Seeks help where appropriate.	(PITS	E		10
7	Communication skills		11		9
8	Consideration for patient.	200		×0.Z	7.0
9	Overall performance.	(VI)		A PAGE	- T.,
	0	7000	100	1/-	9
	arks obtained:/36	W/ III	AU 15-4		

			\	,	T.
	ease grade the following areas using e scale below	Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		
2	Obtains informed consent.	10KJ 1	HOLDING!	Land.	A .
3	Demonstrates appropriate pre procedure preparation.	217		-	VA.
4	Aseptic technique.	1	7	0	1
5	Technical ability.	1	9)	. 0	10
6	Seeks help where appropriate.	NH.			10
7	Communication skills		1)	. 6	10 -
8	Consideration for patient.	7		.02	7 20
9	Overall performance.	(6)		4 Q.Z.	2
	0,000	1000	600	1	9
	arks obtained:/36	W W			

As	sessment taken (name in capital & lev	el of observer)			
Ta	sk:				
	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		A		
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	MI	100	N. S.	
4	Aseptic technique.	6/11	SOUTH	June	A .
5	Technical ability.		7		7.
6	Seeks help where appropriate.	7	500		10
7	Communication skills	16	77		4.0
8	Consideration for patient.	7	1	18	10
9	Overall performance.	(60)	7	- 1	1
	arks obtained:/36 mments:	(0)	5	. 1	A CO
Wł	nat was good? What can be improved a	and how?			
	140	70		-604	
	TV Non		-01	1	
Da	te		gnature of studer		
		Sig	gnature of assess	or:	

	sk:	170			
	ease grade the following areas using e scale below	Below Expectations (1)	Bord <mark>erline</mark> (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		=
2	Obtains informed consent.	1064 V	THE PARTY	J. Sand	A :
3	Demonstrates appropriate pre procedure preparation.			-	(A)
4	Aseptic technique.			-	V
5	Technical ability.			0	7
6	Seeks help where appropriate.	NHT.			10
7	Communication skills				10 -
8	Consideration for patient.	7		.02	7 60
9	Overall performance.	(V)		4 Q.Z.	3
		1000	100	6	9
	arks obtained:/36	- TA 100			

	ease grade the following areas using e scale below	Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.		100		
2	Obtains informed consent.	10KJ 1	HOLDING!	Land.	A :
3	Demonstrates appropriate pre procedure preparation.	217		-	VA.
4	Aseptic technique.	1	7	0	1
5	Technical ability.	1	9)	. 0	10
6	Seeks help where appropriate.	NH.			10
7	Communication skills		1)	. 6	10 -
8	Consideration for patient.	7		.02	7 20
9	Overall performance.	(C)		4 Q.Z.	27,
	0,000	1000	600	1	9
	arks obtained:/36	W W			

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer	Date of Evaluation:
----------------------	---------------------

	Niet	Not	Below	I	Fussadad
	Not	Not		Met	Exceeded
	Observed	Acceptable	Expectations	Expectations	Expectations
Listened actively to patient					
Showed interest in patient		10.7	0		
as a person	T	IVI		-	
Recognized and met patient needs					
Extended himself/herself to	-		-		
meet patient needs		V	Pin		
Advocated on behalf of a		1981			
patient		7 1			
Demonstrated awareness of limitations	7.65	ON IE	5	1. 5.	
Admitted errors/omissions	73				
Solicited feedback	Para		A COLUMN TO A COLU		
	- Page 1				
Accepted feedback	V 77		1-1		
Maintained appropriate boundaries	-			100	5.0
Maintained composure in a	- 4			-	
difficult situation					
Maintained appropriate	1				
appearance	100				7.0
Was on time		NITS		170	
Completed tasks in a reliable fashion	- (. 6	10 -
Addressed own gaps in knowledge and skills		7	50	. 4 2	74
Was available to colleagues				A 14	
				4 7/	
Avoided derogatory language	I No.	7	6 1	1	9
Maintained patient		67 M	10 52		96.7
confidentiality				Car	
Used health resources	1		Contract of the Contract of th		
appropriately	ni		100		

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
GKM	CS

Remarks	(If anv)	by Examiner:	
	, /	Dy Examination	

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 importunities 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 tha	t the information contai	ned in the Logbook cove	ering the period
fro	om	to	
	affiliated with Gajju Kh	ining experiences at POF nan Medical College Swa	
	ignature of Trainee:		1
N	ame in Block Letters:		300
Supe	rvisor Name/Signature &	& Stamp:	3
D	ate:		
	AN NORTH		

Elective Department

DEPARTMENT OF______

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
			777	
		1=		
	1	(6)		-770
	10	1	N. I WHITE STATE OF	-VA
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	The	286		7
	191		1	E

Clinical Experience (s)

	Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
			GK	MCS	
		1		7	A TELES
		16	(3)		470
	1	10			TO TO
		10	(0)		
	10	100	-		
		10	6		
	0	A DA	1		W
	7		1		100
	T	MAR	1		
THE DICAL COLLEGE					

Clinical Experience (s)

	Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
			GK	MCS	
		1		7	A TELES
		16	(3)		470
	1	10			TO TO
		10	(0)		
	10	100	-		
		10	6		
	0	A DA	1		W
	7		1		100
	T	MAR	1		
THE DICAL COLLEGE					

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature
	(TKMCS	
1	Sec.	Prof. Barre	
	100	Count II have	
		7	PV
			24
- 1			
	PA		
0 3	W/A		
1			
1			9
	1		Car
		MEDICAL COLL	

Skills

		petency	1	Signature
1	II	III	IV	
- TIL AT	_	-		
IVI	4.0	3		
100				
110		13	-	
K. 1.30		1	Y	A .
of the			600	VA
- riess	A			10
	99			46
			11/2	40
717	V			
	/-		10	200
THE P			N VA	7.5
		4 1		6
600	18		20	
D 1/2		-	6	
		TVIC		

OPD/IPD/ER Procedure (s)

Date	Patient's MR no	Procedure	Leve	el of peter	тсу		Signature
		CITTE	-	II	III	IV	-
		GKIVIC	13				
		(75)					
			1				
	36/						
		TOTAL LOCAL					
	V	THE RESERVE	1				/A
							9
0	10						10
	1					1	
	164						
0	- VA				Ä	1/	200
7				Ţ	V		72.
100			4	۱			5
	1		1			6	

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
			ZIVICC	
		OI.	WIAN CO	
	-	26/1		
	ATE	2010		A
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	MA			10
	M			10 -
2	JET.		7	7.50
	1			-57
	0	100	744	9
	TX		DICAL COLLEGE	

Assessment taken by (name in capitals & leve	el 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.			30
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			100
Professionalism: Responds appropriately to patient by taking her name		102	-65
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	now?	OLLEG	
Date:		gnature of student: _	

Assessment taken by (name in capitals & lev	el 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.	9		
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.			1
Professionalism: Responds appropriately to patient by taking her name	CHY	۸٩.	S. F.
Marks obtained:/15 Instructor Comments: What was good? What can be improved and ho	ow?		5
Date:	_	student:	•

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.	113		
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		. (3
Marks obtained:/15 nstructor Comments: What was good? What can be improved and ho	w?		5

CK	M	. C.					
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.			16				
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.		200	65				
Professionalism: Responds appropriately to patient by taking her name	(T)	1					

Marks obtained:/15	
Instructor Comments:	
What was good? What can be improved and how?	

TASK						
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)			
History Taking:	VIII-	- Marie				
Elicits history and allows patient to			The same of the sa			
elaborate, asks relevant clinical questions	7 hall		7. A			
current tre <mark>atm</mark> ent <mark>, a</mark> llergies, p <mark>ast m</mark> edical	C. 1/207					
history and family history social history inc. risk factors.			W.			
Physical Examination:			10.7			
Obtains verbal consent for physical						
examination Performs examination		-	D. T. d.			
appropriately and competently		39	7.0			
Uses relevant instruments in a competent						
manner.						
Organization/Efficiency:	NIE VI					
Exhibits well organized approach						
Sensible management of interview time						
&interaction.		A				
Communication Skills:	A STATE OF THE PARTY OF THE PAR	V 10	100			
Uses clear understandable language		1 A 16	- 11			
Shows appropriate nonverbal skills during		- X 10 AG	2			
the interview	A STATE OF THE STA	4 (1) 35	- 63			
Shows appropriate rapport/ empathy. Professionalism:	1000					
Professionalism: Responds appropriately to patient by taking	W. 1 10 10	1				
her name	MA I Allend					
Her Haille						

Marks obtained:/15	
Instructor Comments:	
What was good? What can be improved and how?	

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.			1
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			Y.
Professionalism: Responds appropriately to patient by taking her name	(III)	Α9	72
Marks obtained:/15 Instructor Comments: What was good? What can be improved and ho	w?		65

	ease grade the following areas using escale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(-)			()
2	Obtains informed consent.	VII		Sec. Sec.	
3	Demonstrates appropriate pre procedure preparation.				Ā
4	Aseptic technique.	Day 1		-	
5	Technical ability.				CA
6	Seeks help where appropriate.	CONT.		-	V
7	Communication skills	1	4)		79
8	Consideration for patient.	No.			10
9	Overall performance.		23)	. 6	10 -
Co	orks obtained:/36 mments: nat was good? What can be improved a	and how?		1	SER

As	sessment taken (name in capital & lev	el of observer)			
Ta	sk:				
	ease grade the following areas using escale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	WIV.			
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	VI		13.72	
4	Aseptic technique.	21	THE		Á
5	Technical ability.			-	
6	Seeks help where appropriate.				T/A
7	Communication skills	10 TT	-	0	1
8	Consideration for patient.			- 6	10
9	Overall performance.	NA.	2		10
Со	nrks obtained:/36 mments: nat was good? What can be improved a	and how?		1	START
	4		100		
_	241			Ter	
Da	te		gnature of studer		

As	sessment taken (name in capital & lev	el of observer)			
Ta	sk:				
	ease grade the following areas using e 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.	MI	100	1100	
4	Aseptic technique.	16/11	Sales.	THE PERSON NAMED IN	Δ.
5	Technical ability.				1
6	Seeks help where appropriate.	7/			10
7	Communication skills	1	7	7	14
8	Consideration for patient.	10			
9	Overall performance.	(TIT	7		
	nrks obtained:/36 mments:	a			N. S.
Wł	nat was good? What can be improved a	and how?			
	70.7		No.	-00	
	TV NI	DICA	700		
Da	te	C:	gnature of studer	n+·	
υa			gnature of assess		

		1	\		
	ease grade the following areas using e scale below	Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	3	100	N. S.	
2	Obtains informed consent.	10 C	HOLDING!	Land.	A .
3	Demonstrates appropriate pre procedure preparation.	218		-	VA.
4	Aseptic technique.	1	7	0	1
5	Technical ability.		2)	. 0	10
6	Seeks help where appropriate.	NH.			10
7	Communication skills		1)		10 -
8	Consideration for patient.	7		.02	7.50
9	Overall performance.	WI		4 0 2	- Z3,
		100	600		9
Ma	arks obtained:/36				

	ease grade the following areas using	Below	Borderline (2)	Around	Above
the	e scale below	Expectations (1)		Expectations (3)	Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.	961	ADDING!	Acon	A .
3	Demonstrates appropriate pre procedure preparation.	24111		-	M
4	Aseptic technique.	1		0	
5	Technical ability.	1			1
6	Seeks help where appropriate.	(THE	7		13
7	Communication skills	1		. 0	100
8	Consideration for patient.	2		×0.2	7.00
9	Overall performance.	(I)	4 P.Z.	7,
		1000	(a 1	1	9
	arks obtained:/36	100			

PIE	ease grade the following areas using	Below	Borderline (2)	Around	Above
the	e scale below	Expectations (1)		Expectations (3)	Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.				
2	Obtains informed consent.	364	MARKET	J. And A.	A .
3	Demonstrates appropriate pre procedure preparation.		11-51	-	(4)
4	Aseptic technique.	00		0	1
5	Technical ability.		2)		
6	Seeks help where appropriate.	(THE			13
7	Communication skills	COL	2)		19 =
8	Consideration for patient.	200	8	×0.2	7.0
9	Overall performance.	(V)		A PAGE	- Z3.
		100	100		9
	rks obtained:/36	100			

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer Date of Evaluation:

Level: House officer		1	Date of Eval	uation.	1
	Not	Not	Below	Met	Exceeded
	Observed	Acceptable	Expectations	Expectations	Expectations
Listened actively to patient					
Showed interest in patient	7	70 /	100		
as a person	- 19				
Recognized and met patient needs	41	r.L.			
Extended himself/herself to					
meet patient needs	1	V	Phil		
Advocated on behalf of a		100			
patient		77		-	
Demonstrated awareness of limitations					
Admitted errors/omissions	160	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	The state of the s	A .
Solicited feedback	T PSS	ALC: Yes	Marine TA		
Accepted feedback	V 797				
Maintain <mark>ed appropri</mark> ate boundari <mark>es</mark>	7				SA
Maintained composure in a difficult situation	16			70	10
Maintained appropriate appearance				12	4
Was on time	/	- nars		171	100
Completed tasks in a reliable fashion	- (. 6	10 -
Addressed own gaps in knowledge and skills		2	5	02	7.00
Was available to colleagues			1		
Avoided derogatory language	I IV.	9	/ 4	130	9
Maintained patient confidentiality	777		O.F.	766	
Used health resources appropriately	The same	7		LE	

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
GKM	CS

Remarks (If a	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 importunities 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 cer	tify that the info	ormation contair	ned in the Logbo	ook covering the	period
	from		to	<u> </u>	
is a true	affiliato	ecord of my trained with Gajju Kh	<mark>an M</mark> edical Coll	es at POF Teachin ege Swabi.	g Hospital
		Block Letters:		11/1/20	
	Supervisor Na	ame/Signature &	Stamp:		
	Date:	MEDIC		A DE CHE	

Elective Department

DEPARTMENT OF _____

a. Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		1		10.35
	1/-	(7	ST SEEDING	-770
1	10		RI MIRA	-VA
		1		
V	Va a	V		20
-	30		1	
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0	SXA.			1
1				
		A N.	7 10	1 5
	Time	200		750
	49)	1	1	E

Clinical Experience (s)

Date	Patient's	Admission	Diagnosis / activities	Signature of
	MR no	Date		facilitator
		- T	BACC	
		TK	VICS	
		7		
		1.0		
	1			
		6		
	Ayes	1000	7 1 2 2 2	A DE
	1	1		700
		7		
	19	14		
-	100	-		
	0	6	719	200
0	A DA	1		1000
77		1		100

Clinical Experience (S)

Date	Patient's MR no	Admission Date	Diagnosis / activities	Signature of facilitator
		GK	MCS	
		_		
			74/	
	Aya	1 900	71 137	Aye
	1	1	d line	APA .
	10	7		
	19	11/0		
-	300			
	N. P.	6		A PO
	QUA.			W
	ALL	1	A STATE OF THE STA	100

Clinical Experience (s) (Emergency)

Date	Patient's MR no	Diagnosis	Signature
	ļ	GKMCS	
	Yes		N DEC
	10		
	9		1
			24
	4	WHY THE	
7	6		100
7	XI.		12
6		A. 610 A	105
		136000	245
		MEDICAL COU	

Skills

Skill	Level o	Level of Competency			Signature
	I	II	III	IV	-
	N 2	-	-		
GRIV	16	1	9		
	/				
A YOUR PROOF	, No.			Z	A
	1100				y_A
Tomas Tomas				7	V
	9 //				4/4
I/M Injection					47
S/C Injection	7			1	
I/V Injection	1			N TO	20
I/V Infusion	P		- A		77
	1		4 3		65
V . C . C . C . C . C . C . C . C . C .	1	Ø.		20	
					1

OPD/ER Procedure (s)

Date	Patient's MR no	Procedure	Leve	el of peter	тсу		Signature
		CITTE	-	II	III	IV	-
		GKIVIC	13				
		(75)					
			1				
	36/						
		TOTAL LOCAL					
	V	THE RESERVE	1				/A
							9
0	10						10
	1					1	
	164						
0	- VA				Ä	1/	200
7				Ţ	V		72.
100			4	1)			5
	1		1				

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
			ZNICC	
		OI.	WIAN CO	
	-	26/1		
	ATE	2010		A
	N-	10		
	M			KA
	NO			
	MA			19
	MA			70
	M			10 -
0	JET.		7	7.50
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	0	100	744	9
	TX		DICAL COLLEGE	

Assessment taken by (name in capitals & leve	el 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.		8	
Organization/Efficiency: Exhibits well organized approach Sensible management of interview time &interaction.			36
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			100
Professionalism: Responds appropriately to patient by taking her name		100	6
Marks obtained:/15 Instructor Comments: What was good? What can be improved and h	now?	OLLEG	
Date:		gnature of student: _	

Assessment taken by (name in capitals & leve	el 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.	9		
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.			1
Professionalism: Responds appropriately to patient by taking her name	TT	Δ9	1
Marks obtained:/15 Instructor Comments: What was good? What can be improved and ho	pw?		5
Date:	Signature of s	student:	

Assessment taken by (name in capitals & leve	el 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.	0		
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.	18		N.
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		. 0	50
Marks obtained:/15 Instructor Comments: What was good? What can be improved and ho	pw?		5
Date:	_	student:ssessor:	

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.	9		
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.		0)	
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.			1
Professionalism: Responds appropriately to patient by taking her name		. 43	25
Warks obtained:/15 nstructor Comments: What was good? What can be improved and ho	w?	A COLOR	60
Date:	Signature of s	student:	

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.	9		
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.	113		Y
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		.0	50
Marks obtained:/15 nstructor Comments: What was good? What can be improved and ho	w?		5
Date:	Signature of s	tudent:	

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.	0		
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.	113		W.
Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			1
Professionalism: Responds appropriately to patient by taking her name		0	- 0
Marks obtained:/15 nstructor Comments: What was good? What can be improved and ho	ow?		5
Date:	Signature of s	·	

	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectation (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	(^		
2	Obtains informed consent.	77	1	1	
3	Demonstrates appropriate pre procedure preparation.	-311			
4	Aseptic technique.	19K4 1	ADDITION OF	1	
5	Technical ability.	2000	1111		V.A.
6	Seeks help where appropriate.	7		-	V
7	Communication skills	86	20		40
8	Consideration for patient.	>	3	16	10
9	Overall performance.	90	7)	- 10	6
Co	orks obtained:/36 mments: nat was good? What can be improved a	nd how?			5
Da	te	Sig	gnature of studer	nt:	

As	sessment taken (name in capital & leve	l of observer)			
Ta	sk:				
	ease grade the following areas using escale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	ZIV.	LUL		
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	Vi	1	No.	
4	Aseptic technique.	Phil		THE STATE OF THE S	Ā
5	Technical ability.	2001		-	
6	Seeks help where appropriate.			-	T/A
7	Communication skills	1	-		
8	Consideration for patient.			1.0	10
9	Overall performance.	NET	5		10
	rks obtained:/36			.03	100
	mments:	CA.			
Wł	nat was good? What can be improved a	ind how?			
	1/4	301	VE A	- COY	
	7/	-		LE	
Da	to	c:	gnature of studer	^+ ·	
υa	te		gnature of studer gnature of assess		

Ass	sessment taken (name in capital & leve	l of observer)			
Tas	sk:				
	ease grade the following areas using e 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.	1			
3	Demonstrates appropriate pre procedure preparation.	NI	100	13.55	=
4	Aseptic technique.	MAJ II	SATISFA .	Marie	A.
5	Technical ability.	200			7.
6	Seeks help where appropriate.	7		. 10	10
7	Communication skills		7)	V	44
8	Consideration for patient.	1	1		1
9	Overall performance.		7	- 1	E
	0	CIL		A	07
Ma	rks obtained:/36				
Co	mments:				
Wł	nat was good? What can be improved a	nd how?			
	TV	20	VE BE	GV	
	N/V			LE	
Da	te	Si	gnature of studer	nt:	
			gnature of assesso		

As	sessment taken (name in capital & leve	l of observer)			
Tas	sk:				
	ease grade the following areas using escale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	ZIV.	LUL		
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	Vi	1	No.	
4	Aseptic technique.	Phil		THE STATE OF THE S	Ä
5	Technical ability.	2001		-	
6	Seeks help where appropriate.				T/A
7	Communication skills	100	-	-	1
8	Consideration for patient.				19
9	Overall performance.	NAT.	E		10
	rks obtained:/36 mments:			40	N A GO
Wł	nat was good? What can be improved a	ind how?			
	1/4/	20		20	
	NA VAL	DICA	L CO		
Da	te		gnature of studer		
		Sig	gnature of assess	or:	

Tas	sk:				
	ease grade the following areas using e scale below	Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
1	Demonstrates understanding of indication, relevant anatomy technique of procedure.	NIA.			
2	Obtains informed consent.				
3	Demonstrates appropriate pre procedure preparation.	VI	1	No.	
4	Aseptic technique.	211	THE		Á
5	Technical ability.	201		-	
6	Seeks help where appropriate.				T/A
7	Communication skills	WITTEN STATE	-	-	1
8	Consideration for patient.			-	10
9	Overall performance.	NHT.	2		10
	rks obtained:/36 mments:	2		40	AB.
	nat was good? What can be improved a	nd how?			
VVI	at was good: What can be improved a	ind now:			
	1400	30		30V	
	TAY NIE	DICA	L CO	LE	
Da	te		gnature of studer		

the scale below Expec (1)		Expectations	Expectations	Around Expectations (3)	Above Expectation: (4)
	Demonstrates understanding of indication, relevant anatomy technique of procedure.	1			
2	Obtains informed consent.	MI		Marie Contract	
3	Demonstrates appropriate pre procedure preparation.	67		and a	^
4	Aseptic technique.	200	The state of		Va
5	Technical ability.	7	-		10
6	Seeks help where appropriate.				4.0
7	Communication skills	1			40
8	Consideration for patient.	(OK 17)			
9	Overall performance.		9	A	07
Com	ks obtained:/36 nments: at was good? What can be improved a	nd how?			6
	INE	DICA	L CO		

Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer Date of Evaluation:

Level: House officer		T	Date of Eval	1	1
	Not	Not	Below	Met	Exceeded
	Observed	Acceptable	Expectations	Expectations	Expectations
Listened actively to patient					
Showed interest in patient		10 /	00		
as a person	- 11				
Recognized and met patient needs	41	r.L.			
Extended himself/herself to					
meet patient needs	9	V	Phil		
Advocated on behalf of a			//		
patient		77			
Demonstrated awareness of limitations	1		200	1. 2.	
Admitted errors/omissions	160	1	Later State Control		<u> </u>
Solicited feedback	11723	May 1	Marin T/		
Accepted feedback	6.40	75		100	
Maintain <mark>ed appropri</mark> ate boundari <mark>es</mark>	1			0	50
Maintained composure in a difficult situation	16			-	14
Maintained appropriate appearance	1			12	4
Was on time	/	nars	CO CO	171	100
Completed tasks in a reliable fashion	1			. 6	10 -
Addressed own gaps in knowledge and skills		2	5		7.4
Was available to colleagues					- 67,
Avoided derogatory language	I N	Sell-	1 1		9
Maintained patient confidentiality	77.0		100	- CV	
Used health resources appropriately	The same	3		LE	

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
GKM	CS

Remarks (If any) by Examiner:	Remarks	(If anv)	by Examiner:	
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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 importunities 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
fromto
is a true and accurate record of my tra <mark>ining experiences at POF Teaching Hospita affiliated with Gajju Khan Medical College Swabi.</mark>
Signature of Trainee:
Name in Block Letters:
Supervisor Name/Signature & Stamp:
Date:
THE DICAL COLLEGE