

# **GAJJU KHAN MEDICAL COLLEGE SWABI**



**HOUSE OFFICER'S LOGBOOK**

**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 urethral 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

<b>FOREWARD .....</b>	<b>7</b>
<b>CLINICAL UNITS WHERE TRAINING HAS BEEN DONE.....</b>	<b>10</b>
<b>Targeted competencies.....</b>	<b>11</b>
<b>DEPARTMENT OF GENERAL SURGERY.....</b>	<b>15</b>
a. Clinical Experience (s).....	15
b. Clinical Experience (s) (Emergency).....	18
c. Skills Surgery .....	19
d. Surgery & Allied OT Procedure (s) .....	20
e. Academic activities .....	22
f. Mini-CEX (Mini-clinical Evaluation Exercise).....	23
g. DOPS (Direct Observation of Procedural Skills) .....	29
h. Professionalism Mini-Evaluation Exercise .....	35
i. Result of OSCE: .....	36
j. Reflection by the Intern.....	35
k. Leave Record .....	38
l. Certificate of Accuracy.....	39
<b>DEPARTMENT OF MEDICINE.....</b>	<b>40</b>
a. Clinical Experience (s) .....	40
b. Clinical Experience (s) (Emergency).....	44
c. Skills (General Medicine) .....	45
d. OPD/IPD/ER Procedure (s).....	46
e. Academic Session (s).....	48
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
l. Result of OSCE: .....	64
m. Reflection by the Intern.....	65
n. Leave Record .....	66
o. Certificate of Accuracy.....	67
<b>Elective Department .....</b>	<b>68</b>
a. Clinical Experience (s) .....	68
b. Clinical Experience (s) (Emergency).....	71
c. Skills .....	72
d. OPD/IPD/ER Procedure (s).....	73
e. Academic activities .....	75
f. Mini-CEX (Mini-clinical Evaluation Exercise).....	76
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
<b>Elective Department .....</b>	<b>93</b>
a. Clinical Experience (s) .....	93
b. Clinical Experience (s) (Emergency).....	96
c. Skills .....	97
d. OPD/IPD/ER Procedure (s).....	98
e. Academic activities .....	100
f. Mini-CEX (Mini-clinical Evaluation Exercise).....	101
g. DOPS (Direct Observation of Procedural Skills).....	107
h. Professionalism Mini-Evaluation Exercise .....	113
i. Result of OSCE: .....	114
j. Reflection by the Intern.....	115
k. Leave Record .....	116
l. Certificate of Accuracy.....	117
<b>Elective Department .....</b>	<b>118</b>
a. Clinical Experience (s) .....	118
b. Clinical Experience (s) .....	119
c. Clinical Experience (s) .....	120
d. Clinical Experience (s) (Emergency).....	121
e. Skills .....	122
f. OPD/IPD/ER Procedure (s).....	123
g. Academic activities .....	124
h. Mini-CEX (Mini-clinical Evaluation Exercise).....	125
i. DOPS (Direct Observation of Procedural Skills).....	131
j. Professionalism Mini-Evaluation Exercise .....	137
k. Result of OSCE: .....	138
l. Reflection by the Intern.....	139
m. Leave Record .....	140
n. Certificate of Accuracy.....	141
<b>Elective Department .....</b>	<b>142</b>
a. Clinical Experience (s) .....	143
b. Clinical Experience (s) (Emergency).....	145
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.

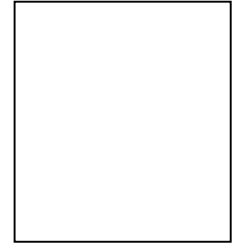
The method of evaluation has been well-defined in this booklet. It is expected from both the trainers and trainees to leave no stone unturned to promote learning skills during the house job. Finally, on behalf of the Gajju Khan Medical College & Bacha Khan Medical Complex I wish you a purposeful and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

**GKMCS**

**Dean / Chief Executive  
Gajju Khan Medical College Swabi**



**Photograph**



**GKMC**

**CERTIFICATE**

This is to certify that to the best of my knowledge all the entries in the logbook of  
Dr..... are correct.

Signature: .....

Date: .....

House Officer

**COUNTERSIGNED**

**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		General Surgery		03 months
2		General Medicine		03 months
3		Gynaecology		
4		Paediatrics		
5		ENT		
6		EYE		
7		Allied departments of surgery		
8		Allied departments of Medicine		

# 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 1<sup>st</sup> 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:

1. 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 Erythematosus - Rheumatoid arthritis
  - **Emergency/ RR :**Coma – Shock - Respiratory distress - Acute abdomen - GIT Bleeding - Diabetic Emergencies - Hypertensive emergencies - Food poisoning & drug intoxication
2. 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:

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)
  - **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 1<sup>st</sup> 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



### Clinical Experience (s)

[illegible]

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

### Clinical Experience (s) (Emergency)

[illegible]

## Skills Surgery

[illegible]



### Surgery & Allied OT Procedure (s)

[illegible]

# Management of critically ill patients

[illegible]

## Academic activities

[illegible]

## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
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?

---



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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_



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Instructor Comments:

What was good? What can be improved and how?

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# DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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---



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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

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Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

---



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# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

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

## Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: \_\_\_\_\_

Pass / Fail

Date: \_\_\_\_\_ Name & Signature of Supervisor: \_\_\_\_\_

## Reflection by the house

(At the end of Rotation)

Describe the time you have spent in department.

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

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

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

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What do you think you should avoid in future?

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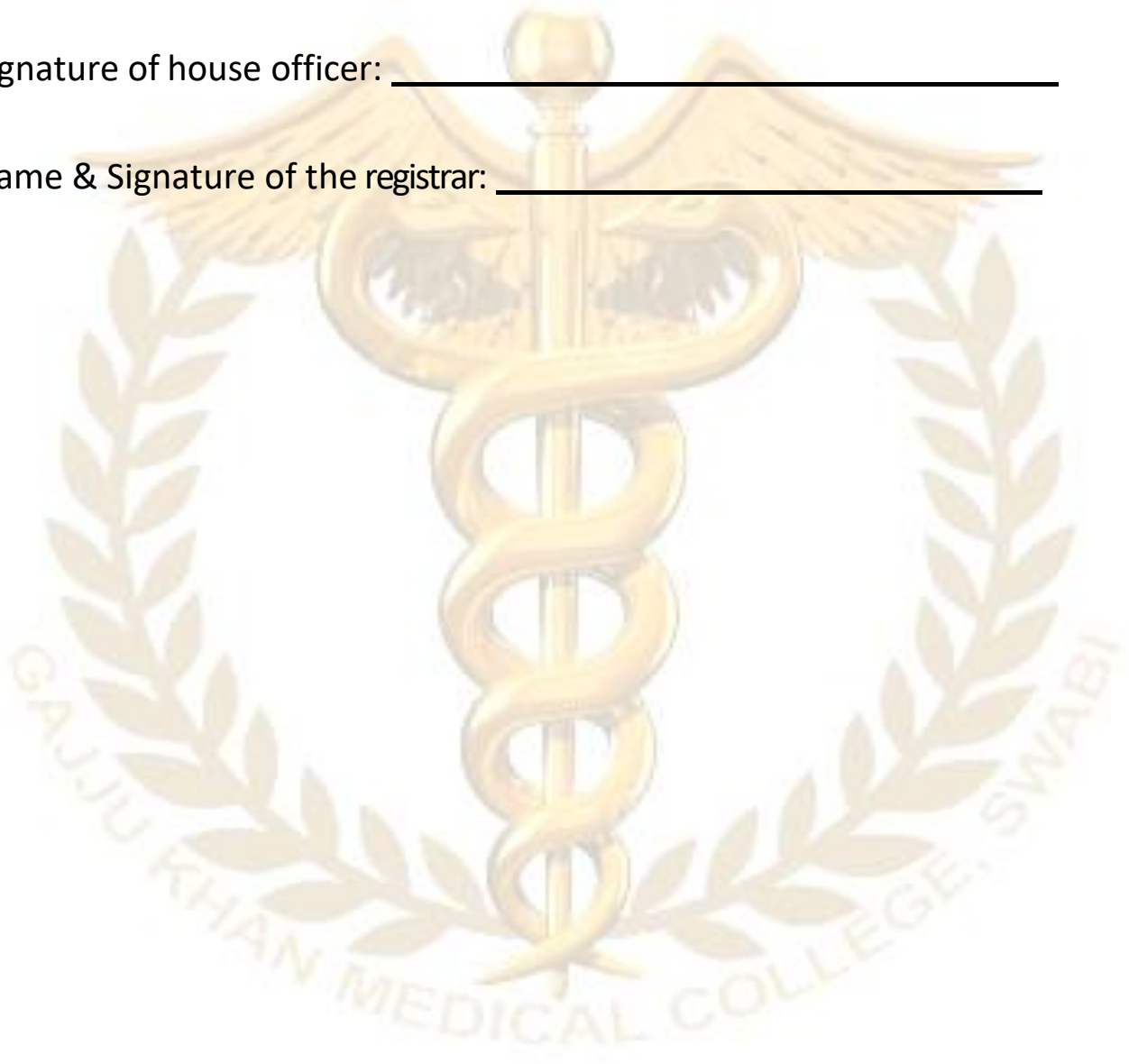
## Leave Record

Casual: \_\_\_\_\_ Days \_\_\_\_\_ Sick: \_\_\_\_\_ Days \_\_\_\_\_

Any Other: \_\_\_\_\_

Signature of house officer: \_\_\_\_\_

Name & Signature of the registrar: \_\_\_\_\_





## Certificate of Accuracy

I certify that the information contained in the Logbook covering the period  
from \_\_\_\_\_ to \_\_\_\_\_  
is a true and accurate record of my training experiences at Bacha Khan Medical  
Complex Swabi

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

## DEPARTMENT OF MEDICINE

### Clinical Experience (s)

Date	Patient's MR no	Admission Date	Diagnosis	Signature

### Clinical Experience (s)

[illegible]

### Clinical Experience (s)

[illegible]

### Clinical Experience (s)

[illegible]



### Clinical Experience (s) (Emergency)

[illegible]

## Skills (General Medicine)

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

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

## OPD/ER Procedure (s)

[illegible]

**a. Level -I Observed**

### b. Level -II Assisted

**c. Level – III Performed under supervision**

#### d. Level-IV Performed Independently

# Management of critically ill patients

[illegible]

### Academic Session (s)

[illegible]



## Research Activity

1. \_\_\_\_\_

2. \_\_\_\_\_

## Conference/ Workshop Attended:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



## Counseling Details

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



## Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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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 Expectations (1)	Around Expectations (2)	Above Expectations (3)
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Communication Skills: Uses clear understandable language Shows appropriate nonverbal skills during the interview Shows appropriate rapport/ empathy.			
Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

### Mini-CEX (Mini-clinical Evaluation Exercise)

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

**Marks obtained: \_\_\_\_\_/15**

**Instructor Comments:**

What was good? What can be improved and how?

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### Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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### Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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### Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
<b>TASK</b>			
<b>CRITERIA SCALE</b>	<b>Below Expectations (1)</b>	<b>Around Expectations (2)</b>	<b>Above Expectations (3)</b>
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<b>Professionalism:</b> Responds appropriately to patient by taking her name			

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

# DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

---



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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_



## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

---



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---

Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

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



## Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: \_\_\_\_\_

Pass / Fail

Date: \_\_\_\_\_ Name & Signature of Supervisor: \_\_\_\_\_

## Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

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

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

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

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What do you think you should avoid in future?

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## Leave Record

Casual: \_\_\_\_\_ Days    Sick: \_\_\_\_\_ Days

Any Other: \_\_\_\_\_

Signature of Internee: \_\_\_\_\_

Name & Signature of the HOD: \_\_\_\_\_



## Certificate of Accuracy

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

from \_\_\_\_\_ to \_\_\_\_\_

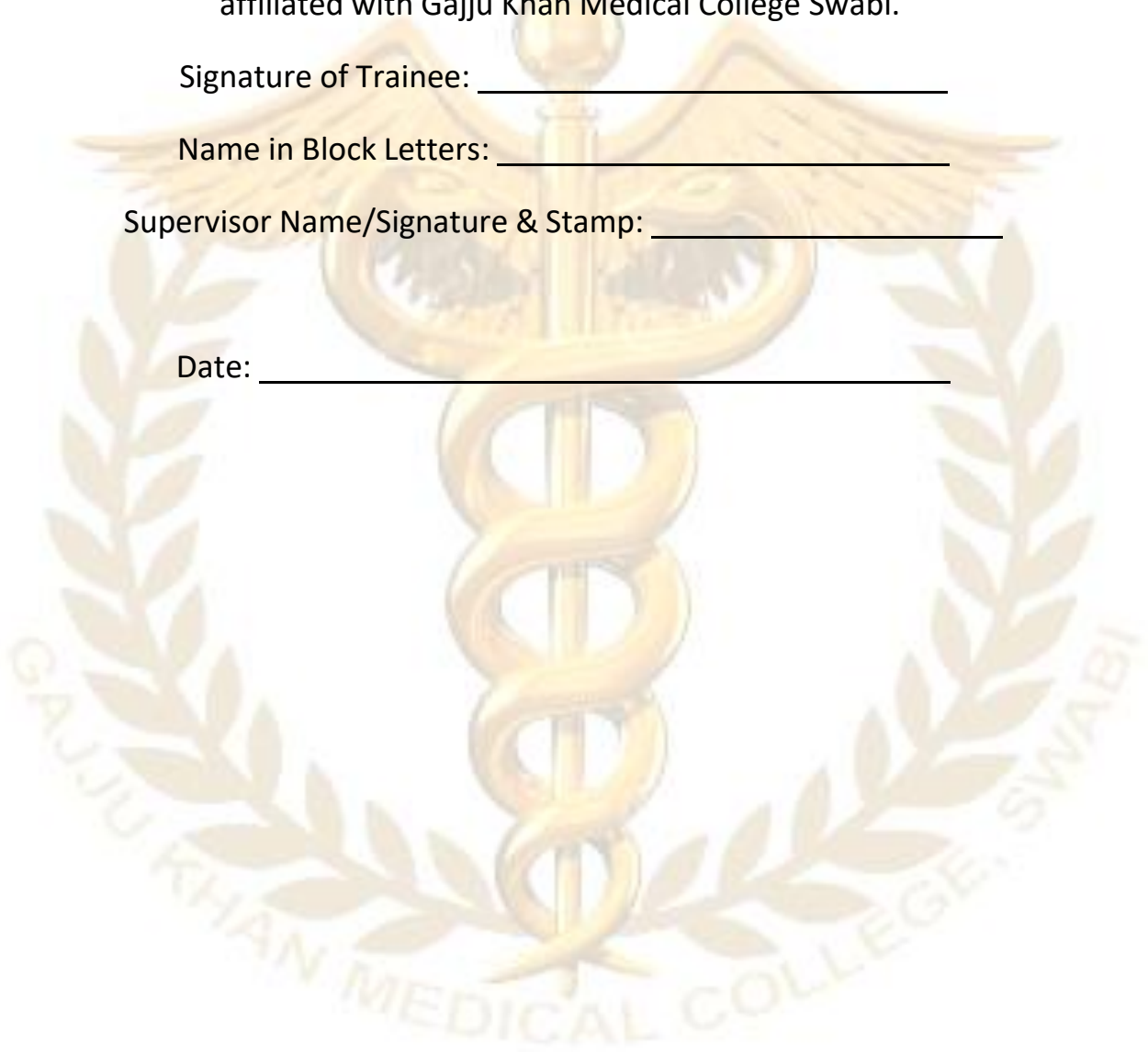
is a true and accurate record of my training experiences at POF Teaching Hospital  
affiliated with Gajju Khan Medical College Swabi.

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_



**Elective Department**  
DEPARTMENT OF \_\_\_\_\_

a. Clinical Experience (s)

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



## Clinical Experience (s)

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

## Clinical Experience (s)

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

Clinical Experience (s) (Emergency)

[illegible]

## Skills

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

## OPD/ER Procedure (s)

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

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently



## Management of critically ill patients

[illegible]

## Academic activities

[illegible]

## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
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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?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## Mini-CEX (Mini-clinical Evaluation Exercise)

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

**Marks obtained:** \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
<b>TASK</b>			
<b>CRITERIA SCALE</b>	<b>Below Expectations (1)</b>	<b>Around Expectations (2)</b>	<b>Above Expectations (3)</b>
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<b>Professionalism:</b> Responds appropriately to patient by taking her name			

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
<b>History Taking:</b> Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
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Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
<b>History Taking:</b> Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
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Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
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Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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# DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

**Marks obtained:** \_\_\_\_\_/36

**Comments:**

What was good? What can be improved and how?

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<b>Assessment taken (name in capital &amp; level of observer)</b>					
<b>Task:</b>					
<b>Please grade the following areas using the scale below</b>		<b>Below Expectations (1)</b>	<b>Borderline (2)</b>	<b>Around Expectations (3)</b>	<b>Above Expectations (4)</b>
<b>1</b>	<b>Demonstrates understanding of indication, relevant anatomy technique of procedure.</b>				
<b>2</b>	<b>Obtains informed consent.</b>				
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<b>7</b>	<b>Communication skills</b>				
<b>8</b>	<b>Consideration for patient.</b>				
<b>9</b>	<b>Overall performance.</b>				

**Marks obtained:** \_\_\_\_\_/36

**Comments:**

What was good? What can be improved and how?

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---

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Task:					
Please grade the following areas using the scale below		Below Expectations (1)	Borderline (2)	Around Expectations (3)	Above Expectations (4)
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9	Overall performance.				

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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---

<b>Assessment taken (name in capital &amp; level of observer)</b>					
<b>Task:</b>					
<b>Please grade the following areas using the scale below</b>		<b>Below Expectations (1)</b>	<b>Borderline (2)</b>	<b>Around Expectations (3)</b>	<b>Above Expectations (4)</b>
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<b>7</b>	<b>Communication skills</b>				
<b>8</b>	<b>Consideration for patient.</b>				
<b>9</b>	<b>Overall performance.</b>				

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

---



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



## Result of OSCE:

Station	Marks Obtained

Remarks (If any) by Examiner: \_\_\_\_\_

Pass / Fail

Date: \_\_\_\_\_ Name & Signature of Supervisor: \_\_\_\_\_

## Reflection by the Intern:

(At the end of Rotation)

Describe the time you have spent in department.

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

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

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

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What do you think you should avoid in future?

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## Leave Record

Casual: \_\_\_\_\_ Days Sick: \_\_\_\_\_ Days

Any Other: \_\_\_\_\_

Signature of Internee: \_\_\_\_\_

Name & Signature of the HOD: \_\_\_\_\_

**PRACTICAL SKILLS**

## Certificate of Accuracy

I certify that the information contained in the Logbook covering the period  
from \_\_\_\_\_ to \_\_\_\_\_

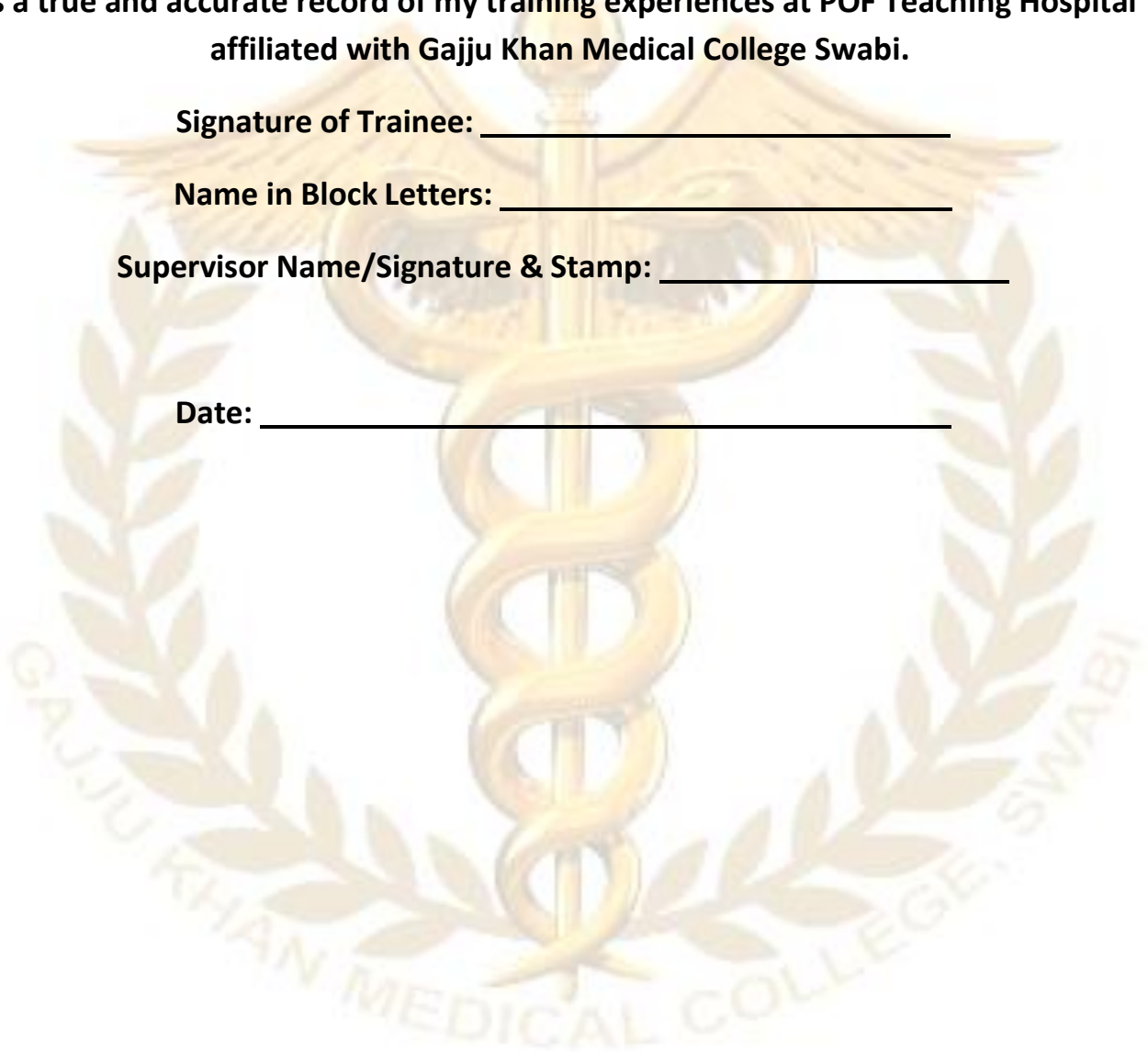
is a true and accurate record of my training experiences at POF Teaching Hospital  
affiliated with Gajju Khan Medical College Swabi.

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_



**Elective Department**  
DEPARTMENT OF \_\_\_\_\_

**a. Clinical Experience (s)**

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



### Clinical Experience (s)

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

### Clinical Experience (s)

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

## Clinical Experience (s) (Emergency)

[illegible]

## Skills

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

## OPD/IPD/ER Procedure (s)

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

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently



# Management of critically ill patients

[illegible]

## Academic activities

[illegible]

## Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

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Marks obtained: \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

# DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

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Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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9	Overall performance.				

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

---



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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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8	Consideration for patient.				
9	Overall performance.				

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

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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
GKMCS	

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.

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---

---

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

---

---

---

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

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---

---

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

---

---

---

What do you think you should avoid in future?

---

---

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## Leave Record

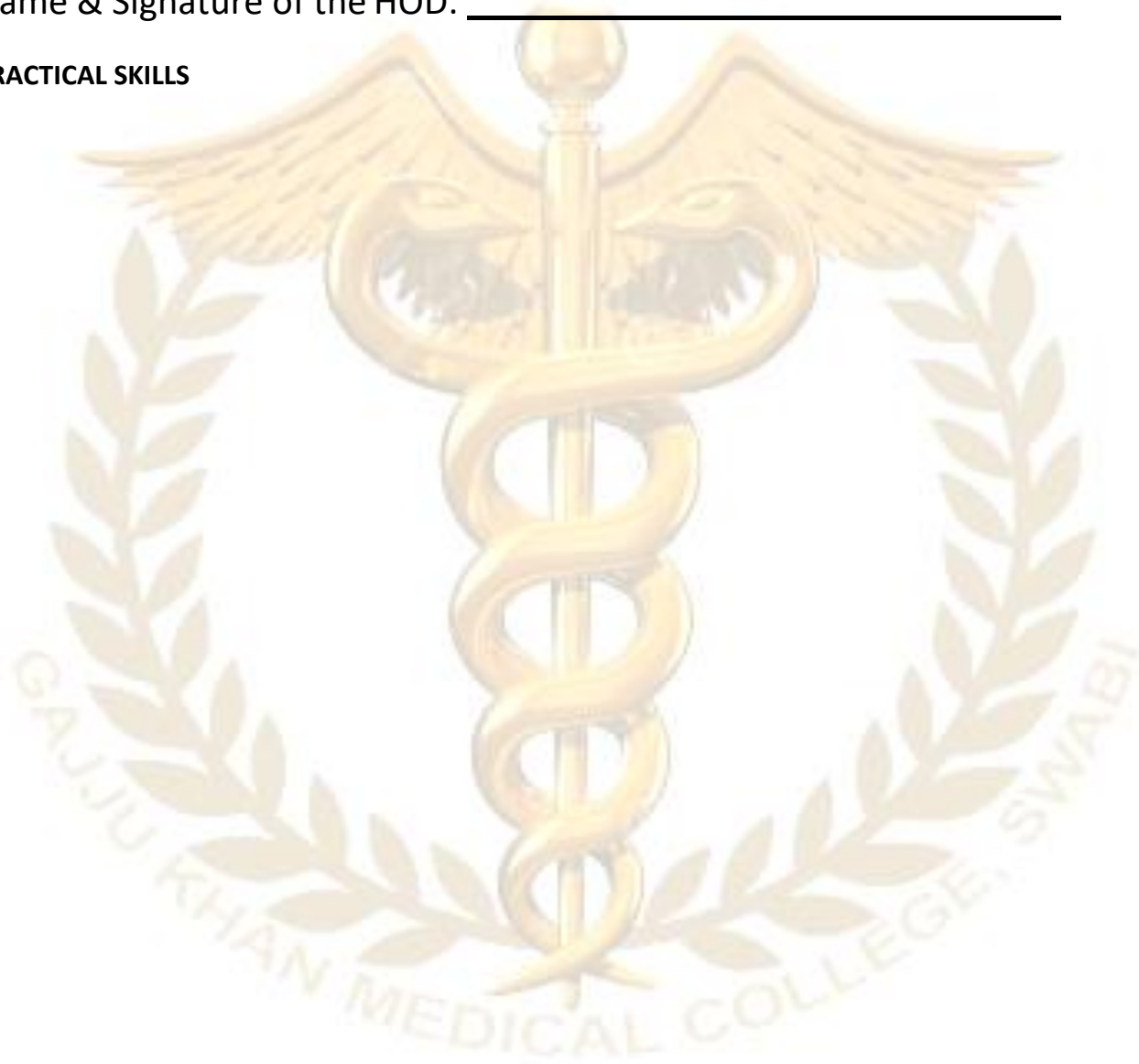
Casual: \_\_\_\_\_ Days    Sick: \_\_\_\_\_ Days

Any Other: \_\_\_\_\_

Signature of Internee: \_\_\_\_\_

Name & Signature of the HOD: \_\_\_\_\_

**PRACTICAL SKILLS**



## Certificate of Accuracy

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

from \_\_\_\_\_ to \_\_\_\_\_

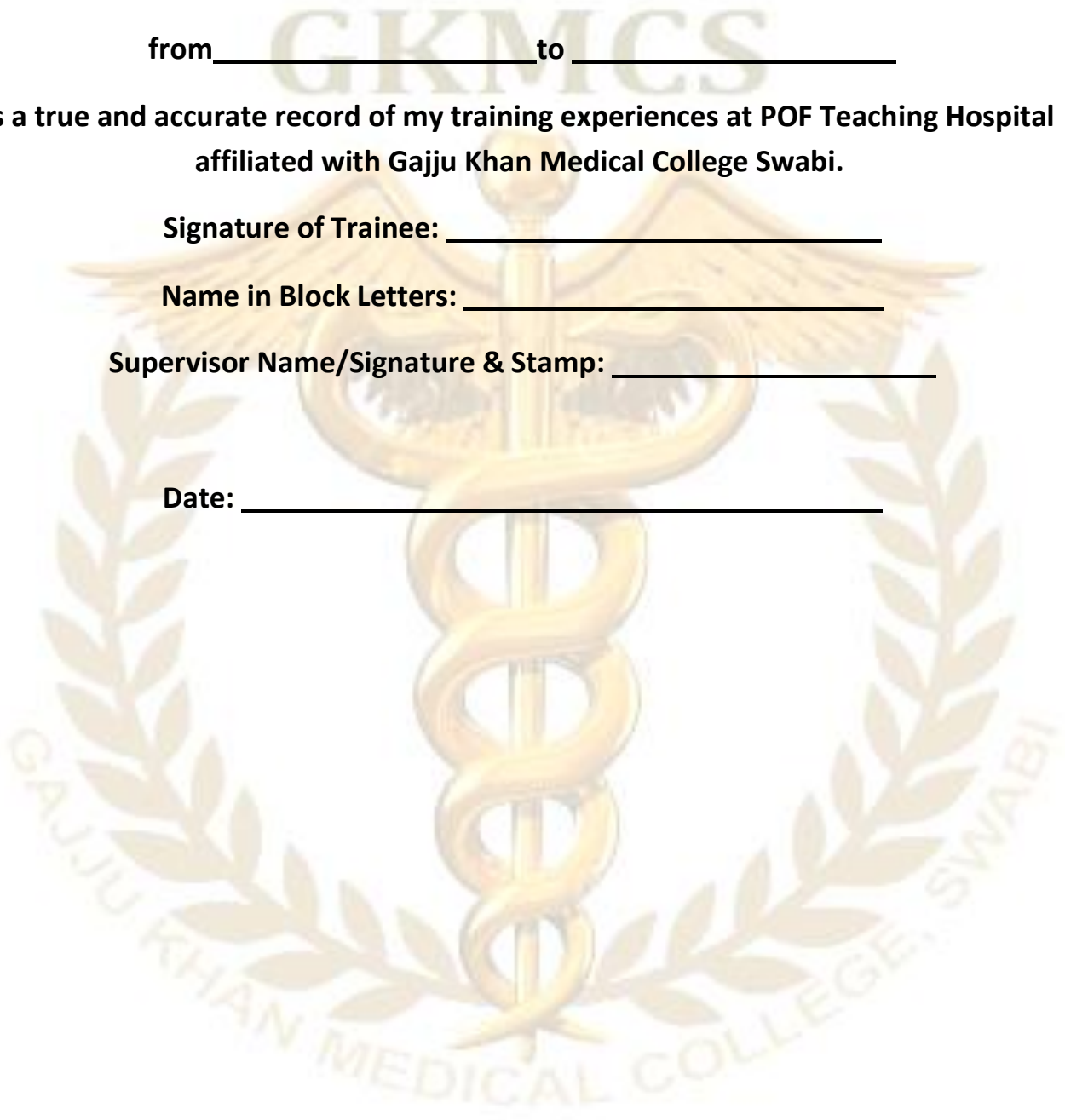
is a true and accurate record of my training experiences at POF Teaching Hospital  
affiliated with Gajju Khan Medical College Swabi.

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_



**Elective Department**  
DEPARTMENT OF \_\_\_\_\_

**a. Clinical Experience (s)**

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



## Clinical Experience (s)

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

## Clinical Experience (s)

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

### Clinical Experience (s) (Emergency)

[illegible]

## Skills

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

## OPD/IPD/ER Procedure (s)

[illegible]

**a. Level -I Observed**

**b. Level -II Assisted**

**c. Level – III Performed under supervision**

#### d. Level-IV Performed Independently



## Academic activities

[illegible]

## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
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Professionalism: Responds appropriately to patient by taking her name			

Marks obtained: \_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

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What was good? What can be improved and how?

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**Date:** \_\_\_\_\_

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**Marks obtained:** \_\_\_\_/15

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What was good? What can be improved and how?

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**Date:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_

**Signature of assessor:** \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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Marks obtained: \_\_\_\_\_/36

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Signature of student: \_\_\_\_\_

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Signature of student: \_\_\_\_\_

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Comments:

What was good? What can be improved and how?

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# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

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*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
GKMCS	

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.

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

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

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

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What do you think you should avoid in future?

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## Leave Record

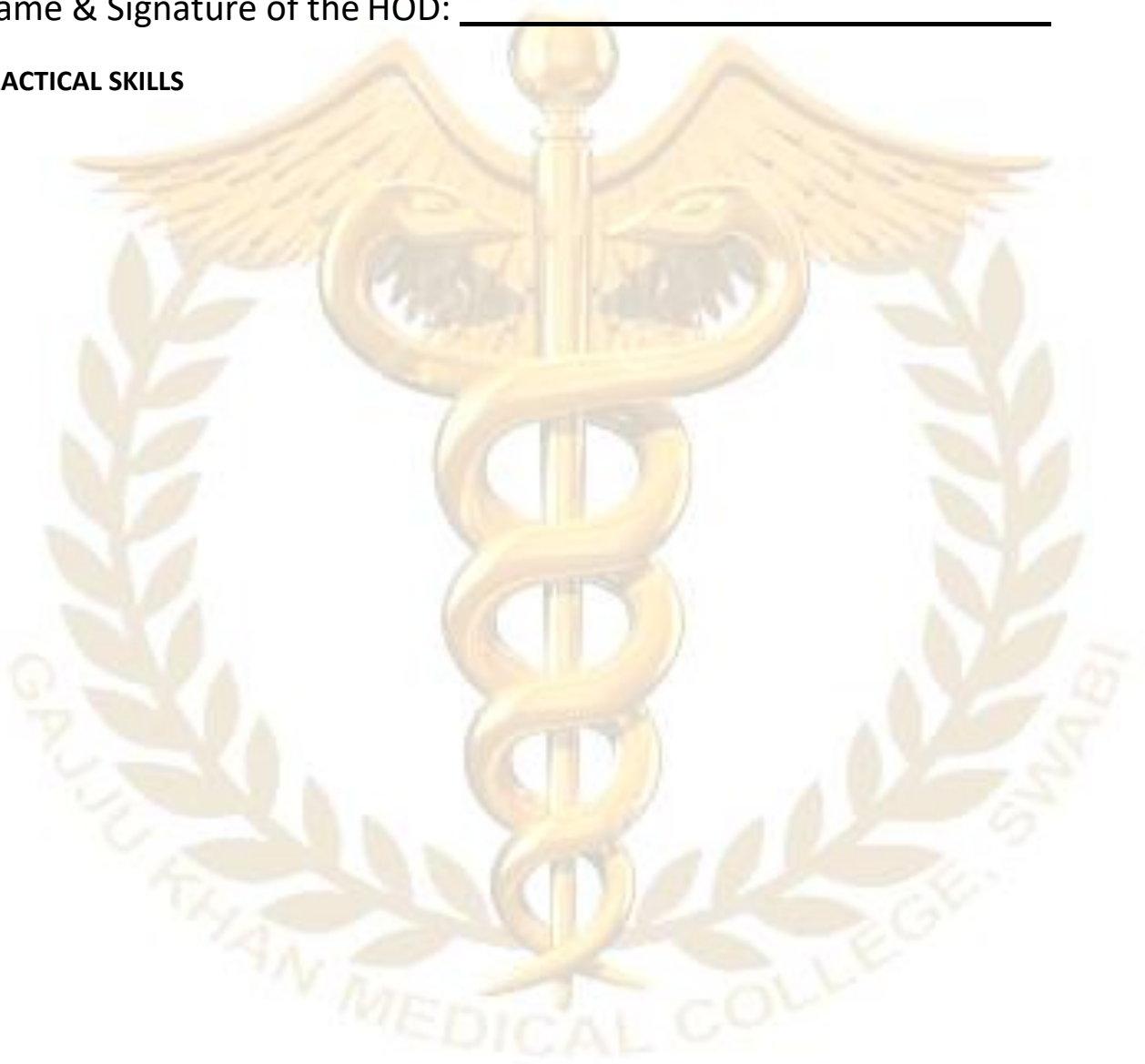
Casual: \_\_\_\_\_ Days    Sick: \_\_\_\_\_ Days

Any Other: \_\_\_\_\_

Signature of Internee: \_\_\_\_\_

Name & Signature of the HOD: \_\_\_\_\_

**PRACTICAL SKILLS**



## Certificate of Accuracy

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

from \_\_\_\_\_ to \_\_\_\_\_

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

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Elective Department**  
DEPARTMENT OF \_\_\_\_\_

a. Clinical Experience (s)

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

## Clinical Experience (s)

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



### Clinical Experience (S)

[illegible]

### Clinical Experience (s) (Emergency)

[illegible]

## Skills

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

## OPD/ER Procedure (s)

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

a. Level -I Observed

b. Level -II Assisted

c. Level – III Performed under supervision

d. Level-IV Performed Independently

## Academic activities

[illegible]



## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
TASK			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
History Taking: Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
Physical Examination: Obtains verbal consent for physical examination Performs examination appropriately and competently Uses relevant instruments in a competent manner.			
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?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## Mini-CEX (Mini-clinical Evaluation Exercise)

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

**Marks obtained:** \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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**Date:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_

**Signature of assessor:** \_\_\_\_\_

## Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

---



---

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## Mini-CEX (Mini-clinical Evaluation Exercise)

Assessment taken by (name in capitals & level of Observer)			
<b>TASK</b>			
CRITERIA SCALE	Below Expectations (1)	Around Expectations (2)	Above Expectations (3)
<b>History Taking:</b> Elicits history and allows patient to elaborate, asks relevant clinical questions current treatment, allergies, past medical history and family history social history inc. risk factors.			
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Marks obtained: \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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---

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_



## Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

---



---



---

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_



## Mini-CEX (Mini-clinical Evaluation Exercise)

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

Marks obtained: \_\_\_\_\_/15

Instructor Comments:

What was good? What can be improved and how?

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Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

# DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

Assessment taken (name in capital & level of observer)					
Task:					
<b>Please grade the following areas using the scale below</b>		<b>Below Expectations (1)</b>	<b>Borderline (2)</b>	<b>Around Expectations (3)</b>	<b>Above Expectations (4)</b>
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6	Seeks help where appropriate.				
7	Communication skills				
8	Consideration for patient.				
9	Overall performance.				

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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---



---

Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_



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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

---



---



---

Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

## DOPS (Direct Observation of Procedural Skills)

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

Marks obtained: \_\_\_\_\_/36

Comments:

What was good? What can be improved and how?

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Date \_\_\_\_\_

Signature of student: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

# Professionalism Mini-Evaluation Exercise

Evaluator:

Level: House officer

Date of Evaluation:

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

Comments:

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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
GKMCS	

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.

---

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---

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

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---

---

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

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---

---

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

---

---

---

What do you think you should avoid in future?

---

---

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## Leave Record

Casual: \_\_\_\_\_ Days    Sick: \_\_\_\_\_ Days

Any Other: \_\_\_\_\_

Signature of Internee: \_\_\_\_\_

Name & Signature of the HOD: \_\_\_\_\_

### PRACTICAL SKILLS



## Certificate of Accuracy

I certify that the information contained in the Logbook covering the period  
from \_\_\_\_\_ to \_\_\_\_\_

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

Signature of Trainee: \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Supervisor Name/Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_