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RAWALPINDI MEDICAL UNIVERSITY

**UNIVERSITY RESIDENCY PROGRAM- 2020  
OF INFECTIOUS DISEASE**



**B O O K**





**RAWALPINDI MEDICAL UNIVERSITY**

**M.D. PROGRAM DEPARTMENT OF INFECTIOUS DISEASES  
INFECTIOUS DISEASES**

## ENROLMENT DETAILS

Program of Admission \_\_\_\_\_

Session \_\_\_\_\_

Registration / Training Number \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Father's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CNIC No. \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Start of Training \_\_\_\_\_

Date of Completion of Training \_\_\_\_\_

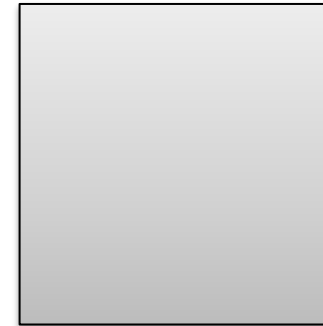
Name of Supervisor \_\_\_\_\_

Designation of Supervisor \_\_\_\_\_

Qualification of Supervisor \_\_\_\_\_

Title of department / Unit \_\_\_\_\_

Name of Training Institute / Hospital \_\_\_\_\_



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# CASE PRESENTATION

SR#	DATE	REG # OF PATIENT	BRIEF DESCRIPTION	COMMENTS	SIGNATURES OF THE SUPERVISOR

# TOPIC PRESENTATION

SR#	DATE	TOPIC	SIGNATURES OF THE SUPERVISOR

# JOURNAL CLUB

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SIGNATURES OF THE SUPERVISOR

**SMALL GROUP TEACHING SESSIONS/CASE BASED  
LEARNING/PROBLEM BASED LEARNING**

<b>SR #</b>	<b>DATE</b>	<b>DESCRIPTION</b>	<b>FACILITATOR</b>	<b>SIGNATURES OF THE SUPERVISOR</b>



## BEDSIDE TEACHING/GRAND TEACHING ROUNDS

SR #	DATE	REGISTRATION # OF THE PATIENT	BRIEF DESCRIPTION OF THE CASE DISCUSSED	NAME OF THE CLINICAL FACULTY MAKING THE TEACHING ROUND	SIGNATURES OF THE SUPERVISOR

**LARGE GROUP TEACHING SESSIONS/DIDACTIC  
LECTURE/INTERACTIVE LECTURES**

<b>SR #</b>	<b>DATE</b>	<b>DESCRIPTION</b>	<b>FACILITATOR</b>	<b>SIGNATURES OF THE SUPERVISOR</b>

# EMERGENCY

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR

# INDOOR

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR

# OPD AND CLINICS

SR#	DATE	REGISTRATION # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	COMMENTS	SIGNATURES OF THE SUPERVISOR

# DIRECTLY OBSERVED PROCEDURES

SR#	DATE	REGISTRATION # OF THE PATIENT	NAME OF PROCEDURE	PLACE OF PROCEDURE	NAME & DESIGNATION OF SUPERVISOR

# MULTI DICIPINARY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR

## CONFERENCES/CLINICO PATHOLOGICAL CONFERENCE

<b>SR#</b>	<b>DATE</b>	<b>BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED</b>	<b>SUGGESTIONS</b>	<b>SIGNATURES OF SUPERVISOR</b>



# CORE CURRICULUM MEETINGS

<b>SR#</b>	<b>DATE</b>	<b>BRIEF DESCRIPTION</b>	<b>SUGGESTIONS</b>	<b>SIGNATURES OF SUPERVISOR</b>

## MORBIDITY/MORTALITY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR

# HANDS ON TRAINING/WORKSHOPS

SR#	DATE	TITLE	VENUE	FACILITATOR	SIGNATURES OF THE SUPERVISOR

# PUBLICATIONS

SR#	NAME OF PUBLICATION	TYPE OF PUBLICATION ARTICLE/EDITORIAL/CASE REPORT ETC	NAME OF JOURNAL	DATE OF PUBLICATION	PAGE NO.	SIGNATURES OF THE SUPERVISOR

**MAJOR RESEARCH PROJECT/  
ABSTRACT/SYNOPSIS/DISSERTATION**

<b>SR#</b>	<b>RESEARCH TOPIC</b>	<b>PLACE OF RESEARCH</b>	<b>SUPERVISOR NAME &amp; DESIGNATION</b>	<b>BRIEF DETAILS</b>	<b>SIGNATURES OF THE SUPERVISOR</b>

## WRITTEN ASSESSMENT/ TEST RECORD

SR#	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQs OR SEQs OR BOTH	TOTAL MARKS	MARKS OBTAINED	SIGNATURES OF THE SUPERVISOR

## CLINICAL ASSESSMENT RECORD

<b>SR#</b>	<b>TOPIC OF CLINICAL TEST/EXAMINATION</b>	<b>TYPE OF THE TEST OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c.</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>	<b>SIGNATURES OF THE SUPERVISOR</b>