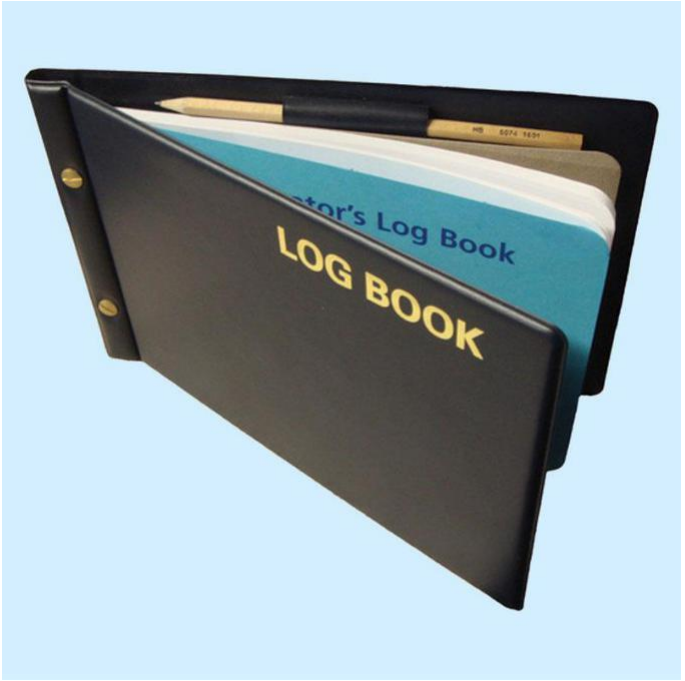
UNIVERSITY RESIDENCY PROGRAM -2019
LOG BOOK FOR OPHTHALMOLOGY RAWALPINDI
MEDICAL UNIVERSITY RAWALPINDI



"Wherever the art of Medicine is loved, there is also a love of Humanity."

- *Hippocrates*

PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Internal Medicine.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the MD Internal Medicine program at RMU.A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. MD curriculum is based on six Core Competencies of ACGME ***(Accreditation Council for Graduate Medical Education)*** including ***Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills***. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by ***Quality Assurance Cell*** and its comments in the logbook in addition to evaluation by ***University Training Monitoring Cell (URTMC)***. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

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CONTRIBUTIONS

SR.NO	NAME & DESIGNATION		CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF MEDICINE & ALLIED
1		**Prof. Dr. Fuad Ahmad Khan Niazi** **Head Of ophthalmology Department** **RMU & AHS, Rawalpindi**	Over all synthesis, structuring & over all write up of Curriculum of MS Ophthalmology , Log Book of MS Ophthalmology & Allied and also Log Book for MS Ophthalmology rotations under guidance of Prof. Muhammad Umar Vice Chancellor, Rawalpindi Medical University, Rawalpindi. Also Proof reading & synthesis of final print version of Log Books of MS Ophthalmology and Rotation Log Book
2		**Dr. Qamar Farooq** **Associate Professor** **Benzir Bhutto Hospital, Rawalpindi**	Guidance regarding technical matters of Log Book MS Ophthalmology & also Log Book for MS Ophthalmology rotations
3		**Dr. Muhammad Rizwan Khan** **SR Ophthalmology Department** **Holy Family Hospital, Rawalpindi**	Provision of required number of clinical procedures & educational activities for each year separately and rotation of Log Books of MS Ophthalmology & MS Ophthalmology rotation.
4		**Dr. Maria Zubair** **SR Ophthalmology Department** **Benzir Bhutto Hospital, Rawalpindi**	Assistance of Professor Dr. Fuad Ahmad Khan Niazi in formulating the log books & computer work under his direct guidance & supervision.

Program of Admission _____

ENROLMENT DETAILS

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 _____

Sr. No	Discipline
	Community Ophthalmology
	Dermatology
	General Surgery
	Neurosurgery
	Pathology
	Plastic Surgery
	Radiology
	Radiotherapy
	Please write your discipline on the line below:
	_____

INTRODUCTION

It is a structured book in which certain types of educational activities and patient related information is recorded, usually by hand. Logbooks are used all over the world from undergraduate to postgraduate training, in human, veterinary and dental medicine, nursing schools and pharmacy, either in paper or electronic format .

Logbooks provide a clear setting of learning objectives and give trainees and clinical teachers a quick overview of the requirements of training and an idea of the learning progress. Logbooks are especially useful if different sites are involved in the training to set a (minimum) standard of training. Logbooks assist supervisors and trainees to see at one glance which learning objectives have not yet been accomplished and to set a learning plan. The analysis of logbooks can reveal weak points of training and can evaluate whether trainees have fulfilled the minimum requirements of training.

Logbooks facilitate communication between the trainee and clinical teacher. Logbooks help to structure and standardize learning in clinical settings. In contrast to portfolios, which focus on students' documentation and self-reflection of their learning activities, logbooks set clear learning objectives and help to structure the learning process in clinical settings and to ease communication between trainee and clinical teacher. To implement logbooks in clinical training successfully, logbooks have to be an integrated part of the curriculum and the daily routine on the ward. Continuous measures of quality management are necessary.

Reference

Brauns KS,Narciss E, Schneyinck C, Böhme K, Brüstle P, Holzmann UM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.

INDEX OF LOG:

MINIMUM LOG BOOK ENTERIES PER MONTH IN GENERAL

(This minimum number is being provided for uniformity of the training and convenience for monitoring of the resident's performance by Quality Assurance Cell & University Research Training & Monitoring Cell of RMU but resident is encouraged to show performance above this minimum required number)

SR.NO	ENTRY	Minimum cases /Time duration
01	Case presentation	01 per month
02	Topic presentation	01 per month
03	Journal club	01 per month
04	Bed side teaching	10 per month
05	Large group teaching	06 per month
06	Emergency cases	10 per month
07	OPD	50 per month
08	Indoor (patients allotted)	8 per month plus participation in daily Morning & Evening rounds
09	Directly observed procedures	6-10 per month
10	CPC	02 per month
11	Mortality & Morbidity meetings	02 per month

MISSION STATEMENT

The mission of Internal Medicine Residency Program of Rawalpindi Medical University is:

To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.

To set and pursue the highest goals for ourselves as we learn the science, craft, and art of Medicine.

To passionately teach our junior colleagues and students as we have been taught by those who preceded us.

To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.

To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.

To support and contribute to the research mission of our medical center, nation, and the world by pursuing new knowledge, whether at the bench or bedside.

To promote the translation of the latest scientific knowledge to the bedside to improve our understanding of disease pathogenesis and ensure that all patients receive the most scientifically appropriate and up to date care.

To promote responsible stewardship of medical resources by wisely selecting diagnostic tests and treatments, recognizing that our individual decisions impact not just our own patients, but patients everywhere.

To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.

To extend our talents outside the walls of our hospitals and clinics, to promote the health and well-being of communities, locally, nationally, and internationally.

To serve as proud ambassadors for the mission of the Rawalpindi Medical University MD internal Medicine Residency Program for the remainder of our professional lives.

CLINICAL COMPETENCIES FOR 1st, 2nd, 3rd AND 4th YEAR MD TRAINEES MEDICINE

CLINICAL COMPETENCIES\SKILL\PROCEDURE

The clinical competencies, a specialist must have, are varied and complex. A complete list of the skills necessary for trainees and trainers is given below. The level of competence to be achieved each year is specified according to the key, as follows:

Observer status
Assistant status
Performed under supervision
Performed under indirect supervision
Performed independently

Note: Levels 4 and 5 for practical purposes are almost synonymous

PROCEDURES	First Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Visual Acuity	1,2	10	3	10	4,5	10	5	10	40
Refraction	1,2	10	3	6	4,5	6	5	8	30
Optic Nerve function test	1,2	4	3	4	4,5	4	5	3	15
Slit Lamp Examination	1,2	10	2,3	12	4,5	12	5	16	50
Tonometery	1,2	6	2,3	10	4,5	12	5	7	35
Visual Fields	1	4	2	5	3,4	5	4	6	20
Cover Uncover test	1,2	3	2,3	3	4,5	4	5	5	15
Direct Ophthalmoscopy	1,2	10	2,3	8	4,5	6	5	6	30
Indirect Fundoscopy)	1	6	2,3	6	3,4	4	4	9	25
Gonioscopy	1	4	2,3	4	3,4	4	4,5	3	15
Biometery	1	8	2	8	3,4	8	4,5	6	30
Pre op and Post op Management of Eye surgeries	1,2	6	2,3	8	3,4	8	4	8	30
Retrobulbar block	1	5	2,3	5	3,4	7	4	8	25
All Eye surgeries	-	-	1,2	10	1,2	10	1,2	10	30

	Second Year								
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Total
Rotations to be incorporated as and when available with the consent of respected supervisor									
ROS	1,2	5	3,4	5	5	5	5	5	20
Orthoptic Assessment	1,2	5	3,4	5	4,5	5	5	5	20
Glaucoma Clinic	1,2	8	3,4	8	4,5	8	4,5	11	35
Visual Field Interpretation	1,2,3	6	3,4,5	8	4,5	5	5	6	25
OCT Interpretation	1,2,3	4	3,4,5	4	4,5	6	5	6	20
FFA analysis	1,2,3	6	3,4,5	8	4,5	5	5	6	25
Ptosis Examination	1,2,3	5	4,5	5	4,5	5	5	5	20
Proptosis Examination	1,2,3	5	4,5	5	4,5	5	5	5	20
Biometries	5	10	5	10	5	10	5	10	40
Indirect Ophthalmoscopy	5	10	5	10	5	10	5	10	40
Intra vitreal antibiotics	1,2	5	3,4	5	4,5	5	5	5	20
Pterygium excision	1,2	5	3,4	5	4,5	5	5	5	20
Chalazion I&D	1,2	5	3,4	5	4,5	5	5	5	20

LOG BOOK ENTERIES REQUIREMENT FOR 3RD AND 4TH YEAR
MD MEDICINE TRAINEES

PROCEDURES	THIRD YEAR								
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Total Cases in Year
Rotations to be incorporated as and when available with the consent of respected supervisor									
Indirect Ophthalmoscopy	1,2	5	3,4	5	4,5	5	5	5	20
Nd Yag Laser capsulotomy	1,2	5	3,4	5	4,5	5	5	5	20
Yag Laser iridotomy	1,2	5	3,4	5	4,5	5	5	5	20
Argon Laser photocoagulation	1,2	5	3,4	5	4,5	5	5	5	20
Intra vitreal anti VEGF	1,2	5	3,4	5	4,5	5	5	5	20
ECCE	3,4	5	4	5	4,5	5	5	5	20
Phacoemulsification	1,2	6	1,2	8	1,2	10	3	1	25
Trabeculectomy	1,2	3	1,2	3	1,2	3	3	1	10
Trauma repair	1,2	5	3,4	5	4,5	5	5	5	20
Squint surgery	1,2	1	1,2	1	1,2	2	3	1	5
Retinal detachment surgery	1,2	1	1,2	1	1,2	2	3	1	4
Oculoplastic procedures	1,2	3	1,2	3	2,3,4	3	3,4	3	12
Ptosis surgery	1,2	3	1,2	3	2,3,4	3	3,4	3	12
Orbital surgery	1,2	3	1,2	3	2,3,4	3	3,4	3	12
Orbital tumors	1,2	3	1,2	3	2,3,4	3	3,4	3	12

PROCEDURES	Fourth YEAR								
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	Total Cases in Year
Rotations to be incorporated as and when available with the consent of respected supervisor									
Indirect Ophthalmoscopy	5	6	5	6	5	6	5	7	25
Nd Yag Laser capsulotomy	5	5	5	5	5	5	5	5	20
Yag Laser iridotomy	5	5	5	5	5	5	5	5	20
Argon Laser photocoagulation	5	5	5	5	5	5	5	5	20
Intra vitreal anti VEGF	5	5	5	5	5	5	5	5	20
ECCE	5	5	5	5	5	5	5	5	20
Phacoemulsification	3	1	3	2	3,4	2	4,5	3	8
Trabeculectomy	3	1	3	1	3	1	3	1	4
Trauma repair	5	5	5	5	5	5	5	5	20
Squint surgery	3	1	3	1	3	1	3	1	4
Retinal detachment surgery	1,2	1	1,2	1	1,2	1	1,2	1	4
Oculoplastic procedures	3,4	4	3,4	4	4,5	3	4,5	4	15
Ptosis surgery	1,2	2	2,3	2	2,3,4	2	3,4	2	8
Orbital surgery	1,2	1	1,2	1	2,3	1	2,3	1	4

INTRODUCTION

Curriculum of MS Ophthalmology at Rawalpindi Medical University is an important document that defines the educational goals of Residency Training Program and is intended to clarify the learning objectives for all inpatient and outpatient rotations. Program requirements are based on the ACGME (Accreditation Council for Graduate Medical Education) standards for categorical training in Ophthalmology. Curriculum is based on 6 core competencies. Detail of these competencies is as follows

CORE COMPETENCIES

Details of The Six Core Competencies of Curriculum of MS Ophthalmology

COMPETENCY NO. 1 PATIENT CARE (PC)

Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).

(PC1) ○ Collects accurate historical data
- ○ Uses physical exam to confirm history
- ○ Does not relies exclusively on documentation of others to generate own database or differential diagnosis
- ○ Consistently acquires accurate and relevant histories from patients
- ○ Seeks and obtains data from secondary sources when needed
- ○ Consistently performs accurate and appropriately thorough physical exams
- ○ Uses collected data to define a patient's central clinical problem(s)
- ○ Acquires accurate histories from patients in an efficient, prioritized, and hypothesis- driven fashion
- ○ Performs accurate physical exams that are targeted to the patient's complaints
- ○ Synthesizes data to generate a prioritized differential diagnosis and problem list
- ○ Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
- ○ Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis
- ○ Identifies subtle or unusual physical exam findings
- ○ Efficiently utilizes all sources of secondary data to inform differential diagnosis
- ○ Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing

Develops and achieves comprehensive management plan for each patient. (PC2)
- ○ Care plans are consistently inappropriate or inaccurate
- ○ Does not react to situations that require urgent or emergent care
- ○ Does not seek additional guidance when needed Inconsistently develops an appropriate care plan
- ○ Inconsistently seeks additional guidance when needed
- ○ Consistently develops appropriate care plan
- ○ Recognizes situations requiring urgent or emergent care
- ○ Seeks additional guidance and/or consultation as appropriate
- ○ Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences ○ Recognizes disease presentations that deviate from common patterns and require complex decision- making ○ Manages complex acute and chronic diseases
- ○ Role models and teaches complex and patient-centered care

Develops customized, prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles

Manages patients with progressive responsibility and independence. (PC3)

Assume responsibility for patient management decisions

Consistently manages simple ambulatory complaints or common chronic diseases

Consistently manages patients with straightforward diagnoses in the inpatient setting

Unable to manage complex inpatients or patients requiring intensive care

Requires indirect supervision to ensure patient safety and quality care

Provides appropriate preventive care and chronic disease management in the ambulatory setting

Provides comprehensive care for single or multiple diagnoses in the inpatient setting

Under supervision, provides appropriate care in the intensive care unit Initiates management plan for urgent or emergent care

Independently supervise care provided by junior members of the physician-led team

Independently manages patients across inpatient and ambulatory clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndromes

Seeks additional guidance and/or consultation as appropriate

Appropriately manages situations requiring urgent or emergent care

Effectively supervises the management decisions of the team

Manages unusual, rare, or complex disorders

Skill in performing procedures. (PC4)

Does not attempts to perform procedures without sufficient technical skill or supervision

Willing to perform procedures when qualified and necessary for patient care

- Possesses basic technical skill for the completion of some common procedures
- Possesses technical skill and has successfully performed all procedures required for certification
- Maximizes patient comfort and safety when performing procedures
- Seeks to independently perform additional procedures (beyond those required for certification) that are anticipated for future practice
- Teaches and supervises the performance of procedures by junior members of the team

- **Requests and provides consultative care. (PC5)**
  - Is responsive to questions or concerns of others when acting as a consultant or utilizing consultant services
  - Willing to utilize consultant services when appropriate for patient care
  - Consistently manages patients as a consultant to other physicians/health care teams
  - Consistently applies risk assessment principles to patients while acting as a consultant
  - Consistently formulates a clinical question for a consultant to address
  - Provides consultation services for patients with clinical problems requiring basic risk assessment
  - Asks meaningful clinical questions that guide the input of consultants
  - Provides consultation services for patients with basic and complex clinical problems requiring detailed risk assessment
  - Appropriately weighs recommendations from consultants in order to effectively manage patient care

- Switches between the role of consultant and primary physician with ease
- Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment
- Manages discordant recommendations from multiple consultants

Patient Care PC-1

- **How To Teach**
  - Discussions in ward rounds to teach history taking.
  - Discussions in ward rounds to teach physical examination.
  - Demonstration in ward rounds to teach history taking.
  - Demonstration in ward rounds to teach physical examination.
  - Discussions in wards of short cases
  - Discussions in wards of long cases
  - Simulated patient (in order to simulate a set of symptoms or problems.)
  - Should write a summary (synthesize a differential diagnosis).
- **How To Assess**

  Discussions in ward rounds to assess history taking
  Discussions in ward rounds to assess physical examination
  Short cases assessment through long cases
  Confirmation of physical findings by supervisor
  Confirmation of history by supervisor.
  OSPE

Patient Care PC-2

- **How To Teach**
  - Resident should write management plan on history sheet and supervisor should discuss management plan.
  - Resident should write investigational plans, should be able to interpret with help
  - of supervisor
  - Should be taught prioritization of care plans in complex patient by discussion.
- **How To Assess**
  - Long cases and short cases to assess the clear concepts of management by the trainee.
- **Patient Care PC-3**
- **How To Teach**
  - Discuss thoroughly the management side effects /interactions/dosage/therapeutic procedures and intervention
- **How To Assess**
  - Long case
  - Short case

- OSPE
- Simulated patient
- Stimulate chart recall
- Log book
- Portfolio
- Internal assessment record

- **Patient Care PC-4**
-

How To Teach

- Supervisor should ensure that the resident has complete knowledge about the procedures.
- Trainee should observe procedures
- Should perform procedures under supervision
- Should be able to perform procedures independently
- Videos regarding different procedures.

- **How To Assess**
  - OSPE
  - Logbook/ portfolio
  - Direct observation

Patient Care PC-5

How to Teach

- All consultations by the trainees should be discussed by the supervisor.

How to Assess

- Consultation record of the log book
- Feedback by other department regarding consultation

COMPETENCY NO. 2 KNOWLEDGE

- **Clinical knowledge (MK1)**
  - Possesses sufficient scientific, socioeconomic and behavioral knowledge required to provide care for common eye conditions and basic preventive care.
  - Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex eye conditions and comprehensive preventive care
  - Possesses the scientific, socioeconomic and behavioral knowledge required to successfully diagnose and treat medically uncommon, ambiguous and complex conditions.

- Knowledge of diagnostic testing and procedures. (MK2)
- Consistently interprets basic diagnostic tests accurately
- Does not need assistance to understand the concepts of pre-test probability and test performance Characteristics
- Fully understands the rationale and risks associated with common procedures
- Interprets complex diagnostic tests accurately
- Understands the concepts of pre-test probability and test performance characteristics
- Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures
- Anticipates and accounts for pitfalls and biases when interpreting diagnostic tests and procedures
- Pursues knowledge of new and emerging diagnostic tests and procedures

- **Medical Knowledge (MK-1, MK-2)**

How to Teach

- Books etc
- Articles
- (Clinic Pathological Conference)
- Lecture
- Videos
- SDL(Self Directed Learning)
- PBL(Problem Based Learning)
- Teaching experience with medical student
- Read procedural knowledge.

How To Assess

- MCQs
- SEQs
- Viva
- Video
- Internal assessment

COMPETENCY NO. 3 SYSTEM BASED PRACTICE (SBP)

- **Works effectively within an inter professional team (e.g. peers, consultants, nursing, Ancillary professionals and other support personnel). (SBP1).**
  - Recognizes the contributions of other inter professional team members
  - Does not frustrates team members with inefficiency and errors
  - Identifies roles of other team members and recognize how/when to utilize them as resources.
  - Does not requires frequent reminders from team to complete physician responsibilities (e.g. talk to family, enter orders)
  - Understands the roles and responsibilities of all team members and uses them effectively
  - Participates in team discussions when required and actively seek input from other team members

- Understands the roles and responsibilities of and effectively partners with, all members of the team
- Actively engages in team meetings and collaborative decision-making
- Integrates all members of the team into the care of patients, such that each is able to maximize their skills in the care of the patient
- Efficiently coordinates activities of other team members to optimize care
- Viewed by other team members as a leader in the delivery of high quality care

- **Recognizes system error and advocates for system improvement. (SBP2)**
  - Does not ignore a risk for error within the system that may impact the care of a patient.
  - Does not make decisions that could lead to error which are otherwise corrected by the system or supervision.
  - Does not resistant to feedback about decisions that may lead to error or otherwise cause harm.
  - Recognizes the potential for error within the system.
  - Identifies obvious or critical causes of error and notifies supervisor accordingly.
  - Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk.
  - Willing to receive feedback about decisions that may lead to error or otherwise cause harm.
  - Identifies systemic causes of medical error and navigates them to provide safe patient care.
  - Advocates for safe patient care and optimal patient care systems
  - Activates formal system resources to investigate and mitigate real or potential medical error.
  - Reflects upon and learns from own critical incidents that may lead to medical error.
  - Advocates for system leadership to formally engage in quality assurance and quality improvement activities.
  - Viewed as a leader in identifying and advocating for the prevention of medical error.
  - Teaches others regarding the importance of recognizing and mitigating system error.
- **Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care. (SBP3).**
  - Does not ignores cost issues in the provision of care
  - Demonstrates effort to overcome barriers to cost- effective care
  - Has full awareness of external factors (e.g. socio- economic, cultural, literacy, insurance status) that impact the cost of health care and the role that external stakeholders (e.g. providers, suppliers, financers, purchasers) have on the cost of care
  - Consider limited health care resources when ordering diagnostic or therapeutic interventions
  - Recognizes that external factors influence a patient's utilization of health care and Does not act as barriers to cost- effective care
  - Minimizes unnecessary diagnostic and therapeutic tests
  - Possesses an incomplete understanding of cost- awareness principles for a population of patients (e.g. screening tests)
  - Consistently works to address patient specific barriers to cost-effective care
  - Advocates for cost-conscious utilization of resources (i.e. emergency department visits, hospital readmissions)
  - Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests

- Teaches patients and healthcare team members to recognize and address common barriers to cost- effective care and appropriate utilization of resources
- Actively participates in initiatives and care delivery models designed to overcome or mitigate barriers to cost-effective high quality care

- **Transitions patients effectively within and across health delivery systems. (SBP4)**
  - Regards need for communication at time of transition
  - Responds to requests of caregivers in other delivery systems
  - Inconsistently utilizes available resources to coordinate and ensure safe and effective patient care within and across delivery systems
  - Written and verbal care plans during times of transition are complete
  - Efficient transitions of care lead to only necessary expense or less risk to a patient (e.g. avoids duplication of tests readmission)
  - Recognizes the importance of communication during times of transition
  - Communication with future caregivers is present but with lapses in pertinent or timely information
  - Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems
  - Proactively communicates with past and future care givers to ensure continuity of care
  - Coordinates care within and across health delivery systems to optimize patient safety, increase efficiency and ensure high quality patient outcomes
  - Anticipates needs of patient, caregivers and future care providers and takes appropriate steps to address those needs
  - Role models and teaches effective transitions of care
- **How To Teach**
  - Lecture/ orientation session
  - Various system/policies should be identified and discussed with the residents.
  - Examples:
  - Zakaat
  - Admission procedure
  - Bait-ul-Mall
  - Discharge procedure
  - Consultation procedure
  - Shifting of patients according to SOPS
  - Preferably a manual should be designed regarding various systems existing in the
  - Hospital for the resident.
  - Cost effectiveness/availability of medicine
  - Avoidance of unnecessary tests because of limited health resources.
  - Direct observation by the supervisor during ward rounds
  - Feed back
  - Assessment during case discussion

COMPETENCY NO. 4 PRACTICE BASED LEARNING (PBL)

- **Monitors practice with a goal for improvement. (PBLI1)**
  - Willing to self-reflect upon one's practice or performance
  - Concerned with opportunities for learning and self-improvement
  - Unable to self-reflect upon one's practice or performance
  - Avails opportunities for learning and self-improvement
  - Consistently acts upon opportunities for learning and self-improvement
  - Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice
  - Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement
  - Regularly self-reflects and seeks external validation regarding this reflection to maximize practice improvement
  - Actively engages in self- improvement efforts and reflects upon the experience
- **Learns and improves via performance audit. (PBLI2)**
  - Regards own clinical performance data
  - Demonstrates inclination to participate in or even consider the results of quality improvement efforts
  - Adequate awareness of or desire to analyze own clinical performance data
  - Participates in a quality improvement projects
  - Familiar with the principles, techniques or importance of quality improvement
  - Analyzes own clinical performance data and identifies opportunities for improvement
  - Effectively participates in a quality improvement project
  - Understands common principles and techniques of quality improvement and appreciates the responsibility to assess and improve care for a panel of patients Analyzes own clinical performance data and actively works to improve performance
  - Actively engages in quality improvement initiatives
  - Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients
  - Actively monitors clinical performance through various data sources
  - Is able to lead a quality improvement project
  - Utilizes common principles and techniques of quality improvement to continuously improve care for a panel of patients
- **Learns and improves via feedback. (PBLI3)**
  - Does not resists feedback from others
  - Often seeks feedback
  - Never responds to unsolicited feedback in a defensive fashion
  - Temporarily or superficially adjusts performance based on feedback

- Does not solicits feedback only from supervisors
- Is open to unsolicited feedback
- Solicits feedback from all members of the inter professional team and patients
- Consistently incorporates feedback
- Performance continuously reflects incorporation of solicited and unsolicited feedback
- Able to reconcile disparate or conflicting feedback

- **Learns and improves at the point of care. (PBLI4)**
  - Acknowledges uncertainly and does not revert to reflexive patterned response when inaccurate
  - Seeks or applies evidence when necessary
  - Familiar with strengths and weaknesses of the medical literature
  - Has adequate awareness of or ability to use information technology
  - Does not accepts the findings of clinical research studies without critical appraisal Can translate medical information needs into well- formed clinical questions independently
  - Aware of the strengths and weaknesses of medical information resources and utilizes information technology with sophistication
  - Appraises clinical research reports, based on accepted criteria
  - Does not "slows down" to reconsider an approach to a problem, ask for help, or seek new information
  - Routinely translates new medical information needs into well-formed clinical questions
  - Utilizes information technology with sophistication
  - Independently appraises clinical research reports based on accepted criteria
  - Searches medical information resources efficiently, guided by the characteristics of clinical questions
  - Role models how to appraise clinical research reports based on accepted criteria
  - Has a systematic approach to track and pursue emerging clinical question
- **Practice Based Learning (PBL1, PBL2, PBL3, PBL4)**
  - **How to Teach**
    - Discussions about problem cases
    - Should discuss errors and omissions
  - **How to Assess**
    - Feed back
    - 360 evaluation
    - Research article presentation
    - Journal club presentation
    - CPC presentation
    - Ward presentation
    - Quality improvement of projects

COMPETENCY NO. 5 PROFESSIONALISM(PROF)

- Has professional and respectful interactions with patients, caregivers and members of the interprofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel). (PROF1)
- Consistently respectful in interactions with patients, caregivers and members of the interprofessional team, even in challenging situations
- Is available and responsive to needs and concerns of patients, caregivers and members of the inter professional team to ensure safe and effective care Emphasizes patient privacy and autonomy in all interactions
- Demonstrates empathy, compassion and respect to patients and caregivers in all situations
- Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers
- Demonstrates a responsiveness to patient needs that supersedes self-interest
- Positively acknowledges input of members of the inter professional team and incorporates that input into plan of care as appropriate
- Role models compassion, empathy and respect for patients and caregivers
- Role models appropriate anticipation and advocacy for patient and caregiver needs
- Fosters collegiality that promotes a high-functioning inter professional team

- **Teaches others regarding maintaining patient privacy and respecting patient autonomy Accepts responsibility and follows through on tasks. (PROF2)**
  - Demonstrates responsibilities expected of a physician professional
  - Accepts professional responsibility even when not assigned or not mandatory
  - Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy
  - Completes assigned professional responsibilities without questioning or the need for reminders
  - Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
  - Willingness to assume professional responsibility regardless of the situation
  - Role models prioritizing multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner
  - Assists others to improve their ability to prioritize multiple, competing tasks

- **Responds to each patient's unique characteristics and needs. (PROF3)**
  - Willing to modify care plan to account for a patient's unique characteristics and needs
  - Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion in the patient/caregiver encounter
  - Seeks to fully understand each patient's unique characteristics and needs based upon culture, ethnicity, gender, religion, and personal preference
  - Modifies care plan to account for a patient's unique characteristics and needs with complete success
  - Recognizes and accounts for the unique characteristics and needs of the patient/ caregiver
  - Appropriately modifies care plan to account for a patient's unique characteristics and needs
  - Role models professional interactions to negotiate differences related to a patient's unique characteristics or needs
  - Role models consistent respect for patient's unique characteristics and needs
- **Exhibits integrity and ethical behavior in professional conduct. (PROF4)**
  - Has a basic understanding of ethical principles, formal policies and procedures, and does not intentionally disregard them
  - Honest and forthright in clinical interactions, documentation, research, and scholarly activity
  - Demonstrates accountability for the care of patients
  - Adheres to ethical principles for documentation, follows formal policies and procedures, acknowledges and limits conflict of interest, and upholds ethical expectations of research and scholarly activity
  - Demonstrates integrity, honesty, and accountability to patients, society and the profession
  - Actively manages challenging ethical dilemmas and conflicts of interest
  - Identifies and responds appropriately to lapses of professional conduct among peer group
  - Assists others in adhering to ethical principles and behaviors including integrity, honesty, and professional responsibility
  - Role models integrity, honesty, accountability and professional conduct in all aspects of professional life
  - Regularly reflects on personal professional conduct

- **Professionalism (PROF1, PROF2, PROF3 AND PROF4)**
- **How To Teach**
    - Should be taught during ward rounds.
    - By supervisor
    - Through workshop
- **How To Assess**
    - Punctuality
    - Behavior
    - Direct observation during ward rounds
    - Feed back
    - 360 degree evaluation

Competency No. 6 INTERPERSONAL AND COMMUNICATION SKILL (ICS)

- Communicates effectively with patients and caregivers. (ICS1)
- Does not ignores patient preferences for plan of care
- Makes attempt to engage patient in shared decision-making
- Does not engages in antagonistic or counter-therapeutic relationships with patients and caregivers
- Engages patients in discussions of care plans and respects patient preferences when offered by the patient, and also actively solicit preferences.
- Attempts to develop therapeutic relationships with patients and caregivers which is often successful
- Defers difficult or ambiguous conversations to others
- Engages patients in shared decision making in uncomplicated conversations
- Requires assistance facilitating discussions in difficult or ambiguous conversations
- Requires guidance or assistance to engage in communication with persons of different socioeconomic and cultural backgrounds
- Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations
- Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
- Incorporates patient-specific preferences into plan of care
- Role models effective communication and development of therapeutic relationships in both routine and challenging situations
- Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic backgrounds

- **Communicates effectively in inter professional teams (e.g. peers, consultants, nursing, ancillary professionals and other support personnel). (ICS2**)
    - Does not uses unidirectional communication that fails to utilize the wisdom of the team
    - Does not resists offers of collaborative input
    - Consistently and actively engages in collaborative communication with all members of the team
    - Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
    - Role models and teaches collaborative communication with the team to enhance patient care, even in challenging settings and with conflicting team member opinions

- **Appropriate utilization and completion of health records. (ICS3)**
  - Health records are organized and accurate and are not superficial and does not miss key data or fails to communicate clinical reasoning
  - Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning
  - Health records are succinct, relevant, and patient specific
  - Role models and teaches importance of organized, accurate and comprehensive health records that are succinct and patient specific

Interpersonal and Communication Skill (ISC1, ICS2 AND ICS3)

- **How to Teach**
  - Teaching through communication skills by supervisor
  - Through workshop
- **How to Assess**

1. Direct observation
2. Feed back
3. 360 degree evaluation
4. History taking
5. CPC presentation
6. Journal club presentation
7. Article presentation
8. Consultation
9. OPD working
10. Counseling sessions
11. OSPE
12. VIVA

CURRICULUM OF DIFFERENT SPECIALITIES OF MS OPHTHALMOLOGY

ROTATION CURRICULUM OF MD OPHTHALMOLOGY FOR GENERAL SURGERY ROTATION

Educational Purpose:

- The goal of the General surgery rotation is to train the Ophthalmologists to prepare a patient for surgery, basic principles of anesthesia, surgical infections, antibiotics and pain management
- Understanding and management of critical care and acute life support
- Understanding of coma and Glasgow coma scale
- Training in examination and management of unconscious patient when needed.
- To observe different neurology /neurosurgical signs and their identification on X rays, CT scans and MRI.

Content of required knowledge:

- Common Surgical Skills, incision of skin and subcutaneous tissue, langer's lines, healing mechanism, choice of instrument, safe practice
- Closure of skin and subcutaneous tissue, options for closure, suture and needle choice
- Technique of knot tying, choice of material
- Incision of skin and subcutaneous tissue, ability to use scalpel, diathermy and scissors
- Closure of skin and subcutaneous tissue, accurate and tension free apposition of wound edges
- Haemostasis, control of bleeding vessel (superficial), diathermy
- Pre-operative assessment and management, cardiorespiratory physiology, diabetes mellitus, renal failure, pathophysiology of blood loss, pathophysiology of sepsis, risk factors for surgery, management of comorbidity
- Intraoperative care, safety in theatre, sharps safety, infection risks, radiation use and risks, principles of local, regional and general anaesthesia
- Post-operative care, monitoring of postoperative patient, postoperative analgesia, fluid and electrolyte management, complications specific to particular operation

Antibiotics, Common pathogens in surgical patients, antibiotic sensitivities, antibiotic side-effects, principles of prophylaxis and treatment.

ROTATION CURRICULUM OF MS OPHTHALMOLOGY for NEUROSURGERY ROTATION

Educational Purpose:

- The goal of the Neurosurgery/Neurology rotation is to train the Ophthalmologists to evaluate patients with head injury
- Training in examination and management of unconscious patient when needed.
- To observe different neurology /neurosurgical signs and their identification on X rays, CT scans and MRI.

Content of required knowledge:

- Cranial nerve examinations
- Deification and evaluation of signs of meningeal irritation
- Sensory and motor examination
- Examination of unconscious patients
- Checking cerebellar function
- Visual field examination

- Observation of different clinical finding on CT –scan and MRI regarding different pathologies related to e.g gliomas, pituitary adenomas, Craniopharyngioma , Hydrocephalous and dermoid
- Observation of different clinical findings on X-rays e.g bony fractures of orbital walls, Floor fracture (blow out floor fracture)
- Identification of sinuses (Frontal, ethmoid, sphenoid, maxillary) and their pathologies. On CT-scan & MRI
- Identification of sellar and supra sellar tumors. On CT-scan & MRI
- Identification of pituitary fossa and pituitary adenoma. On CT-scan & MRI

ROTATION CURRICULUM OF MS OPHTHALMOLOGY FOR PLASTIC SURGERY

Educational Purpose

To give the PGTs formal intensive instruction, clinical experience, and the opportunity to acquire expertise in the evaluation and management of patients in plastic surgery

Content of required knowledge:

- Understanding the technique of repair and reconstruction of trauma of eye lid and adnexa
- Understanding the technique of full thickness skin graft and flaps
- Management of tissue loss
- Understanding the technique of excision and reconstruction in cases of malignancy of eye lid and adnexa
- Understanding the technique contracture excision and reconstruction

ROTATION CURRICULUM OF MS OPHTHALMLOGY FOR *RADIOLOGY*

Educational Purpose:

To give residents formal, informal instruction and clinical experience in the evaluation and clinical correlation of the results of various imaging techniques utilized in a modern radiology department.

General objectives for Radiology course:

- The ability to understand the principles of radiological studies
- Utilization of imaging techniques in orbital fracture/orbital foreign body/orbital erosion/ calcification and space occupying lesions
- Effective evaluation and differentiation of preseptal and orbital cellulitis
- Therapeutic and diagnostic interventions with imaged guided procedures
- Basics aspects of medical radiation exposure and protection
- Physiologic principles of nuclear medicine and functional MRI
- Newer neuroimaging techniques for cerebral diseases and conditions
- Awareness and use of the data base that exists in radiology
- Fundamentals of nasal and para nasal imaging (physiological & pathological)
- Basics of radiology of sella turcica, its dimensions, shape, calcification ,double floor
- Differential diagnoses in orbital diseases
- Plain film of the abdomen
- Basics of radiology of skull and brain, space occupying lesions, ventricular system, foreign body, metastasis, fracture, sign of raised ICP and angiograms
- Basics of radiology of optic foramen, its dimensions and erosions
- Understanding of imagining of spine (cervical and / or sacroiliac), its sclerosis and osteoporosis

- Understanding of ultrasound (ocular, orbital)
- Radiography of the Lacrimal passages
- Understanding of Doppler study (neck vessels)

ROTATION CURRICULUM OF MS OPHTHALMOLOGY FOR ONCOLOGY

Educational Purpose

To give a broad view of oncological diseases to postgraduate trainees to facilitate them in diagnosing and managing the patient with orbital and related malignancies

Content of Required Knowledge

- Understanding of radiation oncology
- Types of radiations used in oncology
- Understanding of patient safety in radiation oncology
- Management **of** radiation hazards in oncology
- Management of acute complications of patients undergoing therapy
- Understanding of chemotherapy and management of acute complications related to it

ROTATION CURRICULUM OF MS OPHTHALMOLOGY FOR DERMATOLOGY

Educational Purpose:

To give the residents formal intensive instruction, clinical experience, and the opportunity to acquire expertise in the evaluation and management of cutaneous disorders.

Content of required knowledge:

- Understanding the morphology, differential diagnosis and management of disorders of the skin, mucous membranes, and adnexal structures, including inflammatory, infectious, neoplastic, metabolic, congenital, and structural disorders.
- Competence in medical and surgical interventions and dermatopathology are important facets.
- The ophthalmologist should have a general knowledge of the major diseases and tumors of the skin. He or she should be proficient at examining the skin; describing findings; and recognizing skin, signs of systemic diseases, normal findings (including benign growths of the skin), and common skin malignancies.
- The ophthalmologist should be able to diagnose and manage a variety of common skin conditions and make referrals where appropriate.
- These objectives will be taught through the didactic sessions and at bedside teaching as they relate to specific patients in the clinic and on the consult service:

The resident should learn the pathogenesis, diagnosis, and treatment of: Acne, Rosacea, Contact dermatitis, Atopic Dermatitis, eczema, eczema, Psoriasis, Seborrheic dermatitis, PityriasisRosea, Warts, Molluscum contagiosum, Herpes Simplex, Herpes Zoster, Impetigo, Folliculitis, Furuncles, Tinea infections, Candida infections, Pityriasis Versicolor, Scabies, Cutaneous reaction to flea bites, Seborrheic keratosis, Kerato canthoma, Moles, Blue nevus, Spider angioma, Pyogenic granuloma, neuro fibroma, Keloids, Skin tags, Epidermoid cysts, Milia, Digital myxoid cyst, alopecia, Sun burn, Solar keratosis, Phototoxic reaction, Photoallergic reaction, Lichen Planus, Infectious exanthema, Rocky Mountain Spotted Fever, Rubella, Measles, Scarlet fever, Varicella, Sporotrichosis, Leprosy, Tuberculosis, Leishmaniasis, Lyme disease, Cellulitis, Gonorrhea, Syphilis, Chancroid, Genital warts, Genital Herpes,

Kaposi's Sarcoma, Urticaria, Erythema multiforme, Erythema Nodosum, Lupus, Vasculitis, Sarcoidosis, Xanthelasma, Exanthematous Drug eruptions, Fixed drug eruptions, Vitiligo, Melasma, Melanoma, Basal Cell Carcinoma, Squamous Cell Carcinoma, Paget's disease, autoimmune diseases, hereditary disorders (phacomatosis).

Common Clinical Presentations

- Abnormalities of pigmentation
- Eruptions (eczematous, follicular, papulovesicular, vesicular, vesiculobullous)
- Hair loss
- Hirsutism
- Mucous membrane ulceration

Observation of Procedure Skills

- Application of chemical destructive agents for skin lesions e.g., warts and molluscum, condyloma
- Incision, drainage, and aspiration of fluctuant lesions for diagnosis or therapy
- Skin biopsy
- Cryotherapy
- Primary Interpretation of Tests.

ROTATION CURRICULUM OF MS OPHTHALMOLOGY FOR PATHOLOGY

Educational Purpose:

To give the residents formal instruction, clinical experience, and opportunities to acquire expertise in the evaluation of different pathological conditions and their insight.

Content of required knowledge:

The major objectives are as following

- PGT should understand etiology, pathogenesis and competent enough to clinically present, diagnose and manage the cases
- Understanding of culture media and stains available in pathology
- Understanding of appropriate method of making slide, sample collection and sample transport
- Understanding of histopathology of diseases/ tumors encountered in ophthalmology e.g retinoblastoma, dermoid, malignant melanoma, squamous cell carcinoma, basal cell carcinoma and myeloid sarcoma
- Understanding of examination of blood sample and skin scrapings
- Understanding of PCR and ELISA.

ROTATION CURRICULUM OF MS OPHTHALMOLOGY FOR COMMUNITY OPHTHALMOLOGY

Educational Purpose:

The goal of the community ophthalmology rotation is to prepare the PGTs to work at the community level and independent.

Content of required knowledge:

- Understanding of epidemiology, general principal of health planning and eye care planning
- Understanding of communicable eye diseases
- Understanding of health / hospital administration and public health practices .

CHARTING THE ROAD TO COMPETENCE: DEVELOPMENTAL MILESTONES FOR MS OPHTHALMOLOGY PROGRAM AT RAWALPINDI MEDICAL UNIVERSITY

Remember to celebrate for the milestones as you prepare for the road ahead----Nelson Mandela.

High-quality assessment of resident performance is needed to guide individual residents' development and ensure their preparedness to provide patient care. To facilitate this aim, reporting milestones are now required across all internal medicine (IM) residency programs. Milestones promote competency based training in internal medicine. Residency program directors may use them to track the progress of trainees in the 6 general competencies including ***patient care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.*** Mile stones inform decisions regarding promotion and readiness for independent practice. In addition, the milestones may guide curriculum development, suggest specific assessment strategies, provide benchmarks for resident self-directed assessment-seeking, assist remediation by facilitating identification of specific deficits, and provide a degree of national standardization in evaluation. Finally, by explicitly enumerating the profession's expectations for graduates, they may improve public accountability for residency training.

Table-1	**Developmental Milestones for Internal Medicine Training—Patient Care**		
Competency	**Developmental Milestones Informing Competencies**	**Approximate Time Frame Trainee Should Achieve Stage (months)**	**General Evaluation Strategies Assessment Methods/ Tools**
A. Clinical skills and reasoning	***Historical data gathering***		
• Manage patients using clinical skills of interviewing and physical examination • Demonstrate competence in the performance of procedures • Appropriately use laboratory and imaging techniques	1. Acquire accurate and relevant history from the patient in an efficiently customized, prioritized, and hypothesis driven fashion	8	• Standardized patient • Direct observation
	2. Seek and obtain appropriate, verified, and prioritized data from secondary sources (eg, family, records, pharmacy)	12	
	3. Obtain relevant historical subtleties that inform and prioritize both differential diagnoses and diagnostic plans, including sensitive, complicated, and detailed information that may not often be volunteered by the patient	24	
	4. Role model gathering subtle and reliable information from the patient for junior members of the health care team	40	
	Performing a physical examination		
	1. Perform an accurate physical examination that is appropriately targeted to the patient's	8	• Standardized patient Direct observation

	complaints and medical conditions. Identify pertinent abnormalities using common maneuvers		• Simulation
	2. Accurately track important changes in the physical examination over time in the outpatient and inpatient settings	12	
	3. Demonstrate and teach how to elicit important physical findings for junior members of the health care team	24	
	4. Routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable	40	
	Clinical reasoning		
	1. Synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem	16	• Chart-stimulated recall • Direct observation • Clinical vignettes
	2. Develop prioritized differential diagnoses, evidence- based diagnostic and therapeutic plan for common inpatient and ambulatory conditions	32	
	3. Modify differential diagnosis and care plan based on clinical course and data as appropriate	32	
	4. Recognize disease presentations that deviate from common patterns and that require complex decision making	48	
	Invasive procedures		
	1. Appropriately perform invasive procedures and provide post-procedure management for common procedures	24	• Simulation • Direct observation
B. Delivery of patient- centered clinical care • Manage patients with progressive responsibility • Manage patients across the	***Diagnostic tests***		
	1. Make appropriate clinical decisions based on the results of common diagnostic testing, including but not limited to routine blood chemistries, hematologic studies, coagulation tests, arterial blood gases, ECG, chest radiographs, pulmonary	16	• Chart-stimulated recall • Standardized tests

spectrum of clinical diseases seen in the practice of general internal medicine • Manage patients in a variety of health care settings to include the inpatient ward, critical care units, the ambulatory setting, and the emergency setting • Manage undifferentiated acutely and severely ill patients • Manage patients in the prevention, counseling, detection, diagnosis, and treatment of gender-specific diseases • Manage patients as a consultant to other physicians	function tests, urinalysis and other body fluids		• Clinical vignettes
	2. Make appropriate clinical decision based on the results of more advanced diagnostic tests	24	
	Patient management		
	1. Recognize situations with a need for urgent or emergent medical care, including life-threatening conditions	8	• Simulation • Chart-stimulated recall • Multisource feedback • Direct observation • Chart audit
	2. Recognize when to seek additional guidance	8	
	3. Provide appropriate preventive care and teach patient regarding self-care	8	
	4. With supervision, manage patients with common clinical disorders seen in the practice of inpatient and ambulatory general internal medicine	16	
	5. With minimal supervision, manage patients with common and complex clinical disorders seen in the practice of inpatient and ambulatory general internal medicine	16	
	6. Initiate management and stabilize patients with emergent medical conditions	16	
	7. Manage patients with conditions that require intensive care	48	
	8. Independently manage patients with a broad spectrum of clinical disorders seen in the practice of general internal medicine	48	
	9. Manage complex or rare medical conditions	48	
	10. Customize care in the context of the patient's preferences and overall health	48	
	Consultative care		
	1. Provide specific, responsive consultation to other services	32	• Simulation • Chart-stimulated recall • Multisource
	2. Provide internal medicine consultation for patients with more complex clinical problems	48	

	requiring detailed risk assessment		feedback • Direct observation • Chart audit

SECTION-1

MORNING REPORT PRESENTATION/ CASE PRESENTATION SEEN IN LAST EMERGENCY OR INDOOR

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

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SR#	DATE	REG# OF PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-2

TOPIC PRESENTATION/SEMINAR

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-3

JOURNAL CLUB

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE OF THE ARTICLE	NAME OF JOURNAL	DATE OF PUBLICATION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-4

PROBLEM CASE DISCUSSION

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	REG.# OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-5

DIDACTIC LECTURES/INTERACTIVE LECTURES

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR #	DATE	TOPIC & BRIEF DESCRIPTION	NAME OF THE TEACHER	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-6

EMERGENCY CASES (Repetition of Cases Should Be Avoided)

(Estimated 50 cases to be documented/Year)

(8 cases/month)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-7

INDOOR PATIENTS (repetition of cases should be avoided)

(Estimated cases to be attended are 50 patients per year)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

R#	DATE	REG # OF THE PATIENT	DIAGNOSIS	MANAGEMENT	PROCEDURES PERFORMED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-8

OPD AND CLINICS (repetition of cases should be avoided)

(Estimated cases to be attended are 100 patients per month)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

R#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION//HISTORY, DIAGNOSIS,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-9

MEDICAL PROCEDURES

OBSERVED (O)/ASSISTED (A)/ PERFORMED UNDER SUPERVISION (PUS)/PERFORMED INDEPENDENTLY (PI)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/ (PJ)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-10

MULTI DICIPLINARY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-11

CLINICOPATHOLOGICAL CONFERENCE (CPC)

(50% attendance of CPC is mandatory for the resident every year)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION OF THE TOPIC/CASE DISCUSSED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-12

MORBIDITY/MORTALITY MEETINGS

(Total Morbidity/Mortality Meetings to be attended TWO Morbidity/Mortality Meetings per month)

SR#	DATE	REG. # OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION OF THE CASE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG. # OF THE PATIENT DISCUSSED	BRIEF DESCRIPTION OF THE CASE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-13

HANDS ON TRAINING/WORKSHOPS

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	TITLE	VENUE	FACILITATOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-14

PUBLICATIONS

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURANL	DATE OF PUBLICATION	PAGE NO.	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURANL	DATE OF PUBLICATION	PAGE NO.	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-15

MAJOR RESEARCH PROJECT DURING MD TRAINING/ANY OTHER MAJOR RESEARCH PROJECT

SNO.	RESEARCH TOPIC	PLACE OF RESEARCH	NAME AND DESIGNATION OF SUPERVISOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SNO.	RESEARCH TOPIC	PLACE OF RESEARCH	NAME AND DESIGNATION OF SUPERVISOR	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-16

WRITTEN ASSESSMENT RECORD

S.NO	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

S.NO	TOPIC OF WRITTEN TEST/EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-17

CLINICAL ASSESSMENT RECORD

SR.#	DATE	TOPIC OF CLINICAL TEST/ EXAMINATION	TYPE OF THE TEST& VENUE (OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c)	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR.#	DATE	TOPIC OF CLINICAL TEST/ EXAMINATION	TYPE OF THE TEST& VENUE OSPE, MINICEX, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB e.t.c	TOTAL MARKS	MARKS OBTAINED	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION-18

Evaluation records

To Be Filled At the End of 1st Year of Training

RAWALPINDI MEDICAL UNIVERSITY

SUPERVISOR APPRAISAL FORM

Resident's Name: _____ Hospital Name: _____

Evaluator's Name(s): _____ Department: _____ Unit : _____

1 . Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
o Clinical Knowledge is up to the mark					
o Follows procedures and clinical methods according to SOPs					
o Uses techniques, materials, tools & equipment skillfully					
o Stays current with technology and job-related expertise					
o Works efficiently in various workshops					
o Has interest in learning new skills and procedures					
o Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
o Sets and adheres to protocols and improving the skills					
o Exihibts system based learning methods smartly					
o Exihibts practice based learning methods efficaciously					
o Actively participates in large group interactive sessions for postgraduate trainees					
o Actively takes part in morning& evening teaching and learning sessions & noon conferences					
o Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
o Uses resources sensibly and economically					

i) Accomplishes accurate management of different medical cases with minimal assistance or supervision					
j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					

IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
o Demonstrates punctuality and regularly begins work as scheduled					
o Contacts supervisor concerning absences on a timely basis					
o Contacts supervisor without any delay regarding any difficulty in managing any patient					
o Can be depended upon to be available for work independently					
o Manages own time effectively					
o Manages Outdoor Patient Department (OPD) efficiently					
o Accepts responsibility for own actions and ensuing results					
o Demonstrates commitment to service					
o Shows Professionalism in handling patients					
o Offers assistance, is courteous and works well with colleagues					
o Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

_____ _____ _____ _____

Date Resident's Name &Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY
SUPERVISOR APPRAISAL FORM

To Be Filled At The End Of 2nd Year Of Training

Resident's Name: _____ Hospital Name: _____

Evaluator's Name(s): _____ Department :_____ Unit : _____

1 . Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
o Clinical Knowledge is up to the mark					
o Follows procedures and clinical methods according to SOPs					
o Uses techniques, materials, tools & equipment skillfully					
o Stays current with technology and job-related expertise					
o Works efficiently in various workshops					
o Has interest in learning new skills and procedures					
o Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
o Sets and adheres to protocols and improving the skills					
o Exihibts system based learning methods smartly					
o Exihibts practice based learning methods efficaciously					
o Actively participates in large group interactive sessions for postgraduate trainees					
o Actively takes part in morning& evening teaching and learning sessions & noon conferences					
o Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g)Actively participates in Journal clubs					
o Uses resources sensibly and economically					
o Accomplishes accurate management of different medical cases with minimal assistance or					

supervision					
o Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
o Takes effective action without being told					
o Analyzes different emergency cases and suggests effective solutions					
o Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
o Demonstrates punctuality and regularly begins work as scheduled					
o Contacts supervisor concerning absences on a timely basis					
o Contacts supervisor without any delay regarding any difficulty in managing any patient					
o Can be depended upon to be available for work independently					
o Manages own time effectively					
o Manages Outdoor Patient Department (OPD) efficiently					
o Accepts responsibility for own actions and ensuing results					
o Demonstrates commitment to service					
o Shows Professionalism in handling patients					
o Offers assistance, is courteous and works well with colleagues					
o Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

_____ _____ _____ _____

Date Resident's Name &Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY
SUPERVISOR APPRAISAL FORM

To Be Filled At the End Of 3rd Year Of Training

Resident's Name: _____ Hospital Name: _____

Evaluator's Name(s): _____ Department :_____ Unit : _____

1 . Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
o Clinical Knowledge is up to the mark					
o Follows procedures and clinical methods according to SOPs					
o Uses techniques, materials, tools & equipment skillfully					
o Stays current with technology and job-related expertise					
o Works efficiently in various workshops					
o Has interest in learning new skills and procedures					
o Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
o Sets and adheres to protocols and improving the skills					
o Exihibts system based learning methods smartly					
o Exihibts practice based learning methods efficaciously					
o Actively participates in large group interactive sessions for postgraduate trainees					
o Actively takes part in morning& evening teaching and learning sessions & noon conferences					
o Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
o Uses resources sensibly and economically					
o Accomplishes accurate management of different medical cases with minimal assistance or supervision					

j) Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					

IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1

- Demonstrates punctuality and regularly begins work as scheduled
- Contacts supervisor concerning absences on a timely basis
- Contacts supervisor without any delay regarding any difficulty in managing any patient
- Can be depended upon to be available for work independently
- Manages own time effectively
- Manages Outdoor Patient Department (OPD) efficiently
- Accepts responsibility for own actions and ensuing results
- Demonstrates commitment to service
- Shows Professionalism in handling patients
- Offers assistance, is courteous and works well with colleagues
- Is respectful with the seniors

OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE

Total Score _____/155

_____ _____ _____ _____

Date Resident's Name &Signatures Date Evaluator's Signature &Stamp

RAWALPINDI MEDICAL UNIVERSITY

SUPERVISOR APPRAISAL FORM

To Be Filled At The End Of 4th Year Of Training

Resident's Name: _____ **Hospital Name:** _____

Evaluator's Name(s): _____ **Department:** _____ **Unit :** _____

1 . Use one of the following ratings to describe the performance of the individual in each of the categories.

1	**Unsatisfactory**	Performance does not meet expectations for the job
2	**Needs Improvement**	Performance sometimes meets expectations for the job
3	**Good**	Performance often exceeds expectations for the job
4	**Merit**	Performance consistently meets expectations for the job
5	**Special Merit**	Performance consistently exceeds expectations for the job

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS	5	4	3	2	1
o Clinical Knowledge is up to the mark					
o Follows procedures and clinical methods according to SOPs					
o Uses techniques, materials, tools & equipment skillfully					
o Stays current with technology and job-related expertise					
o Works efficiently in various workshops					
o Has interest in learning new skills and procedures					
o Understands & performs assigned duties and job requirements					
II. QUALITY / QUANTITY OF WORK	5	4	3	2	1
o Sets and adheres to protocols and improving the skills					
o Exihibts system based learning methods smartly					
o Exihibts practice based learning methods efficaciously					
o Actively participates in large group interactive sessions for postgraduate trainees					
o Actively takes part in morning& evening teaching and learning sessions & noon conferences					
o Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
o Uses resources sensibly and economically					
o Accomplishes accurate management of different medical cases with minimal assistance or					

Supervision					
o Provides best possible patient care					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
o Takes effective action without being told					
o Analyzes different emergency cases and suggests effective solutions					
o Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
o Demonstrates punctuality and regularly begins work as scheduled					
o Contacts supervisor concerning absences on a timely basis					
o Contacts supervisor without any delay regarding any difficulty in managing any patient					
o Can be depended upon to be available for work independently					
o Manages own time effectively					
o Manages Outdoor Patient Department (OPD) efficiently					
o Accepts responsibility for own actions and ensuing results					
o Demonstrates commitment to service					
o Shows Professionalism in handling patients					
o Offers assistance, is courteous and works well with colleagues					
o Is respectful with the seniors					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

_____ _____ _____ _____

Date Resident's Name &Signatures Date Evaluator's Signature &Stamp

SECTION-18

EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 1ST YEAR OF TRAINING)

SECTION-18

EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 2ND YEAR OF TRAINING)

SECTION-18

EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 3RD YEAR OF TRAINING)

SECTION-18

EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 4th YEAR OF TRAINING)

SECTION=18

EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME) (AT THE END OF 1ST YEAR OF TRAINING)

SECTION=18

EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 2ND YEAR OF TRAINING)

SECTION-18

EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)

(AT THE END OF 3RD YEAR OF TRAINING)

SECTION-18

EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME) (AT THE END OF 4th YEAR OF TRAINING)

SECTION-19

LEAVE RECORD

(Signed & Approved Leave Application/Certificate to Be Kept In Record and To Be Brought In Meetings with URTMC & QEC)

SR.#	TYPE OF LEAVE(Casual Leave, Sick Leave, Ex –Pak Leave, Maternity Leave, Any Other Kind Of Leave)	YEAR	DATE		REASON	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)
			FROM	TO			

SECTION-20

Year - I

RECORD SHEET OF ATTENDANCE/COUNCELLING SESSION/DOCUMENTATION QUALITY PER YEAR

TO BE FILLED AT THE END OF FIRST YEAR OF TRAINING

MONTH January	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
WARD												
CPC												
LECTURE												
WORKSHOP												

MONTH February	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
WARD												
CPC												
LECTURE												
WORKSHOP												

MONTH March	ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
	TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
WARD												
CPC												
LECTURE												
WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF SECOND YEAR OF TRAINING

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF THIRD YEAR OF TRAINING

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
October	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
November	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
December	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

TO BE FILLED AT THE END OF FOURTH YEAR OF TRAINING

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
January	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
February	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
March	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
April	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
May	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
June	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
July	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
August	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH		ATTENDANCE RECORD			DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
September	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH October	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH November	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

MONTH December	ATTENDANCE RECORD				DOCUMENTATION QUALITY					COUNCELLING SESSION			SUPERVISOR'S REMARKS
		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	SIGNATURE (Name/Stamp)
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

SECTION-21

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS

SECTION-21

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS