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RAWALPINDI MEDICAL UNIVERSITY

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



B O O K





RAWALPINDI MEDICAL UNIVERSITY

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

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth _____ / _____ / _____ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

Date of Completion of Training _____

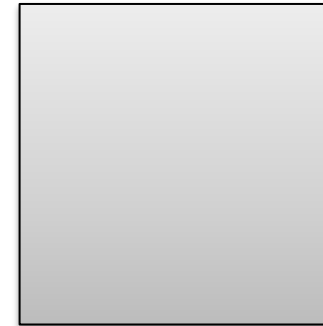
Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____

Name of Training Institute / Hospital _____



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CASE PRESENTATION

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

TOPIC PRESENTATION

SR#	DATE	TOPIC	SIGNATURES OF THE SUPERVISOR

JOURNAL CLUB

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

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

SR #	DATE	DESCRIPTION	FACILITATOR	SIGNATURES OF THE SUPERVISOR

BEDSIDE TEACHING/GRAND TEACHING ROUNDS

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

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

SR #	DATE	DESCRIPTION	FACILITATOR	SIGNATURES OF THE SUPERVISOR

EMERGENCY

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

INDOOR

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

OPD AND CLINICS

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

DIRECTLY OBSERVED PROCEDURES

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

MULTI DICIPINARY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR

CONFERENCES/CLINICO PATHOLOGICAL CONFERENCE

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

CORE CURRICULUM MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR

MORBIDITY/MORTALITY MEETINGS

SR#	DATE	BRIEF DESCRIPTION	SUGGESTIONS	SIGNATURES OF SUPERVISOR

HANDS ON TRAINING/WORKSHOPS

SR#	DATE	TITLE	VENUE	FACILITATOR	SIGNATURES OF THE SUPERVISOR

PUBLICATIONS

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

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

SR#	RESEARCH TOPIC	PLACE OF RESEARCH	SUPERVISOR NAME & DESIGNATION	BRIEF DETAILS	SIGNATURES OF THE SUPERVISOR

WRITTEN ASSESSMENT/ TEST RECORD

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

CLINICAL ASSESSMENT RECORD

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