

# UNIVERSITY RESIDENCY PROGRAM -2019

## LOG BOOK FOR ORTHOPAEDIC SURGERY

RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI





## 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/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. 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.

**Prof. Muhammad Umar**  
**(Sitara-e-Imtiaz)**  
(MBBS, MCPS, FCPS, FACG, FRCP  
(Lon), FRCP (Glasg), AGAF)  
**Vice Chancellor**  
**Rawalpindi Medical University**  
**& Allied Hospitals**

## TRIBUTIONS

SR. NO	NAME & DESIGNATION	CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF ORTHOPAEDICS
1.	<p><b>Professor Dr Riaz Ahmed</b>                      Dean of Orthopaedics, Neurosurgery and Trauma                      Head Of Orthopaedics                      Rawalpindi Medical University &amp; Allied Teaching Hospitals,                      Rawalpindi, Pakistan</p>	<p>Over all synthesis, structuring &amp; over all write up of Log Book of <b>MS ORTHOPAEDIC SURGERY</b> and also Log Book for <b>MS ORTHOPAEDIC SURGERY</b> rotations under guidance of Prof. Dr. Riaz Ahmed , Dean of Orthopaedics, Neurosurgery and Trauma                      Head Of Orthopaedics Rawalpindi Medical University, Rawalpindi.                      Also Proof reading &amp; synthesis of final print version of Log Books of <b>MS ORTHOPAEDIC SURGERY</b> and Rotations Log Book.</p>
2.	<p><b>Dr. Zubair javed</b>                      Associate Professor                      Rawalpindi Medical University &amp; Allied Teaching Hospitals,                      Rawalpindi, Pakistan</p>	<p>Guidance regarding technical matters of Log Book of <b>MS ORTHOPAEDIC SURGERY</b>&amp; Log Book for <b>MS ORTHOPAEDIC SURGERY</b> Rotations.</p>
3.	<p><b>Dr. Rahman Rasool Akhtar</b>                      Senior Registrar Orthopaedics                      Rawalpindi Medical University &amp; Allied Teaching Hospitals,                      Rawalpindi, Pakistan</p>	<p>Provision of required number of clinical procedures &amp; educational activities for each year separately and rotation of Log Books of <b>MS ORTHOPAEDIC SURGERY</b>&amp; Log Book for <b>MS ORTHOPAEDIC SURGERY</b> rotations.</p>
4.	<p>Mr. Yasir Sohail                      Computer Operator                      Department of Orthopaedics                      Rawalpindi Medical University Rawalpindi Medical University, Rawalpindi</p>	<p>Assistance of <b>Professor Dr Riaz Ahmed</b> in formulating the log books &amp; computer work under her direct guidance &amp; supervision.</p>

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 \_\_\_\_\_

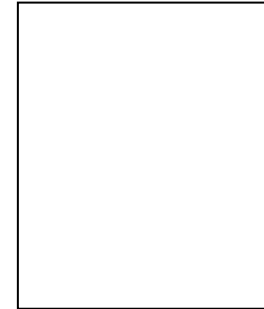
Date of Completion of Training \_\_\_\_\_

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

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

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

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



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

<b>Sr. No</b>	<b>Discipline</b>
1.	Principles of General Surgery
2.	Skin, soft-tissue and breast
3.	Upper Gastrointestinal Surgery
4.	Lower Gastrointestinal Surgery
5.	Endocrine, Head and Neck
6.	Urology
7.	Plastic / Paediatric Surgery
8.	Neurosurgery / Thoracic Surgery
9.	General Orthopaedics
10.	Infections & Tumors
11.	Pediatric Orthopaedic Surgery
12.	Traumatology – Fractures & Dislocations
13.	Sports Medicine
14.	Spine
15.	The Hand
16.	Foot & Ankle
17.	Arthroplasty
18.	Plastic surgery / Anaesthesia / Paediatric Surgery (Minor rotation)
19.	Rehabilitation (Minor rotation)

## **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.

## **INDEX OF LOG:**

- 1. MORNING REPORT PRESENTATION/CASEPRESENTATION**
- 2. TOPIC PRESENTATION/SEMINAR**
- 3. ORTHOPAEDICS LECTURES/INTERACTIVELECTURES**
- 4. JOURNALCLUB**
- 5. PROBLEM CASEDISCUSSION**
- 6. EMERGENCY CASES**
- 7. INDOORPATIENTS**
- 8. OPD ANDCLINICS**
- 9. PROCEDURES (OBSERVED, ASSISTED,PERFORMED  
UNDER SUPERVISION & PERFORMEDINDEPENDENTLY)**
- 10. MULTIDISCIPLINARYMEETINGS**
- 11. CLINICOPATHOLOGICALCONFERENCE**
- 12. MORBIDITY/MORTALITYMEETINGS**
- 13. HANDS ONTRAINING/WORKSHOPS**
- 14. PUBLICATIONS**
- 15. MAJOR RESEARCH PROJECT DURING MSTRAINING/ANY  
OTHER MAJOR RESEARCHPROJECT**
- 16. WRITTEN ASSESMENTRECORD**
- 17. CLINICAL ASSESMENTRECORD**
- 18. EVALUATION RECORD**
- 19. LEAVERECORD**
- 20. RECORD SHEET OFATTENDANCE/COUNCELLING  
SESSION/DOCUMENTATIONQUALITY**
- 21. ANY OTHER IMPORTANT ANDRELEVANT  
INFORMATION/DETAILS**

## 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	02 per month
02	Topic presentation	01 per month
03	Journal club	01 per month
04	Bed side teaching	25 per month
05	Large group teaching	08 per month
06	Emergency cases	15 per month
07	OPD	80 per month
08	Indoor (patients allotted)	10per month plus participation in daily Morning & Evening rounds
09	Directly observed procedures	85 per month
10	CPC	02 per month
11	Mortality & Morbidity meetings	02 per month



## **MISSION STATEMENT**

The mission of MS Orthopaedic Surgery Residency Program of Rawalpindi Medical University is:

- 1. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.**
- 2. To set and pursue the highest goals for ourselves as we learn the science, craft, and art of surgery.**
- 3. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.**
- 4. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.**
- 5. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.**
- 6. 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.**
- 7. 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.**
- 8. 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.**
- 9. To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.**
- 10. 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.**
- 11. To serve as proud ambassadors for the mission of the Rawalpindi Medical University MS Orthopaedic Surgery Residency Program for the remainder of our professional lives.**

## **CLINICAL COMPETENCIES FOR 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup> and 5<sup>th</sup> YEAR MS ORTHOPAEDIC SURGERY TRAINEES 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:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed under indirect supervision
5. Performed independently

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

PROCEDURES	First Year								Total Cases First Year
	3 Months		6 Months		9 Months		12 Months		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
History Taking	04	10	04	10	04	10	05	10	40
Physical Examination	04	10	04	10	04	10	05	10	40
Ordering Investigations	04	10	04	10	04	10	05	10	40
Interpreting results	03	10	03	10	04	10	04	10	40
Deciding and implementing appropriate treatment	03	10	03	10	03	10	04	10	40
Post operative management & monitoring	04	10	04	10	04	10	04	10	40
Presentation: skills long cases	04	04	04	04	04	04	04	04	16
Presentation: skills short cases	04	20	04	20	04	20	04	20	60
Use of Orthopaedic Instruments	03	10	03	10	04	10	04	10	40
Skeletal Traction	03	06	03	06	04	06	05	06	24
Application of Plaster of Paris Cast	03	20	03	20	04	20	05	20	80
Closed treatment (Manipulations)	03	20	03	20	04	20	05	20	80
Closed treatment of dislocations	03	10	03	10	04	10	05	10	40
Skin Grafting	03	02	03	02	04	03	05	03	10
Biopsy	03	02	03	02	04	03	05	03	10

PROCEDURES	First Year								Total Cases First Year
	3 Months		6 Months		9 Months		12 Months		
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
External fixation of fractures of lowe limb / ilizarov	03	04	04	04	04	04	04	04	16
External fixation of fractures of upper limb	03	02	03	02	04	02	04	02	08
Bone grafting	03	02	03	02	04	03	04	03	10
Fixation of bones with plates	03	04	03	04	04	04	04	04	16
Intramedullary nailing of long bones	03	06	03	06	04	06	04	07	25
Fixation of trochanteric and neck of femur fractures	03	05	03	05	03	05	04	05	20
Fixation of fracture around knee joint	03	02	03	02	04	03	04	03	10
Complex trauma	02	02	02	02	02	02	02	02	08
Osteotomies	02	01	02	01	02	01	02	02	05
Arthrodesis	02	01	02	01	02	01	02	02	05
Amputation	03	02	03	02	03	03	04	03	10
Surgery in post polio paralysis	02	02	02	02	02	03	02	02	09
Surgery in cerebral palsy	02	02	02	02	02	03	02	02	09
Tendon repair	03	02	03	02	03	03	04	03	10
Nerve repair	02	01	02	01	02	01	02	02	05
CTEV surgery	02	01	02	01	02	01	02	02	05
DDH surgery	02	01	02	01	02	01	02	02	05
Hemiarthroplasty of hip	02	02	03	02	03	03	03	03	10
Fracture fixation of hand and wrist	03	02	03	02	04	03	04	03	10
Total joint replacement (THR & TKR)	02	01	02	01	02	01	02	02	05
Arthroscopy of knee joint	02	01	02	01	02	01	02	02	05
Bone tumor surgery	02	01	02	01	02	01	03	02	05

PROCEDURES	Second Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases Second Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
History Taking	05	10	05	10	05	10	05	10	40
Physical Examination	05	10	05	10	05	10	05	10	40
Ordering Investigations	05	10	05	10	05	10	05	10	40
Interpreting results	04	10	04	10	04	10	05	10	40
Deciding and implementing appropriate treatment	04	10	04	10	04	10	05	10	40
Post operative management & monitoring	04	10	04	10	05	10	05	10	40
Presentation: skills long cases	04	04	04	04	04	04	05	04	16
Presentation: skills short cases	04	20	04	20	04	20	05	20	60
Use of Orthopaedic Instruments	04	10	04	10	04	10	05	10	40
Skeletal Traction	05	06	05	06	05	06	05	06	24
Application of Plaster of Paris Cast	05	20	05	20	05	20	05	20	80
Closed treatment (Manipulations)	05	20	05	20	05	20	05	20	80
Closed treatment of dislocations	05	10	05	10	05	10	05	10	40
Skin Grafting	05	02	05	02	05	03	05	03	10
Biopsy	05	02	05	02	05	03	05	03	10

PROCEDURES	Second Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases Second Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
External fixation of fractures of lowe limb / ilizarov	04	04	04	04	04	04	05	04	16
External fixation of fractures of upper limb	04	02	04	02	04	02	05	02	08
Bone grafting	04	02	04	02	04	03	05	03	10
Fixation of bones with plates	04	04	04	04	04	04	05	04	16
Intramedullary nailing of long bones	04	06	04	06	05	06	05	07	25
Fixation of trochanteric and neck of femur fractures	03	05	04	05	05	05	05	05	20
Fixation of fracture around knee joint	04	02	04	02	05	03	05	03	10
Complex trauma	03	02	03	02	03	02	03	02	08
Osteotomies	04	01	04	01	05	01	05	02	05
Arthrodesis	03	01	03	01	03	01	03	02	05
Amputation	04	02	04	02	05	03	05	03	10
Surgery in post polio paralysis	04	02	04	02	04	03	04	03	10
Surgery in cerebral palsy	03	02	03	02	03	03	03	03	10
Tendon repair	04	02	04	02	04	03	04	03	10
Nerve repair	03	01	03	01	03	01	04	02	05
CTEV surgery	03	01	03	01	03	01	03	02	05
DDH surgery	03	01	03	01	03	01	03	02	05
Hemiarthoplasty of hip	03	02	03	02	03	03	03	03	10
Fracture fixation of hand and wrist	04	02	04	02	04	03	05	03	10
Total joint replacement (THR & TKR)	03	01	03	01	03	01	03	02	05
Arthroscopy of knee joint	03	01	03	01	03	01	03	02	05
Bone tumor surgery	03	01	03	01	03	01	03	02	05

PROCEDURES	Third Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases Third Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
History Taking	05	10	05	10	05	10	05	10	40
Physical Examination	05	10	05	10	05	10	05	10	40
Ordering Investigations	05	10	05	10	05	10	05	10	40
Interpreting results	05	10	05	10	05	10	05	10	40
Deciding and implementing appropriate treatment	05	10	05	10	05	10	05	10	40
Post operative management & monitoring	05	10	05	10	05	10	05	10	40
Presentation: skills long cases	05	04	05	04	05	04	05	04	16
Presentation: skills short cases	05	20	05	20	05	20	05	20	60
Use of Orthopaedic Instruments	05	10	05	10	05	10	05	10	40
Skeletal Traction	05	06	05	06	05	06	05	06	24
Application of Plaster of Paris Cast	05	20	05	20	05	20	05	20	80
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Closed treatment of dislocations	05	10	05	10	05	10	05	10	40
Skin Grafting	05	02	05	02	05	03	05	03	10
Biopsy	05	02	05	02	05	03	05	03	10



PROCEDURES	Third Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases Third Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
External fixation of fractures of lowe limb / ilizarov	05	05	05	05	05	05	05	04	16
External fixation of fractures of upper limb	05	02	05	02	05	02	05	02	08
Bone grafting	05	02	05	02	05	03	05	03	10
Fixation of bones with plates	05	04	05	04	05	04	05	04	16
Intramedullary nailing of long bones	05	06	05	06	05	06	05	07	25
Fixation of trochanteric and neck of femur fractures	05	05	05	05	05	05	05	05	20
Fixation of fracture around knee joint	05	02	05	02	05	03	05	03	10
Complex trauma	04	02	04	02	04	02	04	02	08
Osteotomies	04	01	04	01	04	01	04	02	05
Arthrodesis	04	01	04	01	04	01	04	02	05
Amputation	05	02	05	02	05	03	05	03	10
Surgery in post polio paralysis	04	02	04	02	04	03	04	03	10
Surgery in cerebral palsy	04	02	04	02	04	03	04	03	10
Tendon repair	04	02	04	02	04	03	04	03	10
Nerve repair	04	01	04	01	04	01	04	02	05
CTEV surgery	04	01	04	01	04	01	04	02	05
DDH surgery	04	01	04	01	04	01	04	02	05
Hemiarthroplasty of hip	04	02	05	02	05	03	05	03	10
Fracture fixation of hand and wrist	04	02	04	02	04	03	05	03	10
Total joint replacement (THR & TKR)	03	01	03	01	04	01	04	02	05
Arthroscopy of knee joint	04	01	04	01	04	01	04	02	05
Bone tumor surgery	03	01	03	01	04	01	04	02	05



## **METHODS OF TEACHING & LEARNING DURING COURSE CONDUCTION**

1. **Inpatient Services:** All residents will attend patients in High Dependency Unit , Pre operative ward and Post Operative wards. The required knowledge and skills pertaining to the ambulatory based training in following areas shall be demonstrated;

- Sports Medicine
- Hand Surgery
- Paediatric Orthopaedics
- Musculoskeletal Oncology
- Trauma Surgery
- Arthroplasty

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2. **Outpatient Experiences:** Residents should demonstrate expertise in diagnosis and management of patients in fracture management, follow up plan of patients managed with plaster ,Post operative patients follow up ,Backache ,Cervical Spine pathologies ,Malunited fractures presenting to us after being managed by some Quack.

3. **Emergency services:** Our residents take an early and active role in patient care and obtain decision-making roles quickly. Within the Emergency Department, residents direct the initial stabilization of all the trauma patients presenting with fractures and also operate patients with fractures in ER OT with Senior Registrar.

4. **Electives/ Specialty Rotations:** In addition, the resident will elect rotations in a variety of electives including Hand Surgery ,Paediatric Orthopaedics, Spine Surgery ,Arthroscopy. Residents may also select electives at other institutions if the parent department does not offer the experiences they want.

5. **Interdisciplinary Medicine** Adolescent Medicine, Dermatology, Emergency Medicine, General Surgery, Gynecology, Neurology, Occupational Medicine, Ophthalmology, Otolaryngology, Physical Medicine and Rehabilitation, Urology.
6. **Mandatory Workshops:** Residents achieve hands on training while participating in mandatory workshops of Research Methodology, Advanced Life Support, Communication Skills, Computer & Internet and Clinical Audit. Specific objectives are given in detail in the relevant section of Mandatory Workshops.
7. **Introductory Lecture Series (ILS):** Various introductory topics are presented by subspecialty and general faculty to introduce interns to basic and essential topics in Orthopaedics.
8. **Long and short case presentations:** Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical reporting which is terse and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient's medical illnesses, the psychosocial contributions to their History of Presenting Illness and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts. An oral case presentation is NOT a simple recitation of your write-up. It is a concise, edited presentation of the most essential information. Basic structure for oral case presentations includes Identifying information/chief complaint (ID/CC) , History of present illness (HPI) including relevant ROS (Review of systems) questions only, Other active medical problems, Medications/allergies/substance use (note: e. The complete ROS should

not be presented in oral presentations , Brief social history (current situation and major issues only) . Physical examination (pertinent findings only) , One line summary & Assessment and plan

9. **Seminar Presentation:**Seminar is held in a non conference format. Upper level residents present an in-depth review of a topic as well as their own research. Residents are formally critiqued by both the associate program director and their resident colleagues.
10. **Journal Club Meeting (JC):**A resident will be assigned to present, in depth, a research article or topic of his/her choice of actual or potential broad interest and/or application. Two hours per month should be allocated to discussion of any current articles or topics introduced by any participant. Faculty or outside researchers will be invited to present outlines or results of current research activities. The article should be critically evaluated and its applicable results should be highlighted, which can be incorporated in clinical practice. Record of all such articles should be maintained in the relevant department
11. **Small Group Discussions/ Problem based learning/ Case based learning:**Traditionally small groups consist of 3-4 participants. Small groups can take on a variety of different tasks, including problem solving, role play, discussion, brainstorming, debate, workshops and presentations. Generally students prefer small group learning to other instructional methods. From the study of a problem students develop principles and rules and generalize their applicability to a variety of situations.PBL is said to develop problem solving skills and an integrated body of knowledge. It is a student-centered approach to learning, in which students determine what and how they learn. Case studies help learners identify problems and solutions, compare options and decide how to handle a real situation.
12. **Discussion/Debate:**There are several types of discussion tasks which would be used as learning method for residents including: Guided discussion, in which the facilitator poses a discussion question to the group and learners offer responses or questions to each other's contributions as a means of broadening the discussion's scope; inquiry-based discussion, in which learners are guided through a series of questions to discover some relationship or principle; exploratory discussion, in which learners examine their personal opinions, suppositions or assumptions and then visualize alternatives to these assumptions; and debate in which students argue opposing sides of a controversial topic. With thoughtful and well-designed discussion tasks, learners can practice critical inquiry and reflection, developing their individual thinking, considering alternatives and negotiating meaning with other participants to arrive at a shared understanding of the issues at hand.
13. **Case Conference (CC):**These sessions are held two days each week; the focus of the discussion is selected by the presenting resident. For example, some cases may be presented to discuss differential diagnosis, while others are presented to discuss specific management issues.

- 14. Grand Rounds (GR):**The Department of Orthopaedics surgery hosts Grand Rounds on weekly basis. All residents on inpatient floor teams, as well as those on ambulatory block rotations and electives are expected to attend.
- 15. Professionalism Curriculum (PC):** This is an organized series of recurring large and small group discussions focusing upon current issues and dilemmas in medical professionalism and ethics presented primarily by an associate program director. Lectures are usually presented in a noon conference format.
- 16. Evening Teaching Rounds:**During these sign-out rounds, the inpatient Chief Resident makes a brief educational presentation on a topic related to a patient currently on service, often related to the discussion from morning report.
- 17. Clinico-pathological Conferences:**The clinicopathological conference, popularly known as CPC primarily relies on case method of teaching . It is a teaching tool that illustrates the logical, measured consideration of a differential diagnosis used to evaluate patients. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to a few selected probable diagnoses and eventually reaching a final diagnosis and its brief discussion. The idea was first practiced in Boston, back in 1900 by a Harvard internist, Dr. Richard C. Cabot who practiced this as an informal discussion session in his private office. Dr. Cabot incepted this from a resident, who in turn had received the idea from a roommate, primarily a law student.
- 18. Evidence Based Learning:** Residents are presented a series of noon monthly lectures presented to allow residents to learn how to critically appraise journal articles, stay current on statistics, etc. The lectures are presented by the program director.
- 19. Clinical Audit based learning:**“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria...Where indicated, changes are implemented...and further monitoring is used to confirm improvement in healthcare delivery.” Principles for Best Practice in Clinical Audit (2002,NICE/CHI)
- 20. Peer Assisted Learning:**Any situation where people learn from, or with, others of a similar level of training, background or other shared characteristic. Provides opportunities to reinforce and revise their learning. Encourages responsibility and increased self-confidence. Develops

teaching and verbalization skills. Enhances communication skills, and empathy. Develops appraisal skills (of self and others) including the ability to give and receive appropriate feedback. Enhance organizational and team-workingskills.

**21. Morbidity and Mortality Conference (MM):**The M&M Conference is held occasionally at noon throughout the year. A case, with an adverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they were involved in the care of the patient. The discussion focuses on how care could have been improved.

**22. Clinical Case Conference:**Each resident, except when on vacation, will be responsible for at least one clinical case conference each month. The cases discussed may be those seen on either the consultation or clinic service or during rotations in specialty areas. The resident, with the advice of the Attending Physician on the Consultation Service, will prepare and present the case(s) and review the relevant literature

**23. Skill teaching in emergency, ward settings& skill laboratory:**Two hours twice a month should be assigned for learning and practicing clinical skills. List of skills to be learnt during these sessions is as follows:

- Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques, and interpretation of results of those technical procedures integral to the discipline (mentioned in the Course outlines)
- Residents must acquire knowledge of and skill in educating patients about the technique, rationale and ramifications of procedures and in obtaining procedure-specific informed consent. Faculty supervision of residents in their performance is required, and each resident's experience in such procedures must be documented by the program director
- Residents must have instruction in the evaluation of medical literature, clinical epidemiology, clinical study design, relative and absolute risks of disease, medical statistics and medical decision-making
- Training must include cultural, social, family, behavioral and economic issues, such as confidentiality of information, indications for life support systems, and allocation of limited resources
- Residents must be taught the social and economic impact of their decisions on patients, the primary care physician and society. This can be achieved by attending the bioethics lectures and becoming familiar with Project Professionalism Manual
- Residents should have instruction and experience with patient counseling skills and community education
- This training should emphasize effective communication techniques for diverse populations, as well as organizational resources useful for patient and community education



- Residents should have experience in the performance of clinical laboratory and radionuclide studies and basic laboratory techniques including quality control, quality assurance and proficiency standards.

**24. Bedside teaching rounds in ward:** "To STUDY the phenomenon of disease without a book is to sail an UNCHARTED sea whilst to STUDY books without patients is not to go to sea at all" Sir William Osler 1849-1919. Bedside teaching is regularly included in the ward rounds. Learning activities include the physical exam, psychosocial and ethical themes, and management issues

**25. Directly Supervised Procedures - (DSP):** Residents learn procedures under the direct supervision of an attending or fellow during some rotations.

**26. Self-directed learning:** self-directed learning residents have primary responsibility for planning, implementing, and evaluating their effort. It is an adult learning technique that assumes that the learner knows best what their educational needs are. The facilitator's role in self-directed learning is to support learners in identifying their needs and goals for the program, to contribute to clarifying the learners' directions and objectives and to provide timely feedback. Self-directed learning can be highly motivating, especially if the learner is focusing on problems of the immediate present, a potential positive outcome is anticipated and obtained and they are not threatened by taking responsibility for their own learning.

- 27. Core curriculum meeting:**All the core topics of Orthopaedics should be thoroughly discussed during these sessions. The duration of each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be given an opportunity to brainstorm all topics included in the course and to generate new ideas regarding the improvement of the course structure
- 28. Annual Grand Meeting**Once a year all residents enrolled for MS Orthopaedics should be invited to the annual meeting at RMU. One full day will be allocated to this event. All the chief residents from affiliated institutes will present their annual reports. Issues and concerns related to their relevant courses will be discussed. Feedback should be collected and suggestions should be sought in order to involve residents in decision making. The research work done by residents and their literary work may be displayed. In the evening an informal gathering and dinner can be arranged. This will help in creating a sense of belonging and ownership among students and the faculty.
- 29. Learning through maintaining log book:** it is used to list the core clinical problems to be seen during the attachment and to document the student activity and learning achieved with each patient contact.
- 30. Learning through maintaining portfolio:**Personal Reflection is one of the most important adult educational tools available. Many theorists have argued that without reflection, knowledge translation and thus genuine “deep” learning cannot occur. One of the Individual reflection tools maintaining portfolios, Personal Reflection allows students to take inventory of their current knowledge skills and attitudes, to integrate concepts from various experiences, to transform current ideas and experiences into new knowledge and actions and to complete the experiential learning cycle.
- 31. Task-based-learning:**A list of tasks is given to the students: participate in consultation with the attending staff, interview and examine patients, review a number of new radiographs with the radiologist.
- 32. Teaching in the ambulatory care setting:**A wide range of clinical conditions may be seen. There are large numbers of new and return patients. Students have the opportunity to experience a multi-professional approach to patient care. Unlike ward teaching, increased numbers of students can be accommodated without exhausting the limited number of suitable patients.



- 33. Community Based Medical Education:**CBME refers to medical education that is based outside a tertiary or large secondary level hospital. Learning in the fields of epidemiology, preventive health, public health principles, community development, and the social impact of illness and understanding how patients interact with the health care system. Also used for learning basic clinical skills, especially communicationskills.
- 34. E-learning/web-based medical education/computer-assisted instruction:**Computer technologies, including the Internet, can support a wide range of learning activities from dissemination of lectures and materials, access to live or recorded presentations, real-time discussions, self-instruction modules and virtual patient simulations. distance-independence, flexible scheduling, the creation of reusable learning materials that are easily shared and updated, the ability to individualize instruction through adaptive instruction technologies and automated record keeping for assessmentpurposes.
- 35. Research based learning:**All residents in the categorical program are required to complete an academic outcomes-based research project during their training. This project can consist of original bench top laboratory research, clinical research or a combination of both. The research work shall be compiled in the form of a thesis which is to be submitted for evaluation by each resident before end of the training. The designated Faculty will organize and mentor the residents through the process, as well as journal clubs to teach critical appraisal of theliterature.

## CURRICULUM FOR ORTHOPAEDIC SURGERY

Masters in Orthopaedics (MS)

MS Orthopaedics will be a 5-year program. Those candidates who will complete their training and other requirements will be awarded an MS (Orthopaedics) degree by the Rawalpindi Medical University.

Recognized Training Centers and supervisors

Three hospitals attached with Rawalpindi Medical University (RMU) and Allied Teaching Hospitals will start with MS program, i.e.

Department of Orthopaedic Surgery (Benazir Bhutto Hospital, Rawalpindi)

Department of Orthopaedic Surgery (Holy Family Hospital, Rawalpindi)

Department of Orthopaedic Surgery (District Head quarter Hospital, Rawalpindi)

Teaching faculty with more than ten years teaching experience in a PMDC recognized teaching hospital will be eligible to act as supervisors for MS program.

Duration of program.

The duration of MS Orthopaedics course shall be five (5) years (first two years in Part I, and next three years in Part II) with structured training in a recognized department under the guidance of an approved supervisor.

The course is structured in two parts:

**Part I** is structured for the 1<sup>st</sup> and 2<sup>nd</sup> calendar years. The candidate shall undertake clinical training in fundamental concepts of Surgery. At the end of 2<sup>nd</sup> year the examination shall be held in fundamental concepts of Surgery.

The clinical training in Orthopaedics shall start from 3<sup>rd</sup> year onwards in the recognized institutions.

**Part II** is structured for 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> calendar years in MS Orthopaedics. It has two components; Clinical and Research. The candidate shall undergo clinical training to achieve educational objectives of MS Orthopaedics (knowledge & skills) along with rotation in relevant fields.

### REGISTRATION AND ENROLLMENT

Total number of students enrolled for the course must not exceed 2 per supervisor/year.

The maximum number of trainees that can be attached with a supervisor at a given point of time (inclusive of trainees in all years/phases of MS training), must not exceed 6.

Beds to trainee ratio at the approved teaching site shall be at least 10 beds per trainee.

The University will approve supervisors for MS courses.

Candidates selected for the courses after their enrollment at the relevant institutions shall be registered with Rawalpindi Medical University (RMU) as per prescribed Registration Regulation.

AIM OF MS(Orthopaedics) Program

This course is designed to produce specialist in Orthopaedic and trauma surgery, who will have adequate knowledge and skills in Orthopaedic& Trauma surgery and can recognize and deal safely with a wide range of Orthopaedic and Trauma problems as consultants.

### ADMISSION CRITERIA

#### Admission Criteria

For admission in MS Orthopaedics course, the candidate shall have:

MBBS degree

Completed one year House Job

Registration with PMDC

Passed Entry Test conducted by the University & aptitude interview by the Institute concerned

Having up to the mark credentials as per RMU rules (no. of attempts in each professional, any gold medals or distinctions, relevant work experience, Rural/ Army services, research experience in a recognized institution, any research article published in a National or International Journal) may also be considered on case to case basis.

**Exemptions:** A candidate holding FCPS / MRCS / Diplomate / equivalent qualification in Orthopaedic Surgery shall be exempted from Part-I Examination and shall be directly admitted to Part-II Examinations, subject to fulfillment of requirements for the examination.

Part ;1 Entry test.

A. WRITTEN PAPER

The written examination will consist of 100 Multiple Choice Questions with single best answer. Division of MCQs will be as follows:

Basic Sciences (50 MCQs)

Anatomy (15 MCQs)

Orthopaedic Surgery (35 MCQs)

The applicant scoring a minimum of 60% marks will be considered pass.

B. Objective Structured Clinical Examination (OSCE)

The Objective Structured Clinical Examination will consist of 25 stations.

Each station will consist of data and images based on the subject of General & Orthopaedic Surgery.

Each correct answer will carry 2 marks

The applicant scoring 60 % of marks will be considered pass.

GOALS OF THE COURSE

The goal of MS course in Orthopaedics is to produce a competent Orthopaedic surgeon who is:

Aware of the current concepts in quality care in Orthopaedics and musculoskeletal trauma and also of diagnosis, therapeutic, medical and surgical management of Orthopaedic problems

Able to offer initial primary management of acute Orthopaedic and trauma emergencies

Aware of the limitations and refer readily to major centres for more qualified care of cases which warrant such referral

Aware of research methodology and be able to conduct research and publish the work done

Able to effectively communicate with patients, their family members, people and professional colleagues

Able to exercise empathy and a caring attitude and maintain high ethical standards

Able to continue taking keen interest in continuing education irrespective of whether he / she is in teaching institution or in clinical practice

Dynamic, available at all times and proactive in the management of trauma victims and Orthopaedic emergencies

OBJECTIVES OF THE COURSE

At the end of MS course, the resident should be adept in the following domains:

Skill to take a proper history for musculoskeletal disorders

Clinical examination of all musculoskeletal disorders

Application of history & clinical findings in making an appropriate clinical diagnosis

Interpretation of investigations

Discussion of options of treatment and follow up rehabilitation for the diagnosis made

Have an in-depth theoretical knowledge of the syllabus with emphasis on current concepts

Learn basic skills in musculoskeletal surgery including training on bone models and on patients by assisting or performing under supervision or perform independently as required.

Have basic knowledge of common disorders of the spine, degenerative disorders of spine, trauma spine and infections of spine for diagnosis and evaluation of the common spine disorders

Develop a familiarity to major topics under “Sports Medicine” - to gain exposure to the basic surgery, master the patho-physiology of the conditions usually encountered and develop a sound foundation to add new knowledge in the future

Learn basic principles of Hand Surgery with emphasis on applied anatomy, understanding patho-physiology of common conditions, planning of treatment and post-operative protocols

Develop understanding of principles of soft tissue coverage and learn basic techniques used in extremity surgery.

## SYLLABUS OF THE COURSE

### **Theory**

#### **General Orthopaedics**

#### **Infections**

General Principles of Infection

Osteomyelitis

Infectious Arthritis

Tuberculosis and Other Infections

#### **Tumors**

General Principles of Tumors

Benign Tumors of Bone

Malignant Tumors of Bone

Soft Tissue Tumors and Non-neoplastic Conditions Simulating Bone Tumors

#### **Congenital Anomalies**

Congenital Anomalies of Lower Extremity

Congenital and Developmental Anomalies Of Hip and Pelvis

Congenital Anomalies of Trunk and Upper Extremity

#### **Peripheral Nerve Injuries**

Diagnosis and management

#### **Microsurgery**

Basic principles and techniques

## **Imaging in Orthopaedics**

### **Other Non-traumatic Disorders**

Osteochondrosis  
Rickets and osteomalacia  
Metabolic bone disease  
Cerebral Palsy  
Paralytic Disorders  
Neuromuscular Disorders  
Genetic disorders  
Osteonecrosis

## **Traumatology**

### **Fractures and Dislocations**

General Principles of Fracture Treatment  
Fractures of Lower Extremity  
Fractures of Hip  
Fractures of Acetabulum And Pelvis  
Fractures of Shoulder, Arm, and Forearm  
Malunited Fractures  
Delayed Union and Nonunion Of Fractures  
Acute Dislocations  
Old Unreduced Dislocations  
Fractures, Dislocations and Ligamentous Injuries of the hand  
Fractures and Dislocations of Foot  
Fractures and Dislocations In Children

## **Regional Orthopaedics**

### **Spine**

Spinal Anatomy And Surgical Approaches  
Fractures, Dislocations, And Fracture-Dislocations Of Spine  
Arthrodesis Of Spine  
Pediatric Cervical Spine  
Scoliosis And Kyphosis  
Lower Back Pain And Disorders Of Intervertebral Discs  
Infections Of Spine

## **Sports Medicine**

Ankle Injuries  
Knee Injuries  
Shoulder And Elbow Injuries  
Recurrent Dislocations

### **The Hand**

Basic Surgical Technique and Aftercare  
Acute Hand Injuries  
Flexor and Extensor Tendon Injuries  
Wrist Disorders  
Paralytic Hand  
Cerebral Palsy of the Hand  
Arthritic Hand  
Compartment Syndromes and Volkmann Contracture  
Dupuytren Contracture  
Carpal Tunnel, Ulnar Tunnel, and Stenosing Tenosynovitis  
Tumors and Tumorous Conditions of Hand  
Hand Infections  
Congenital Anomalies of Hand

### **The Foot and Ankle**

Surgical Techniques  
Disorders of Hallux  
Pes Planus  
Lesser Toe Abnormalities  
Rheumatoid Foot  
Diabetic Foot  
Neurogenic Disorders  
Disorders of Nails and Skin Disorders of Tendons and Fascia

### **Operative Orthopaedics**

#### **Surgical Techniques and Approaches**

##### **Arthrodesis**

Arthrodesis of Ankle, Knee and Hip  
Arthrodesis of Shoulder, Elbow and Wrist

##### **Arthroplasty**

Arthroplasty of Ankle and Knee  
Arthroplasty of Hip  
Arthroplasty of Shoulder and Elbow

## **Amputations**

General Principles of Amputations

Amputations about Foot

Amputations of Lower Extremity

Amputations of Hip And Pelvis

Amputations of Upper Extremity

Amputations of Hand

## **Arthroscopy**

General Principles Of Arthroscopy

Arthroscopy Of Lower Extremity

Arthroscopy Of Upper Extremity

## **Practical**

Closed Reduction of Fractures, Dislocations

Mastering Plastering Techniques

Debridement of Open Fractures

External Fixator application

Internal Fixation of minor fractures with K-wires

Closed manipulative correction of congenital problems like CTEV & other skeletal deformities Biopsies – FNAB, FNAC, Trocar needle, open

Excision of benign lesions

Tendon lengthening

Incision and drainage, acute Osteomyelitis / Septic Arthritis

Skull tongs application

Tension band wiring

Interfragmentary compression

Plate Osteosynthesis of Forearm bones

Carpal Tunnel Release

Bone grafting

Soft tissue releases

Interlocking IM Nailing of Tibia & Femur

Humerus Plating

Ankle Fracture Fixations

DHS Fixation

Hemi-arthroplasty Hip

Caudal epidural injections

Facet Block

Vertebroplasty

Exposure of posterior spine

Laminectomy

Anterior and posterior instrumentation of spine

Bone Skills Lab

Tension Band Wiring

Lag Screw Interfragmentary Compression

Broad Plating

Narrow Plating

External Fixation

Cancellous Screw Fixation

Dynamic Hip Screw Fixation

Dynamic Condylar Screw Fixation

Tibia Intramedullary Interlocking Nailing

Femur Intramedullary Interlocking Nailing

Tibial Condyle Fixation

Elbow fractures Fixation

Ankle Fractures Fixation

Pelvis – External Fixation

Pubic Symphysis – ORIF

Acetabulum Fracture Fixation

MIPPO Tibia

Hemiarthroplasty

Spine - Posterior Instrumentation

Spine – Anterior Instrumentation

To clinically diagnose, assess, investigate and initially manage all surgical and medical emergencies To learn to assess ABC and perform CPR

To perform

Endotracheal intubation

Peripheral and Central intravenous cannulation

Intercostal drainage tube insertion

Peritoneal aspiration

Splintage of the spine and limbs for fracture-dislocations

To learn the use of certain emergency drugs – adrenaline, atropine, dopamine, Steroids, analgesics etc.

To learn to apply

Glasgow Coma Scale (GCS)

AO classification of fractures

Gustillo Anderson grading of open fractures

Mangled Extremity Severity Scoring

To learn to communicate with patient's attendants on death of patient

To learn to handle confidentiality issues



## TEACHING PROGRAM

### General Principles

Acquisition of practical competencies being the keystone of postgraduate medical education, postgraduate training is skills oriented.

Learning in postgraduate program is essentially self-directed and primarily emanating from clinical and academic work. The formal sessions are merely meant to supplement this core effort.

### Teaching Sessions

Bedside teaching rounds

Journal club

Seminar

PG case discussion

X – Ray discussion

Ortho-radiology meeting

Central session (held in hospital auditorium regarding various topics like CPC, guest lectures, student seminars, grand round, sessions on basic sciences, biostatistics, research methodology, teaching methodology, health economics, medical ethics and legal issues).

### Teaching Schedule

In addition to bedside teaching rounds, in the department there will be daily hourly sessions of formal teaching per week. The suggested time distribution of each session for department's teaching schedule as follows:

Journal club Once a week

Seminar Twice a week

PG case discussion Twice a week

Ortho-radiology meeting Once a month

Central session As per hospital schedule

Workshop – once every 3 months

### Note:

All sessions are supervised by faculty members. It is mandatory for all residents to attend the sessions except those posted in emergency.

All the teaching sessions are assessed by the faculty members at the end of session and marks are given out of 10 and kept in the office for internal assessment.

Attendance of the residents at various sessions has to be at compulsory.

### Modular System

The 5-year MS (Orthopaedics) training will be divided into modules of 03 month duration. First 02 years in General surgery (including minor rotations) and next 03 years in Orthopaedic Surgery.

Module No.	Training Year	Module Name	Duration	Credit Hours
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I	1 <sup>st</sup>	Principles of General Surgery	03 months	05
II	1 <sup>st</sup>	Skin, soft-tissue and breast	03 months	05
III	1 <sup>st</sup>	Upper GastroIntestinal Surgery	03 months	05
IV	1 <sup>st</sup>	Lower GastroIntestinal Surgery	03 months	05
V	2 <sup>nd</sup>	Endocrine, Head and Neck	03 months	05
VI	2 <sup>nd</sup>	Orthopaedics (Minor rotation)	03 months	2.5
VII & VIII	2 <sup>nd</sup>	Urology (Minor rotation)	02 months	2.5+2.5+2.5
		Plastic / Paediatric Surgery (Minor rotation)	02 months	
		Neurosurgery / Thoracic Surgery (Minor rotation)	02 months	
IX	3 <sup>rd</sup>	General Orthopaedics	03 months	05
X	3 <sup>rd</sup>	Infections & Tumors	03 months	05
XI	3 <sup>rd</sup>	Congenital Anomalies	03 months	05
XII	3 <sup>rd</sup>	Traumatology – Fractures & Dislocations	03 months	05
XIII	4 <sup>th</sup>	Sports Medicine	03 months	05
XIV	4 <sup>th</sup>	Spine	03 months	05
XV	4 <sup>th</sup>	The Hand	03 months	05
XVI	4 <sup>th</sup>	Foot & Ankle	03 months	05
XVII	5 <sup>th</sup>	Arthroplasty	03 months	05
XVIII	5 <sup>th</sup>	Arthroscopy	03 months	05
XIX	5 <sup>th</sup>	Plastic surgery / Anaesthesia / Paediatric Surgery (Minor rotation)	03 months	2.5
XX	5 <sup>th</sup>	Rehabilitation (Minor rotation)	03 months	2.5

Total Credit Hours of the module = **90 hours**

Research / Thesis credit hours = **10 hours**

All modules are compulsory.

Credit hours will be awarded to the candidates after they have attended and cleared the Internal assessment of each module

MS (Orthopaedics) will comprise of 02 exams; one at the end of 2<sup>nd</sup> year of training and other on completion of 5<sup>th</sup> year of training.

## Examinations

### **Part-I Examination**

All candidates admitted in MS Orthopaedics course shall appear in Part-I examination at the end of second calendar year.

The examination shall be held on biannual basis.

The examination shall have the following components:

Written 200 Marks

OSCE 50 Marks

Clinical examination 100 Marks

Log Book Evaluation 80 Marks (40 marks per year)

There shall be two written papers of 100 marks each:

Papers 1 & 2: Principles of Surgery

The types of questions shall be of Short/Modified essay type and MCQs (single best).

Oral & practical/clinical examination shall be held in clinical techniques In Surgery .

To be declared successful in Part-I examination the candidate must secure 60% marks in each component and 50% in each subcomponent.

Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/clinical Examination.

The candidates, who have passed written examination but failed in oral& practical/ clinical examination, will re-appear only in oral &practical/clinical examination.

The maximum number of attempts to re-appear in oral & practical/clinical Examination alone shall be three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.

To be eligible to appear in Part-I examination the candidate must submit;duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;a certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical / clinical demonstrations; Examination fee as prescribed by the University.

### **Part-II Examination**

All candidates admitted in MS Orthopaedics course shall appear in Part-II(clinical) examination at the end of structured training programme (end of 5th calendar year), and having passed the part I examination.

However, a candidate holding FCPS / MRCS / Diplomate / equivalent qualification in Orthopaedic Surgery shall be exempted from Part-I Examination and shall be directly admitted to Part-II Examination, subject to fulfillment of requirements for the examination.

The examination shall be held on biannual basis.

To be eligible to appear in Part-III examination the candidate must submit;

duly filled, prescribed Admission Form to the Controller of Examinations duly recommended by the Principal/Head of the Institution in which he/she is enrolled;

a certificate by the Principal/Head of the Institution, that the candidate has attended at least 75% of the lectures, seminars, practical/clinical demonstrations;

Original Log Book complete in all respect and duly signed by the Supervisor (for Oral & practical/clinical Examination);certificate of having passed the Part-I examination;

Examination fee as prescribed by the University.

### **The Part-II clinical examination shall have the following components:**

Written 300 marks

Oral & practical/clinical examination 300 marks

Log Book Evaluation 120 marks (40 marks per year)

There shall be two written papers of 150 marks each. Both papers shall have problem-based Short/Modified essay questions and MCQs. Oral & practical/clinical examination shall have 300 marks for:

Long Case 100

Short Cases 100(25 marks each)

OSCE 100

To be declared successful in Part-II examination the candidate must secure 60% marks in each component and 50% in each sub-component. Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.

The candidates, who have passed written examination but failed in Oral & Practical/ Clinical Examination, will re-appear only in Oral & Practical / Clinical examination.

The maximum number of attempts to re-appear in oral & practical/clinical Examination alone shall be three, after which the candidate shall have to appear in both written and oral & practical/clinical examinations as a whole.

The candidate with 80% or above marks shall be deemed to have passed with distinction.

Log Book/Assignments: Through out the length of the course, the performance of the candidate shall be recorded on the Log Book.

The Supervisor shall certify every year that the Log Book is being maintained and signed regularly.

The Log Book will be developed & approved by the Research Board.

The evaluation will be maintained by the Supervisor (in consultation with the Co- Supervisor, if appointed).

The performance of the candidate shall be evaluated on annual basis, e.g., 40 marks for each year in five years MS Orthopaedics course. The total marks for Log Book shall be 200. The log book shall reflect the performance of the candidate on following parameters:

Year wise record of the competence of skills.

Year wise record of the assignments.

Year wise record of the evaluation regarding attitude & behaviour

Year wise record of journal club / lectures / presentations / clinico-pathologic conferences attended & / or made by the candidate.

#### Submission / Evaluation of Synopsis

The candidates shall prepare their synopsis as per guidelines provided by the Rawalpindi Medical University.

The research topic in clinical subject should have 30% component related to basic sciences and 70% component related to applied clinical sciences. The research topic must consist of a reasonable sample size and sufficient numbers of variables to give training to the candidate to conduct research, to collect & analyze the data.

Synopsis of research project shall be submitted by the end of the 3<sup>rd</sup> year of MS program. The synopsis after review by an Institutional Review Committee shall be submitted to the University for Consideration by the Research Board, through the Principal / Dean / Head of the institution.

**Or else**, if the candidate opts for 02 research publications in PMDC and HEC recognized journals, then he will have to submit 02 research topics along with their synopsis to the University Research Board for approval. He will undertake the study after approval from the board.

#### Submission of Thesis

Thesis shall be submitted by the candidate duly recommended by the Supervisor.

The minimum duration between approval of synopsis and submission of thesis shall be one year, but the thesis cannot be submitted later than 8 years of enrolment.

The research thesis must be compiled and bound in accordance with the Thesis Format Guidelines approved by the University and available on website.

The research thesis will be submitted along with the fee prescribed by the University.

**Or else**, the candidate can submit copies of 02 research articles published in PMDC and HEC recognized journals which had previously been accepted in the University research board, at least 06 months prior to the examination.

## LOG BOOK

The residents must maintain a log book and get it signed regularly by the supervisor. A complete and duly certified log book should be part of the requirement to sit for MS examination. Log book should include adequate number of diagnostic and therapeutic procedures observed and performed, the indications for the procedure, any complications and the interpretation of the results, routine and emergency management of patients, case presentations in CPCs, journal club meetings and literature review.

### Proposed Format of Log Book is as follows:

Candidate's Name: \_\_\_\_\_

Roll No. \_\_\_\_\_

The above mentioned procedures shall be entered in the log book as per format:

#### Procedures Performed

Sr.#	Date	Name of Patient, Age, Sex & Admission No	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					
3					
4					

#### Emergencies Handled

Sr.#	Date	Name of Patient, Age, Sex & Admission No	Diagnosis	Procedure Performed	Supervisor's Signature
1					
2					
3					
4					

#### Cases Presented

Sr.#	Date	Name of Patient, Age, Sex & Admission No	Case Presented	Supervisor's Signature
1				
2				
3				
4				

**Seminar/Journal Club Presentation**

Sr.#	Date	Topic	Supervisor's Signature
1			
2			
3			
4			

**Evaluation Record**

(Excellent, Good, Adequate, Inadequate, Poor)

At the end of the rotation, each faculty member will provide an evaluation of the clinical performance of the fellow.

Sr.#	Date	Method of Evaluation (Oral, Practical, Theory)	Rating	Supervisor's Signature
1				
2				
3				
4				

## EVALUATION AND ASSESSMENT STRATEGIES

### **Assessment**

It will consist of action and professional growth oriented **student-centered integrated assessment** with an additional component of **informal internal assessment, formative assessment** and measurement-based **summative assessment**.

**Student-Centered Integrated Assessment** It views students as decision-makers in need of information about their own performance. Integrated Assessment is meant to give students responsibility for deciding what to evaluate, as well as how to evaluate it, encourages students to **'own'** the evaluation and to use it as a basis for self-improvement. Therefore, it tends to be growth-oriented, student-controlled, collaborative, dynamic, contextualized, informal, flexible and action-oriented.

In the proposed curriculum, it will be based on:

Self -Assessment by the student

Peer Assessment

Informal Internal Assessment by the Faculty

### **Self Assessment by the Student**

Each student will be provided with a pre-designed self-assessment form to evaluate his/her level of comfort and competency in dealing with different relevant clinical situations. It will be the responsibility of the student to correctly identify his/her areas of weakness and to take appropriate measures to address those weaknesses.

### **Peer Assessment**

The students will also be expected to evaluate their peers after the monthly small group meeting. These should be followed by a constructive feedback according to the prescribed guidelines and should be non judgmental in nature. This will enable students to become good mentors in future.

### **Informal Internal Assessment by the Faculty**

There will be no formal allocation of marks for the component of Internal Assessment so that students are willing to confront their weaknesses rather than hiding them from their instructors.

It will include:

Punctuality

Ward work

Monthly assessment (written tests to indicate particular areas of weaknesses)

Participation in interactive sessions

### **Formative Assessment**

Will help to improve the existing instructional methods and the curriculum in use

### **Feedback to the faculty by the students:**

After every three months students will be providing a written feedback regarding their course components and teaching methods. This will help to identify strengths and weaknesses of the relevant course, faculty members and to ascertain areas for further improvement.

### **Summative Assessment**

It will be carried out at the end of the programme to empirically evaluate cognitive, psychomotor and affective domains in order to award diplomas for successful



completion of courses.

## MS ORTHOPAEDICS EXAMINATION - DETAIL

### **Part I- MS Orthopaedics Examination**

**Total Marks: 430**

All candidates admitted in MS Orthopaedics course shall appear in Part I examination at the end of second calendar year.

There shall be two written papers of 100 marks each, Oral & practical/clinical examination of 150 marks and log book assessment of 80 marks.

#### **Topics included in papers 1 & 2:**

Basic Principles of Surgery

#### **Components of Part I Examination**

##### **Theory:**

##### **Paper 1: 100 Marks 3 Hours**

10 SEQs (No Choice; 05 marks each) 50 Marks

50 MCQs 50 Marks

##### **Paper 2: 100 Marks 3 Hours**

10 SEQs (No Choice; 05 marks each) 50 Marks

50 MCQs 50 Marks

Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/Clinical Examination.

Oral & Practical/ Clinical Examination shall be held in clinical techniques relevant to Surgery .

##### **OSCE 50 Marks**

10 stations each carrying 05 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive

##### **Clinical 100 Marks**

Four short cases (each 15 marks) 60 Marks

One long case: 40 Marks

##### **Log Book 80 Marks**

### **Part II MS ORTHOPAEDICS**

**Total Marks: 920**

All candidates admitted in MS Orthopaedics course shall appear in Part-II examination at the end of structured training programme (end of 5<sup>th</sup>calendar year and after clearing Part I examination).

There shall be two written papers of 150 marks each, Oral & Practical/Clinical examination of 300 marks, log book assessment of 120 marks and thesis examination of 200 marks.

### **Part II MS ORTHOPAEDICS**

## **Clinical Examination**

**Total Marks: 720**

### **Topics included in paper 1**

#### **Adult Orthopaedics**

Trauma (15 MCQs)

Joints (10MCQs)

Infections (10 MCQs)

Neuromuscular Disorders & Spine (10MCQs)

Hand, Foot and Ankle (10MCQs)

Amputation, Prosthetics and Orthotics (10MCQs)

Tumors (05MCQs)

Sports Medicine & Pain (05MCQs)

### **Topics included in paper 2**

#### **Paediatric Orthopaedics**

Congenital Disorders (15MCQs)

Trauma (10 MCQs)

General Affections of Bones (10MCQs)

Infections of Bones and Joints (10 MCQs)

Affections of Joints & Muscles (10 MCQs)

Neuromuscular Disorders & Spine (10MCQs)

Affections of Nervous System (05MCQs)

Tumors (05MCQs)

## **Components of Part II Clinical Examination**

### **Theory**

#### **Paper I 150 Marks 3 Hours**

15 SEQs (No Choice) 75 Marks

75 MCQs 75 Marks

#### **Paper II 150 Marks 3 Hours**

15 SEQs (No Choice) 75 Marks

75 MCQs 75 Marks

Only those candidates, who pass in theory papers, will be eligible to appear in the Oral & Practical/ Clinical Examination.

#### **OSCE 100 Marks**

10 stations each carrying 10 marks of 10 minutes duration; each evaluating performance based assessment with five of them interactive

#### **Clinical 200 Marks**

Four short cases (each 25 marks) 100 Marks

One long case: 100 Marks

**Log Book 120 Marks**

## **Part II MS ORTHOPAEDICS**

### **Thesis Examination**

**Total Marks: 200**

All candidates admitted in MS Orthopaedics course shall appear in Part-II Examination at the end of 5th year of the MS programme and not later than 8th calendar year of enrolment. The examination shall include thesis evaluation with defense.

## RECOMMENDED BOOKS

### **Core books**

Apley's System of Orthopaedics & Fractures

Campbell's Operative Orthopaedics

Mercer's Orthopaedic Surgery

Mc Rae – Clinical Examination

Hamilton Bailey Demonstration of Clinical Signs & Symptoms

Snell's Anatomy

Pye's Surgical Handicraft

Stewart's Manual

### **Reference books**

Rockwood & Green – Fractures in Adults

Rockwood & Green – Fractures in Children

Chapman Orthopaedic Surgery

Turek's Textbook of Orthopaedics

Hoppenfield – Surgical Exposures

Mc Rae – Surgical Exposures

Insall & Scott – Surgery of the Knee

Miller & Cole Textbook of Arthroscopy

Tachdjian Paediatric Orthopaedics

**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)

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)

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**

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

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**

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

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)

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

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)

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

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	REGNO. 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)/(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) / (PI)	DETAIL OF PROCEDURE	PLACE OF PROCEDURE	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

**SECTION-10**

**MULTI DICIPINARY MEETINGS**

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

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)

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

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**

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



SNO.	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE /EDITORIAL/CASE REPORT ETC	NAME OF JOURNANL	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**

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

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)

Evaluation records  
**RAWALPINDI MEDICAL UNIVERSITY**  
**SUPERVISOR APPRAISAL FORM**

To Be Filled At the End of 1<sup>st</sup> 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.

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

**I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS**

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					

**II. QUALITY / QUANTITY OF WORK**

	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					



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

Total Score \_\_\_\_\_/155

\_\_\_\_\_  
Date                      Resident's Name & Signatures

\_\_\_\_\_  
Date                      Evaluator's Signature & Stamp

## RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

<b>To Be Filled At The End Of 2<sup>nd</sup> Year Of Training</b>
---

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	<b>Unsatisfactory</b>	Performance does not meet expectations for the job
2	<b>Needs Improvement</b>	Performance sometimes meets expectations for the job
3	<b>Good</b>	Performance often exceeds expectations for the job
4	<b>Merit</b>	Performance consistently meets expectations for the job
5	<b>Special Merit</b>	Performance consistently exceeds expectations for the job

### I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					

### II. QUALITY / QUANTITY OF WORK

	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

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

TotalScore \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

## RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

**To Be Filled At the End Of 3<sup>rd</sup> 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.

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

### I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					

### II. QUALITY / QUANTITY OF WORK

	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or supervision					

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

TotalScore \_\_\_\_\_/155

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name & Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature & Stamp

## RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

To Be Filled At The End Of 4<sup>th</sup> 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.

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

### I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows procedures and clinical methods according to SOPs					
c) Uses techniques, materials, tools & equipment skillfully					
d) Stays current with technology and job-related expertise					
e) Works efficiently in various workshops					
f) Has interest in learning new skills and procedures					
g) Understands & performs assigned duties and job requirements					

### II. QUALITY / QUANTITY OF WORK

	5	4	3	2	1
a) Sets and adheres to protocols and improving the skills					
b) Exhibits system based learning methods smartly					
c) Exhibits practice based learning methods efficaciously					
d) Actively participates in large group interactive sessions for postgraduate trainees					
e) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
f) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					
g) Actively participates in Journal clubs					
h) Uses resources sensibly and economically					
i) Accomplishes accurate management of different medical cases with minimal assistance or					

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

TotalScore \_\_\_\_\_/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 1<sup>ST</sup> YEAR OF TRAINING)**



## **SECTION-18**

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

**(AT THE END OF 2<sup>ND</sup> YEAR OF TRAINING)**

**SECTION-18**

**EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)  
(AT THE END OF 3<sup>RD</sup> YEAR OF TRAINING)**

## **SECTION-18**

**EVALUATION / REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)  
(AT THE END OF 4<sup>th</sup> YEAR OF TRAINING)**

**SECTION=18**

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

**SECTION=18**

**EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)  
(AT THE END OF 2<sup>ND</sup> YEAR OF TRAINING)**

**SECTION-18**

**EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)  
(AT THE END OF 3<sup>RD</sup> YEAR OF TRAINING)**

## **SECTION-18**

**EVALUATION / REMARKS BY QUALITY ENHANCEMENT CELL (QEC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)  
(AT THE END OF 4<sup>th</sup> 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			



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

TO BE FILLED AT THE END OF FIRST YEAR OF TRAINING

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**SECTION-21**

**ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS**

**SECTION-21**

**ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS**