



UNIVERSITY RESIDENCY PROGRAM -2019

RAWALPINDI MEDICAL UNIVERSITY

MS UROLOGY

LOG BOOK



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 Surgery and Allied Urology.

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 MS Surgery and Allied Urology program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. MS curriculum is based on six Core Competencies of ACGME (**Accreditation Council for Graduate Medical Education**) including **Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URTCM)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

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CONTRIBUTIONS

SR.NO	NAME & DESIGNATION	CONTRIBUTIONS IN FORMULATION OF LOG BOOK OF MEDICINE & ALLIED
1.	 <p>PROF DR. ZEIN-EL-AMIR MBBS. FCPS Head & Professor of Department of Urology, Rawalpindi Medical University</p>	<p>Guidance regarding technical matters of Log Book of MS Urology.</p> <p>Guidance regarding development of MS Urology Curriculum and its core competencies according to each year of postgraduate training.</p> <p>Development of techniques for educational and skill level assessment of residents.</p> <p>Also Proof reading & synthesis of final print version of Log Books of MS Urology and Rotations Log Book.</p>
2.	 <p>DR UMER JAVED CHUGHTAI MBBS. FCPS Senior Registrar Urology Department Benazir Bhutto Hospital Rawalpindi</p>	<p>Over all synthesis, structuring & over all write up of MS Urology Curriculum, and Log Book for MS Urology under guidance of Professor Dr. Zein-el-Amir</p>
3.	 <p>DR RAMEEZ AHMED MBBS Postgraduate Resident Urology Department Benazir Bhutto Hospital Rawalpindi</p>	<p>Assistance of Professor Dr. Zein-el-Amir and Dr. Umer Javed in computer work under their direct guidance & supervision.</p>

ENROLLEMENT 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 _____



INTRODUCTION

Logbooks are part of continuous assessment for feedback to students that observe the outcomes of clinical courses, and are used as a tool for individual student guidance, and evaluation of programs. Logbooks provide feedback to the students about their progress, allow correction of weaknesses, and guide them on the path to achievements.

Logbooks are developed in accordance with the core curriculum of any course. The students record their professional, clinical experiences based on the objectives in the logbooks. Logbooks facilitate and monitor students learning, provide a reward system based on competition among peers, encourage immediate and ongoing interaction between the tutors and the students, provide continuous and objective assessment, provide a feedback loop for the evaluation of learning activities, validate the procedural experience at advanced training levels, and involve training centers.

This log book has been designed keeping in view all above mentioned points and will help the trainees and supervisors to keep track of their performance

Reference

Khorashadizadeh F, Alavinia SM. 2012. Students' perception about logbooks: Advantages, limitation and recommendation – a qualitative study. J Pak Med Assoc 62(11):1184–1186

INDEX OF LOG:

- | | |
|---|---|
| 1. MORNING REPORT PRESENTATION/CASE PRESENTATION | 13. HANDS ON TRAINING/WORKSHOPS |
| 2. TOPIC PRESENTATION/SEMINAR | 14. PUBLICATIONS |
| 3. DIDACTIC LECTURES/INTERACTIVE LECTURES | 15. MAJOR RESEARCH PROJECT DURING MD TRAINING/ANY
OTHER MAJOR RESEARCH PROJECT |
| 4. JOURNAL CLUB | 16. WRITTEN ASSESMENT RECORD |
| 5. PROBLEM CASE DISCUSSION | 17. CLINICAL ASSESMENT RECORD |
| 6. EMERGENCY CASES | 18. EVALUATION RECORD |
| 7. INDOOR PATIENTS | 19. LEAVE RECORD |
| 8. OPD AND CLINICS | 20. RECORD SHEET OF ATTENDANCE/COUNCELLING
SESSION/DOCUMENTATION QUALITY |
| 9. PROCEDURES (OBSERVED, ASSISTED,PERFORMED UNDER
SUPERVISION & PERFORMED INDEPENDENTLY) | 21. ANY OTHER IMPORTANT AND RELEVANT
INFORMATION/DETAILS |
| 10. MULTIDISCIPLINARY MEETINGS | |
| 11. CLINICOPATHOLOGICAL CONFERENCE | |
| 12. MORBIDITY/MORTALITY MEETINGS | |

MINIMUM LOG BOOK ENTERIES PER MONTH IN GENERAL

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

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

MISSION STATEMENT

The mission of Urology Residency Program of Rawalpindi Medical University is:

1. To provide excellent medical and surgical care to our patients
2. To train our juniors to provide excellent and safe surgical practice to community
3. To actively participate in research activities and incorporate the idea of idea research in our juniors
4. To remain upto date with the clinical practice being advocated all around the world
5. To educate the masses regarding prevention of common urological problems
6. To safeguard the resources provided to us by limiting unnecessary diagnostic tests
7. To work and serve the community as Ambassadors of Rawalpindi Medical University and to promote our residency program

CLINICAL COMPETENCIES FOR 1ST, 2ND, 3RD, 4TH and 5th YEAR MS TRAINEES UROLOGY

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

[illegible]

PROCEDURES	First Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
<u>Bladder</u>									
Vesicolithotomy	1	2	1	3	1	5	1,2	5	15
Vesicostomy	1	1	1	3	1	3	1,2	3	10
Suprapubic cystostomy	1	5	1	5	1,2	5	3	5	20
Vesical Diverticulectomy		-	1	2	1	2	1	2	6
Partial cystectomy	-	-	-	-	1	3	1	2	5
Simple Cystectomy	-	-	1	1	1	2	1	2	5
Radical cystectomy	-	-	1	1	1	1	1	1	3
Repair of Vesicovaginal fistula	1	1	1	3	1	3	1	3	10
Repair of bladder extrophy	-	-	-	-	1	2	1	3	5
Augmentation Cystoplasty	-	-	1	1	1	2	1	2	5
Cystolitholapexy	1	1	1	3	1	3	1,2	3	10
Cystoscopy(flexible)	1	5	1	5	1	5	1	5	20
Cystoscopy(rigid)	1	10	1	10	1	10	1,2	20	50
TUR-BT	1	2	1	3	1	5	1	10	20
Removal of DJ stent	1	5	1	5	1	10	1,2	10	30
Biopsy of bladder lesions	-	-	1	5	1	5	1,2	5	15
Deroofing of ureterocele	-	-	1	1	1	2	1	2	5
<u>Prostate</u>	-	-	-	-	-	-	-	-	-
Transvesical Prostatectomy	-	-	1	2	1	3	1	5	10
Retropubic Prostatectomy	-	-	1	2	1	3	1	5	10
Transrectal Biopsy	-	-	1	2	1	3	1,2	5	10
Radical retropubic Prostatectomy	-	-	-	-	1	1	1	1	2
TURP	-	-	-	-	1	10	1	10	30
TUIP	1	5	1	5	1	5	1	5	20
Laser Prostatectomy	1	2	1	2	1	2	1	4	10
<u>Urethra</u>	-	-	-	-	-	-	-	-	-
Urethral catheterization	1	10	2	10	2	10	3	20	50
Urethral dialation	1	10	1	10	2	10	3	20	50

PROCEDURES	First Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Urethroplasty	-	-	1	2	1	3	1	5	10
Urethrectomy	-	-	1	2	1	3	1	5	10
Insertion of sphincter	-	-	-	-	3	1		2	3
Hypospadias repair(proximal)	1	2	1	2	1	3	1	5	10
Hypospadias repair(distal)	-	-	1	2	1	3	1	5	10
Repair of fistula	-	-	1	2	1	3	1	5	10
Repair of epispadias	-	-	1	1	1	1	1	1	3
Urethroscopy	1	5	1	5	1	5	1	10	25
Optical urethrotomy	1	2	1	3	1	5	1	5	15
Fulgration of posterior Urethral valves	-	-	1	2	1	3	1	5	10
<u>Penis</u>	-		-		-	-	-	-	
Correction of cordae	-	-	1	2	1	3	1	5	10
Correction of priapism	1	1	2	1	2	1	2	1	5
Intracavernosal injection	1	1	1	1	2	1	2	2	5
Circumcision	1	2	1	3	1	5	1,2	10	20
<u>Vagina</u>	-	-	-	-	-	-	-	-	-
Repair of fistula	-	-	1	2	1	3	1	5	10
<u>Ambiguous Genitalia</u>	-	-	-	-	-	-	-	-	-
Phalloplasty	-	-	-	-	1	1	1	1	2
<u>Testis</u>	-	-	-	-	-	-	-	-	-
Testicular Biopsy	-	-	-	-	1	5	1,2	5	10
Orchidopexy	-	-	-	-	1	5	1,2	5	10
Orchidectomy	-	-	-	-	1	5	1,2	5	10
Radical Orchidectomy	-	-	-	-	1	2	1	3	5
<u>Scrotum</u>	-	-	-	-	-	-	-	-	-
Hydrocelectomy	-	-	1	2	1	3	1,2	5	10
Vasectomy	-	-	-	-	1	2	1,2	3	5
Excision of epidydmal cyst	-	-	1	2	1	3	1,2	5	10
Varicocele ligation	-	-	1	2	1	3	1,2	5	10

[illegible]

PROCEDURES	Second Year								
	15 Months 18 Months				21 Months		24 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
<u>Kidney</u>									
Simple Nephrectomy	1	2	1	3	2	3	2	7	15
Donor Nephrectomy	1	2	1	2	1	2	1,2	2	8
Radical Nephrectomy	1	2	1	2	1	2	1,2	2	8
Radical Nephrectomy with caval thrombectomy	-	-	-	-	1	1	1	1	2
Partial Nephrectomy	-	-	1	1	1	2	1	2	5
Nephroureterctomy	-	-	-	-	1	1	1	1	2
Pyelolithotomy	1	2	1	3	1,2	5	1,2	5	15
Pyeloplasty	1	1	1	3	1,2	3	1,2	3	10
Decortication of cyst	-	-	-	-	1	2	1	3	5
Drainage of Abscess	1	5	1	5	1,2	5	1,2	5	20
Nephrostomy	1	3	1	5	1,2	5	1,2	5	16
Renal Biopsy	1	2	1	2	1,2	2	1,2	2	8
Renal Transplant	-	-	-	-	1	1	1	2	3
Nephrolithotomy	-	-	-	-	1	1	1,2	3	4
Retrograde Pyelography	-	-	-	-	-	1	1,2	3	3
Insertion of DJ stent	1	1	1	3	1,2	3	1,2	3	10
<u>Ureter</u>	-	-	1	1	1	1	2	1	3
Ureterolithptomy	-	-	-	-	1,2	5	1,2	5	10
Ureterolysis	-	-	-	-	1	1	1	1	2
Ureterocalicostomy	-	-	-	-	1	1	1	1	2
Ureteric Reimplantation	-	-	-	-	1	1	1	1	2
Boari’s Flap	-	-	1	1	1,2	2	1,2	2	5
Psoas Hitch	-	-	1	1	1,2	2	1,2	2	5
Uretero Ureterostomy	-	-	-	-	1,2	1	1,2	1	2
Ureteroscopy (diagnostic)	-	-	-	-	1	2	1	3	5
Ureteroscopy (Therapeutic	1	2	1	2	1	2	1	2	8
-Stone	-	-	1	1	1	2	1	2	5
-Tumor	-	-	-	-	1	1	1	1	2

PROCEDURES	Second Year								
	15 Months 18 Months				21 Months		24 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Bladder	-	-	-	-	-	-	-	-	-
Vesicolithotomy	1	2	1	3	1,2	5	1,2	5	15
Vesicostomy	1	1	1	3	1,2	3	1,2	3	10
Suprapubic cystostomy	2	5	3	5	3	5	3	5	20
Vesical Diverticulectomy	1	-	1	2	1,2	2	1,2	2	6
Partial cystectomy	1,2	1	1,2	1,2	1,2	1	1,2	2	5
Simple Cystectomy	-	-	1	1	1	2	1	2	5
Radical cystectomy	-	-	1,2	1	1,2	1	1,2	1	3
Repair of Vesicovaginal fistula	1,2	1	1,2	3	1,2	3	1,2	3	10
Repair of bladder extrophy	-	-	-	-	1,2	2	1,2	3	5
Augmentation Cystoplasty	-	-	-	-	1,2	2	1,2	2	5
Cystolitholapexy	1	1	1,2	3	1,2	3	1,2	3	10
Cystoscopy(flexible)	1,2	5	1,2	5	1,2	5	1,2	5	20
Cystoscopy(rigid)	1,2	10	1,2	10	1,2	10	3	20	50
TUR-BT	1,2	2	1,2	3	1,2	5	1,2	10	20
Removal of DJ stent	1,2	5	1,2	5	1,2	10	3	10	30
Biopsy of bladder lesions	-	-	1,2	5	1,2	5	1,2	5	15
Deroofing of ureterocele	-	-	1	1	1,2	2	1,2	2	5
Prostate	-	-	-	-	1	-	1	-	-
Transvesical Prostatectomy	-	-	1	2	1,2	3	1,2	5	10
Retropubic Prostatectomy	-	-	1	2	1,2	3	1,2	5	10
Transrectal Biopsy	-	-	1,2	2	1,2	3	3	5	10
Radical retropubic Prostatectomy	-	-	-	-	1	1	1	1	2
TURP	-	-	-	-	1,2	10	1,2	10	30
TUIP	1,2	5	1,2	5	1,2	5	1,2	5	20
Laser Prostatectomy	1	2	1	2	1	2	1	4	10
Urethra	-	-	-	-	-	-	-	-	-
Urethral catheterization	3	10	3	10	3	10	3	20	50
Urethral dialation	1,2	10	3	10	3	10	3	20	50

PROCEDURES	Second Year								
	3 Months		6 Months		9 Months		12 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Urethroplasty	-	-	1,2	2	1,2	3	1,2	5	10
Urethrectomy	-	-	1,2	2	1,2	3	1,2	5	10
Insertion of sphincter	-	-	-	-	1	1	1	2	3
Hypospadias repair(proximal)	-	-	1,2	2	1,2	3	1,2	5	10
Hypospadias repair(distal)	-	-	1,2	2	1,2	3	1,2	5	10
Repair of fistula	-	-	1	2	1,2	3	1,2	5	10
Repair of epispadias	-	-	1	1	1	1	1	1	3
Urethroscopy	1	5	2	5	3	5	3	10	25
Optical urethrotomy	1	2	1	3	1,2	5	1,2	5	15
Fulgration of posterior Urethral valves	-	-	1	2	1,2	3	1,2	5	10
Penis	-	-	-	-	-	-	-	-	-
Correction of cordae	-	-	1,2	2	1,2	3	1,2	5	10
Correction of priapism	1	1	2	1	2	1	3	1	5
Intracavernosal injection	1	1	1	1	2	1	2	2	5
Circumcision	1,2	2	1,2	3	3	5	3	10	20
Vagina	-	-	1	-	1	-	1	-	-
Repair of fistula	-	-	1	2	1	3	1	5	10
Ambiguous Genitalia	-	-	1	-	1	-	2	-	-
Phalloplasty	-	-	-	-	1	1	1	1	2
Testis	-	-	-	-	-	-	1	-	-
Testicular Biopsy	1,2	2	1,2	2	3	3	3	3	10
Orchidopexy	1,2	2	1,2	2	3	3	3	3	10
Orchidectomy	1,2	2	1,2	2	3	3	3	3	10
Radical Orchidectomy	1,2	2	1,2	2	3	1,2	3	1,2	10
Scrotum	-	-	1	-	1	-	1	-	-
Hydrocelectomy	1,2	2	1,2	2	3	3	3	3	10
Vasectomy	1,2	2	1,2	2	3	3	3	3	10
Excision of epidydmal cyst	1,2	2	1,2	2	3	3	3	3	10
Varicocele ligation	1,2	2	1,2	2	3	3	3	3	10

[illegible]

PROCEDURES	Third Year								
	27 Months		30 Months		33 Months		36Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
<u>Kidney</u>	-	-	-	-	-	-	-	-	-
Simple Nephrectomy	1,2	5	1,2	5	1,2	5	1,2	10	25
Donor Nephrectomy	1	1	2	1	2	1	2	2	5
Radical Nephrectomy	1,2	5	1,2	5	1,2	5	1,2	5	20
Radical Nephrectomy with caval thrombectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Partial Nephrectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Nephroureterctomy	1	1	1	1	1	1	1,2	2	5
Pyelolithotomy	1,2	5	1,2	5	1,2	5	3	5	20
Pyeloplasty	1,2	2	1,2	3	1,2	5	1,2	5	15
Decortication of cyst	-	1	-	3	1	3	1	3	10
Drainage of Abscess	1,2	5	1,2	5	1,2	5	3	5	20
Nephrostomy	1,2	5	3	5	3	5	3	5	20
Renal Biopsy	1,2	2	1,2	2	1,2	2	3	2	8
Renal Transplant	1,2	1	1,2	1	1,2	1	1,2	1	4
Nephrolithotomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Retrograde Pyelography	1,2	1	1,2	1	1,2	1	3	2	5
Insertion of DJ stent	3	2	3	3	3	5	3	5	15
<u>Ureter</u>	-	-	-	-	-	-	-	-	-
Ureterolithptomy	1,2	2	1,2	3	1,2	5	1,2	5	15
Ureterolysis	-	-	-	-	1	1	1	1	2
Ureterocalicostomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Ureteric Reimplantation	1,2	1	1,2	1	1,2	1	1,2	3	5
Boari’s Flap	-	-	1	1	1,2	2	1,2	2	5
Psoas Hitch	-	-	1	1	1,2	2	1,2	2	5
Uretero Ureterostomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Ureteroscopy (diagnostic)	-	-	-	-	1,2	2	1,2	3	5
Ureteroscopy (Therapeutic	-	-	-	-	-	-	-	-	10
-Stone	-	-	1,2	1	1,2	2	1,2	2	8
-Tumor	-	-	-	-	1,2	1	1,2	1	2

PROCEDURES	Third Year								
	27 Months		30 Months		33 Months		36 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Bladder	-	-	-	-	-	-	-	-	-
Vesicolithotomy	1,2	2	1,2	3	3	5	3	5	20
Vesicostomy	1	1	1	3	1,2	3	1,2	3	10
Suprapubic cystostomy	3	5	3	5	3	10	3	10	30
Vesical Diverticulectomy	-	-	1	2	1,2	2	1,2	2	6
Partial cystectomy	1,2	1	1,2	1,2	1,2	1	1,2	2	5
Simple Cystectomy	-	-	1,2	1	1,2	2	1,2	2	5
Radical cystectomy	-	-	1,2	1	1,2	1	1,2	1	3
Repair of Vesicovaginal fistula	1,2	1	1,2	3	1,2	3	1,2	3	10
Repair of bladder extrophy	-	-	-	-	1,2	2	1,2	3	5
Augmentation Cystoplasty	-	-	-	-	1,2	2	1,2	2	5
Cystolitholapexy	1	1	1,2	3	1,2	3	3	3	10
Cystoscopy(flexible)	1,2	5	1,2	5	1,2	5	3	5	20
Cystoscopy(rigid)	3	10	3	10	3	10	3	20	50
TUR-BT	1,2	2	1,2	3	1,2	5	1,2	10	20
Removal of DJ stent	3	5	3	5	3	10	3	10	30
Biopsy of bladder lesions	-	-	1,2	5	1,2	5	3	5	15
Deroofing of ureterocele	-	-	1	1	1,2	2	1,2	2	5
Prostate	-	-	-	-	-	-	-	-	-
Transvesical Prostatectomy	-	-	1	2	1,2	3	3	5	10
Retropubic Prostatectomy	-	-	1	2	1,2	3	1,2	5	10
Transrectal Biopsy	-	-	3	2	3	3	3	5	10
Radical retropubic Prostatectomy	-	-	-	-	1	1	1	1	2
TURP	1,2	5	1,2	5	1,2	10	1,2	10	30
TUIP	1,2	5	1,2	5	1,2	5	1,2	5	20
Laser Prostatectomy	1	2	1	2	1	2	1	4	10
Urethra	-	-	-	-	-	-	-	-	-
Urethral catheterization	3	10	3	10	3	10	3	20	50
Urethral dialation	3	10	3	10	3	10	3	20	50

PROCEDURES	Third Year								
	27 Months		30 Months		33 Months		36 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Urethroplasty	1,2	2	1,2	3	1,2	5	1,2	5	15
Urethrectomy	1,2	2	1,2	3	1,2	5	1,2	5	15
Insertion of sphincter	1,2	1	1,2	1	1,2	1	1,2	2	5
Hypospadias repair(proximal)	1,2	2	1,2	3	1,2	5	1,2	5	15
Hypospadias repair(distal)	1,2	2	1,2	3	1,2	5	1,2	5	15
Repair of fistula	-	-	1	2	1,2	3	1,2	5	10
Repair of epispadias	1,2	1	1,2	1	1,2	1	1,2	2	5
Urethroscopy	3	5	3	5	3	5	3	10	25
Optical urethrotomy	1	2	1	3	1,2	5	3	5	15
Fulgration of posterior Urethral valves	-	-	1	2	1,2	3	1,2	5	10
Penis	-		-		-	-	-	-	
Correction of cordae	1,2	2	1,2	2	1,2	3	1,2	3	10
Correction of priapism	3	1	3	1	3	1	3	1	5
Intracavernosal injection	3	1	3	1	3	1	3	2	5
Circumcision	3	2	3	3	3	5	3	10	20
Vagina	-	-	-	-	-	-	-	-	-
Repair of fistula	-	-	1,2	2	1,2	3	1,2	5	10
Ambiguous Genitalia	-	-	-	-	-	-	-	-	-
Phalloplasty	1,2	1	1,2	1	1,2	1	1,2	2	5
Testis	-	-	-	-	-	-	1	-	-
Testicular Biopsy	3	2	3	2	3	3	3	3	10
Orchidopexy	3	2	3	2	3	3	3	3	10
Orchidectomy	3	2	3	2	3	3	3	3	10
Radical Orchidectomy	3	2	3	2	3	3	3	3	10
Scrotum	-	-	-	-	-	-	-	-	-
Hydrocelectomy	3	2	3	2	3	3	3	3	10
Vasectomy	3	2	3	2	3	3	3	3	10
Excision of epidydmal cyst	3	2	3	2	3	3	3	3	10
Varicocele ligation	3	2	3	2	3	3	3	3	10

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PROCEDURES	Fourth Year								
	39 Months		42 Months		45 Months		48 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Kidney	-	-	-	-	-	-	-	-	-
Simple Nephrectomy	1,2	5	1,2	5	1,2	5	1,2	10	25
Donor Nephrectomy	1,2	2	1,2	3	1,2	5	1,2	5	5
Radical Nephrectomy	1,2	5	1,2	5	1,2	5	1,2	5	20
Radical Nephrectomy with caval thrombectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Partial Nephrectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Nephroureterctomy	1	1	1	1	1	1	1,2	2	5
Pyelolithotomy	3	5	3	5	3	5	3	5	20
Pyeloplasty	1,2	2	1,2	3	1,2	5	1,2	5	15
Decortication of cyst	1,2	1	1,2	3	1,2	3	1,2	3	10
Drainage of Abscess	3	5	3	5	3	5	3	5	20
Nephrostomy	1,2	5	3	5	3	5	3	5	20
Renal Biopsy	3	2	3	2	3	2	3	2	8
Renal Transplant	1,2	1	1,2	1	1,2	1	1,2	1	4
Nephrolithotomy	1,2	1	1,2	1	1,2	1	3	2	5
Retrograde Pyelography	3	1	3	1	3	1	3	2	5
Insertion of DJ stent	3	2	3	3	3	5	3	5	15
Ureter	-	-	-	-	-	-	-	-	-
Ureterolithptomy	1,2	2	1,2	3	1,2	5	3	5	15
Ureterolysis	-	-	-	-	1	1	1	1	2
Ureterocalicostomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Ureteric Reimplantation	1,2	1	1,2	1	1,2	1	1,2	3	5
Boari’s Flap	-	-	1	1	1,2	2	1,2	2	5
Psoas Hitch	-	-	1	1	1,2	2	3	2	5
Uretero Ureterostomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Ureteroscopy (diagnostic)	-	-	-	-	1,2	2	1,2	3	5
Ureteroscopy (Therapeutic	-	-	-	-	-	-	-	-	10
-Stone	-	-	1,2	1	1,2	2	3	2	8
-Tumor	-	-	-	-	1,2	1	1,2	1	2

PROCEDURES	Fourth Year								
	39 Months		42 Months		39 Months		42 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Bladder	-	-	-	-	-	-	-	-	-
Vesicolithotomy	3	2	3	3	3	5	3	5	20
Vesicostomy	1,2	1	1,2	3	1,2	3	3	3	10
Suprapubic cystostomy	3	5	3	5	3	10	3	10	30
Vesical Diverticulectomy	-	-	1	2	1,2	2	1,2	2	6
Partial cystectomy	1,2	1	1,2	1,2	1,2	1	1,2	2	5
Simple Cystectomy	-	-	1,2	1	1,2	2	1,2	2	5
Radical cystectomy	-	-	1,2	1	1,2	1	1,2	1	3
Repair of Vesicovaginal fistula	1,2	1	1,2	3	1,2	3	1,2	3	10
Repair of bladder extrophy	-	-	-	-	1,2	2	1,2	3	5
Augmentation Cystoplasty	-	-	-	-	1,2	2	1,2	2	5
Cystolitholapexy	1	1	1,2	3	1,2	3	3	3	10
Cystoscopy(flexible)	3	5	3	5	3	5	3	5	20
Cystoscopy(rigid)	3	10	3	10	3	10	3	20	50
TUR-BT	1,2	2	1,2	3	1,2	5	1,2	10	20
Removal of DJ stent	3	5	3	5	3	10	3	10	30
Biopsy of bladder lesions	-	-	1,2	5	1,2	5	3	5	15
Deroofing of ureterocele	-	-	1	1	1,2	2	1,2	2	5
Prostate	-	-	-	-	-	-	-	-	-
Transvesical Prostatectomy	-	-	3	2	3	3	3	5	10
Retropubic Prostatectomy	-	-	1	2	1,2	3	1,2	5	10
Transrectal Biopsy	-	-	3	2	3	3	3	5	10
Radical retropubic Prostatectomy	-	-	-	-	1	1	1	1	2
TURP	1,2	5	1,2	5	1,2	10	1,2	10	30
TUIP	1,2	5	1,2	5	1,2	5	1,2	5	20
Laser Prostatectomy	1	2	1	2	1	2	1	4	10
Urethra	-	-	-	-	-	-	-	-	-
Urethral catheterization	3	10	3	10	3	10	3	20	50
Urethral dialation	3	10	3	10	3	10	3	20	50

PROCEDURES										
	Fourth Year									
	39 Months		42 Months		39 Months		42 Months			Total Cases 1st
	Level	Cases	Level	Cases	Level	Cases	Level	Cases		Year
Rotations to be incorporated as and when available with the consent of respected supervisor										
Urethroplasty	1,2	2	1,2	3	1,2	5	1,2	5		15
Urethrectomy	1,2	2	1,2	3	1,2	5	1,2	5		15
Insertion of sphincter	1,2	1	1,2	1	1,2	1	1,2	2		5
Hypospadias repair(proximal)	1,2	2	1,2	3	1,2	5	1,2	5		15
Hypospadias repair(distal)	1,2	2	1,2	3	1,2	5	1,2	5		15
Repair of fistula	-	-	1	2	1,2	3	1,2	5		10
Repair of epispadias	1,2	1	1,2	1	1,2	1	1,2	2		5
Urethroscopy	3	5	3	5	3	5	3	10		25
Optical urethrotomy	3	2	3	3	3	5	3	5		15
Fulgration of posterior Urethral valves	-	-	1	2	1,2	3	1,2	5		10
Penis	-		-		-	-	-	-		
Correction of cordae	1,2	2	1,2	2	1,2	3	1,2	3		10
Correction of priapism	3	1	3	1	3	1	3	1		5
Intracavernosal injection	3	1	3	1	3	1	3	2		5
Circumcision	3	2	3	3	3	5	3	10		20
Vagina	-	-	-	-	-	-	-	-		-
Repair of fistula	-	-	1,2	2	1,2	3	1,2	5		10
Ambiguous Genitalia	-	-	-	-	-	-	-	-		-
Phalloplasty	1,2	1	1,2	1	1,2	1	1,2	2		5
Testis	-	-	-	-	-	-	1	-		-
Testicular Biopsy	3	2	3	2	3	3	3	3		10
Orchidopexy	3	2	3	2	3	3	3	3		10
Orchidectomy	3	2	3	2	3	3	3	3		10
Radical Orchidectomy	3	2	3	2	3	3	3	3		10
Scrotum	-	-	-	-	-	-	-	-		-
Hydrocelectomy	3	2	3	2	3	3	3	3		10
Vasectomy	3	2	3	2	3	3	3	3		10
Excision of epidydmal cyst	3	2	3	2	3	3	3	3		10
Varicocele ligation	3	2	3	2	3	3	3	3		10

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PROCEDURES	Fifth Year								
	45 Months		48 Months		51 Months		54 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
<u>Kidney</u>	-	-	-	-	-	-	-	-	-
Simple Nephrectomy	1,2	5	1,2	5	1,2	5	3	10	25
Donor Nephrectomy	1,2	2	1,2	3	1,2	5	3	5	5
Radical Nephrectomy	1,2	5	1,2	5	1,2	5	3	5	20
Radical Nephrectomy with caval thrombectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Partial Nephrectomy	1,2	1	1,2	3	1,2	3	1,2	3	10
Nephroureterctomy	1	1	1	1	1	1	1,2	2	5
Pyelolithotomy	3	5	3	5	4	5	4	5	20
Pyeloplasty	1,2	2	1,2	3	3	5	3	5	15
Decortication of cyst	1,2	1	1,2	3	3	3	3	3	10
Drainage of Abscess	3	5	3	5	4	5	4	5	20
Nephrostomy	4	5	4	5	4	5	4	5	20
Renal Biopsy	3	2	3	2	4	2	4	2	8
Renal Transplant	1,2	1	1,2	1	1,2	1	1,2	1	4
Nephrolithotomy	1,2	1	1,2	1	1,2	1	3	2	5
Retrograde Pyelography	3	1	3	1	4	1	4	2	5
Insertion of DJ stent	3	2	3	3	4	5	4	5	15
<u>Ureter</u>	-	-	-	-	-	-	-	-	-
Ureterolithptomy	1,2	2	1,2	3	1,2	5	3	5	15
Ureterolysis	-	-	-	-	1	1	1	1	2
Ureterocalicostomy	1,2	1	1,2	1	3	1	3	2	5
Ureteric Reimplantation	1,2	1	1,2	1	3	1	3	3	5
Boari’s Flap	-	-	1,2	1	3	2	3	2	5
Psoas Hitch	-	-	1,2	1	3	2	3	2	5
Uretero Ureterostomy	1,2	1	1,2	1	1,2	1	1,2	2	5
Ureteroscopy (diagnostic)	-	-	-	-	1,2	2	1,2	3	5
Ureteroscopy (Therapeutic	-	-	-	-	-	-	-	-	10
-Stone	-	-	1,2	1	1,2	2	3	2	8
-Tumor	-	-	-	-	1,2	1	3	1	2

PROCEDURES	Fifth Year								
	45 Months		48 Months		45 Months		48 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
<u>Bladder</u>	-	-	-	-	-	-	-	-	-
Vesicolithotomy	3	2	3	3	4	5	4	5	20
Vesicostomy	3	1	3	3	1,2	3	4	3	10
Suprapubic cystostomy	4	5	4	5	4	10	4	10	30
Vesical Diverticulectomy	-	-	1	2	1,2	2	3	2	6
Partial cystectomy	1,2	1	1,2	1,2	1,2	1	3	2	5
Simple Cystectomy	-	-	1,2	1	1,2	2	3	2	5
Radical cystectomy	-	-	1,2	1	1,2	1	1,2	1	3
Repair of Vesicovaginal fistula	1,2	1	1,2	3	3	3	3	3	10
Repair of bladder extrophy	-	-	-	-	1,2	2	1,2	3	5
Augmentation Cystoplasty	-	-	-	-	1,2	2	1,2	2	5
Cystolitholapexy	3	1	3	3	4	3	4	3	10
Cystoscopy(flexible)	4	5	4	5	4	5	4	5	20
Cystoscopy(rigid)	3	10	4	10	4	10	4	20	50
TUR-BT	1,2	2	1,2	3	3	5	3	10	20
Removal of DJ stent	4	5	4	5	4	10	4	10	30
Biopsy of bladder lesions	-	-	3	5	4	5	4	5	15
Deroofing of ureterocele	-	-	1,2	1	3	2	3	2	5
<u>Prostate</u>	-	-	-	-	-	-	-	-	-
Transvesical Prostatectomy	-	-	3	2	4	3	4	5	10
Retropubic Prostatectomy	-	-	1	2	1,2	3	3	5	10
Transrectal Biopsy	-	-	3	2	4	3	4	5	10
Radical retropubic Prostatectomy	-	-	-	-	1,2	1	1,2	1	2
TURP	1,2	5	3	5	3	10	3	10	30
TUIP	1,2	5	3	5	3	5	3	5	20
Laser Prostatectomy	1	2	1	2	1	2	1	4	10
<u>Urethra</u>	-	-	-	-	-	-	-	-	-
Urethral catheterization	4	10	4	10	4	10	4	20	50
Urethral dialation	4	10	4	10	4	10	4	20	50

PROCEDURES	Fifth Year								
	45 Months		48 Months		45 Months		48 Months		Total Cases 1st Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Rotations to be incorporated as and when available with the consent of respected supervisor									
Urethroplasty	1,2	2	1,2	3	1,2	5	3	5	15
Urethrectomy	1,2	2	1,2	3	1,2	5	3	5	15
Insertion of sphincter	1,2	1	1,2	1	1,2	1	3	2	5
Hypospadias repair(proximal)	1,2	2	1,2	3	1,2	5	3	5	15
Hypospadias repair(distal)	1,2	2	1,2	3	1,2	5	3	5	15
Repair of fistula	-	-	1	2	1,2	3	3	5	10
Repair of epispadias	1,2	1	1,2	1	1,2	1	3	2	5
Urethroscopy	3	5	3	5	3	5	3	10	25
Optical urethrotomy	3	2	3	3	4	5	4	5	15
Fulgration of posterior Urethral valves	-	-	1	2	1,2	3	3	5	10
Penis	-		-		-	-	-	-	
Correction of cordae	1,2	2	1,2	2	1,2	3	3	3	10
Correction of priapism	4	1	4	1	4	1	4	1	5
Intracavernosal injection	4	1	4	1	4	1	4	2	5
Circumcision	4	2	4	3	4	5	4	10	20
Vagina	-	-	-	-	-	-	-	-	-
Repair of fistula	-	-	1,2	2	1,2	3	3	5	10
Ambiguous Genitalia	-	-	-	-	-	-	-	-	-
Phalloplasty	1,2	1	1,2	1	1,2	1	1,2	2	5
Testis	-	-	-	-	-	-	1	-	-
Testicular Biopsy	4	2	4	2	4	3	4	3	10
Orchidopexy	3	2	3	2	3	3	4	3	10
Orchidectomy	3	2	3	2	3	3	4	3	10
Radical Orchidectomy	3	2	3	2	3	3	4	3	10
Scrotum	-	-	-	-	-	-	-	-	-
Hydrocelectomy	4	2	4	2	4	3	4	3	10
Vasectomy	4	2	4	2	4	3	4	3	10
Excision of epidydmal cyst	4	2	4	2	4	3	4	3	10
Varicocele ligation	4	2	4	2	4	3	4	3	10

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Curriculum of MS Urology at Rawalpindi Medical University

Defines the educational goals of Residency Training Program and is intended to clarify the learning objectives for all inpatient and outpatient rotations as well as procedures which should be done or observed by residents in their training. Curriculum is based on 7 core competencies. Detail of these competencies is as follows

CORE COMPETENCIES

Details of The Seven Core Competencies of Curriculum of MS Urology

Module NO. 1 Basic Science Knowledge relevant to surgical practice

Module 1

Basic sciences

Objective

- To acquire and demonstrate underpinning basic science knowledge appropriate for the practice of surgery, including:-
- Applied anatomy: Knowledge of anatomy appropriate for surgery
- Physiology: Knowledge of physiology relevant to surgical practice
- Pharmacology: Knowledge of pharmacology relevant to surgical practice centred around safe prescribing of common drugs
- Pathology: Knowledge of pathological principles underlying system specific pathology
- Microbiology: Knowledge of microbiology relevant to surgical practice

Imaging:

- Knowledge of the principles, strengths and weaknesses of various diagnostic and interventional imaging methods

Knowledge Applied anatomy:

- Development and embryology
- Gross and microscopic anatomy of the organs and other structures
- Surface anatomy
- Imaging anatomy

This will include anatomy of thorax, abdomen, pelvis, perineum, limbs, spine, head and neck as appropriate for surgical operations that the trainee will be involved with during core training (see Module 2).

Physiology:

General physiological principles including:

- Homeostasis
- Thermoregulation
- Metabolic pathways and abnormalities
- Blood loss and hypovolaemic shock
- Sepsis and septic shock
- Fluid balance and fluid replacement therapy
- Acid base balance
- Bleeding and coagulation
- Nutrition

This will include the physiology of specific organ systems relevant to surgical care including the cardiovascular, respiratory, gastrointestinal, urinary, endocrine and neurological systems.

Pharmacology :

- The pharmacology and safe prescribing of drugs used in the treatment of surgical diseases including analgesics, antibiotics, cardiovascular drugs, antiepileptic, anticoagulants, respiratory drugs, renal drugs, drugs used for the management of endocrine disorders (including diabetes) and local anaesthetics.
- The principles of general anaesthesia
- The principles of drugs used in the treatment of common malignancies
- Can describe the effects and potential for harm of alcohol and other drugs including common presentations, wide range of acute and long term presentations (e.g. trauma, depression, hypertension etc.), the range of interventions, treatments and prognoses for use of alcohol and other drugs.

Pathology:

General pathological principles including:

- Inflammation
- Wound healing
- Cellular injury
- Tissue death including necrosis and apoptosis
- Vascular disorders
- Disorders of growth, differentiation and morphogenesis

- Surgical immunology
- Surgical haematology
- Surgical biochemistry
- Pathology of neoplasia
- Classification of tumours
- Tumour development and growth including metastasis
- Principles of staging and grading of cancers
- Principles of cancer therapy including surgery, radiotherapy, chemotherapy, immunotherapy and hormone therapy
- Principles of cancer registration
- Principles of cancer screening
- The pathology of specific organ systems relevant to surgical care including cardiovascular pathology, respiratory pathology, gastrointestinal pathology, genitourinary disease, breast, exocrine and endocrine pathology, central and peripheral, neurological systems, skin, lymphoreticular and musculoskeletal systems

Microbiology:

- Surgically important micro organisms including blood borne viruses
- Soft tissue infections including cellulitis, abscesses, necrotising fasciitis, gangrene
 - Sources of infection
- Sepsis and septic shock
- Asepsis and antisepsis
- Principles of disinfection and sterilisation
- Antibiotics including prophylaxis and resistance
- Principles of high risk patient management
- Hospital acquired infections

Imaging:

- Principles of diagnostic and interventional imaging including x-rays, ultrasound, CT, MRI. PET, radiounucleotide scanning

Module 2 Common Surgical Conditions

Objective

To demonstrate understanding of the relevant basic scientific principles for each of these surgical conditions and to be able to provide the relevant clinical care as defined in modules:

Topics Presenting symptoms or syndromes

- Abdominal pain
- Abdominal swelling
- Change in bowel habit
- Gastrointestinal haemorrhage
- Rectal bleeding
- Dysphagia
- Dyspepsia
- Jaundice

To include the following conditions

- Appendicitis
- Gastrointestinal malignancy
- Inflammatory bowel disease
- Diverticular disease
- Intestinal obstruction
- Adhesions
- Abdominal hernias
- Peritonitis
- Intestinal perforation
- Benign oesophageal disease
- Peptic ulcer disease
- Benign and malignant hepatic, gall bladder and pancreatic disease
- Haemorrhoids and perianal disease
- Abdominal wall stomata

Breast disease

- Breast lumps and nipple discharge
- Acute Breast pain

To include the following conditions

- Benign and malignant breast lumps
- Mastitis and breast abscess
- Peripheral vascular disease

Presenting symptoms or syndrome

- Chronic and acute limb ischaemia
 - Aneurismal disease
 - Transient ischaemic attacks
 - Varicose veins
 - Leg ulceration To include the following conditions
 - Atherosclerotic arterial disease
 - Embolic and thrombotic arterial disease
 - Venous insufficiency
 - Diabetic ulceration
 - Cardiovascular and pulmonary disease To include the following conditions
 - Coronary heart disease
 - Bronchial carcinoma
 - Obstructive airways disease
 - Space occupying lesions of the chest
 - Genitourinary disease
- #### Presenting symptoms or syndrome
- Loin pain
 - Haematuria
 - Lower urinary tract symptoms
 - Urinary retention
 - Renal failure
 - Scrotal swellings
 - Testicular pain To include the following conditions
 - Genitourinary malignancy
 - Urinary calculus disease
 - Urinary tract infection
 - Benign prostatic hyperplasia
 - Obstructive uropathy

Trauma and orthopaedics

Presenting symptoms or syndrome

To include the following conditions

- Simple fractures
- and joint dislocations

- Traumatic limb and joint pain and deformity
 - Chronic limb and joint pain and deformity

 - Back pain
 - Fractures around the hip and ankle
 - Basic principles of Degenerative joint disease
 - Basic principles of inflammatory joint disease including bone and joint infection
 - Compartment syndrome
 - Spinal nerve root entrapment and spinal cord compression
 - Metastatic bone cancer
 - Common peripheral neuropathies and nerve injuries
- Disease of the Skin, Head and Neck Presenting symptoms or syndrome
- Lumps in the neck
 - Epistaxis
 - Upper airway obstructions

To include the following conditions

- Benign and malignant skin lesions
 - Benign and malignant lesions of the mouth and tongue
- Neurology and Neurosurgery Presenting symptoms or syndrome
- Headache
 - Facial pain
 - Coma
- To include the following conditions
- Space occupying lesions from bleeding and tumour
- Endocrine

Presenting symptoms or syndrome

- Lumps in the neck
 - Acute endocrine crises
- To include the following conditions
- Thyroid and parathyroid disease
 - Adrenal gland disease
 - Diabetes

Module 3 Basic surgical skills

Objective

- Preparation of the surgeon for surgery
- Safe administration of appropriate local anaesthetic agents
- Acquisition of basic surgical skills in instrument and tissue handling.
- Understanding of the formation and healing of surgical wounds
- Incise superficial tissues accurately with suitable instruments.
- Close superficial tissues accurately.
- Tie secure knots.
- Safely use surgical diathermy
- Achieve haemostasis of superficial vessels.
- Use suitable methods of retraction.
- Knowledge of when to use a drain and which to choose.
- Handle tissues gently with appropriate instruments.
- Assist helpfully, even when the operation is not familiar.
- Understand the principles of anastomosis
- Understand the principles of endoscopy

Knowledge

Principles of safe surgery

Preparation of the surgeon for surgery

- Principles of hand washing, scrubbing and gowning
 - Immunisation protocols for surgeons and patients
- Administration of local anaesthesia
- Choice of anaesthetic agent
 - Safe practise

Surgical wounds

- Classification of surgical wounds
- Principles of wound management
- Pathophysiology of wound healing
- Scars and contractures
- Incision of skin and subcutaneous tissue:
- Langer's lines
- Choice of instrument
- Safe practice
 - Closure of skin and subcutaneous tissue:
- Options for closure
- Suture and needle choice

- **Knot tying**
- Range and choice of material for suture and ligation
- Safe application of knots for surgical sutures and ligatures
 - **Haemostasis:**
- Surgical techniques
- Principles of diathermy
 - **Tissue handling and retraction:**
- Choice of instruments
 - Biopsy techniques including fine needle aspiration cytology

- **Use of drains:**
- Indications
- Types
- Management/removal

- Principles of anastomosis
- Principles of surgical endoscopy

Preparation of the surgeon for surgery

- Effective and safe hand washing, gloving and gowning
- Administration of local anaesthesia
- Accurate and safe administration of local anaesthetic agent

Preparation of a patient for surgery

- Creation of a sterile field
- Antisepsis
- Draping

Preparation of the surgeon for surgery

- Effective and safe hand washing, gloving and gowning

Administration of local anaesthesia

- Accurate and safe administration of local anaesthetic agent
 - Incision of skin and subcutaneous tissue:
 - Ability to use scalpel, diathermy and scissors
 - Closure of skin and subcutaneous tissue:
 - Accurate and tension free apposition of wound edges
 - **Knot tying**

Haemostasis:

- Control of bleeding vessel (superficial)
- Diathermy
- Suture ligation
- Tie ligation
- Clip application
- Transfixion suture

Tissue retraction:

- Tissue forceps
- Placement of wound retractors

Use of drains:

- Insertion
- Fixation
- Removal

Tissue handling:

- Appropriate application of instruments and respect for tissues
- Biopsy techniques

Skill as assistant:

- Anticipation of needs of surgeon when assisting

Module 4

The assessment and management of the surgical patient

Objective To demonstrate the relevant knowledge, skills and attitudes in assessing the patient and manage the patient, and propose surgical or non-surgical management.

Knowledge The knowledge relevant to this section will be variable from patient to patient and is covered within the rest of the syllabus – see common surgical conditions in particular (Module 2).

As a trainee develops an interest in a particular speciality then the principles of history taking and examination may be increasingly applied in that context.

Clinical Skills

- Surgical history and examination (elective and emergency)
- Construct a differential diagnosis
- Plan investigations
- Clinical decision making
- Team working and planning
- Case work up and evaluation; risk management
- Active participation in clinical audit events
- Appropriate prescribing
- Taking consent for intermediate level intervention; emergency and elective
- Written clinical communication skills
- Interactive clinical communication skills: patients
- Interactive clinical communication skills: colleagues

Module 5

Peri-operative care

Assessment technique Areas in which simulation should be used to develop relevant skills

Objective To assess and manage preoperative risk

To manage patient care in the peri- operative period

To conduct safe surgery in the operating theatre environment To assess and manage bleeding

including the use of blood products To care for the patient in the post- operative period including the assessment of common complications To assess, plan and manage post- operative fluid balance

To assess and plan perioperative nutritional management

To prevent, recognise and manage delirium in the surgical patient.

Knowledge Pre-operative assessment and management:

- Cardiorespiratory physiology
- Diabetes mellitus and other relevant endocrine disorders
- Fluid balance and homeostasis
- Renal failure
- Pathophysiology of sepsis – prevention and prophylaxis
- Thromboprophylaxis
- Laboratory testing and imaging
- Risk factors for surgery and scoring systems
- Pre-medication and other preoperative prescribing
- Principles of day surgery

Intraoperative care:

- Safety in theatre including patient positioning and avoidance of nerve injuries
- Sharps safety
 - Diathermy, laser use
- Infection risks
- Radiation use and risks
- Tourniquet use including indications, effects and complications
- Principles of local, regional and general anaesthesia
- Principles of invasive and non- invasive monitoring
- Prevention of venous thrombosis
- Surgery in hepatitis and HIV carriers
- Fluid balance and homeostasis

Post-operative care:

- Post-operative monitoring
- Cardiorespiratory physiology
- Fluid balance and homeostasis
- Diabetes mellitus and other relevant endocrine disorders
- Renal failure
- Pathophysiology of blood loss
- Pathophysiology of sepsis including SIRS and shock
- Multi-organ dysfunction syndrome
- Post-operative complications in general
- Methods of postoperative analgesia

To assess and plan nutritional management

- Post-operative nutrition
- Effects of malnutrition, both excess and depletion
- Metabolic response to injury
- Methods of screening and assessment of nutritional status
- Methods of enteral and parenteral nutrition

Haemostasis and Blood Products:

- Mechanism of haemostasis including the clotting cascade
- Pathology of impaired haemostasis e.g. haemophilia, liver disease, massive haemorrhage
- Components of blood
- Alternatives to use of blood products
- Principles of administration of blood products
- Patient safety with respect to blood products

Coagulation, deep vein thrombosis and embolism:

- Clotting mechanism (Virchow Triad)
- Effect of surgery and trauma on coagulation
- Tests for thrombophilia and other disorders of coagulation
- Methods of investigation for suspected thromboembolic disease
- Principles of treatment of venous thrombosis and pulmonary embolism including anticoagulation
- Role of V/Q scanning, CT pulmonary angiography, D- dimer and thrombolysis
- Place of pulmonary embolectomy
- Prophylaxis of thromboembolism:
- Risk classification and management of DVT
- Knowledge of methods of prevention of DVT, mechanical and pharmacological

Antibiotics:

- Common pathogens in surgical patients
- Antibiotic sensitivities
- Antibiotic side-effects
- Principles of prophylaxis and treatment

Metabolic and endocrine disorders in relation perioperative management

- Pathophysiology of thyroid hormone excess and deficiency and associated risks from surgery
- Causes and effects of hypercalcaemia and hypocalcaemia
- Complications of corticosteroid therapy
- Causes and consequences of Steroid insufficiency
- Complications of diabetes mellitus
- Causes and effects of hyponatraemia
- Causes and effects of hyperkalaemia and hypokalaemia

Delirium

- Epidemiology and prognosis of delirium
 - Causes and clinical features of delirium
- The impact of delirium on patient, family and carers

Clinical Skills Pre-operative assessment and management:

- History and examination of a patient from a medical and surgical standpoint
- Interpretation of pre-operative investigations
- Management of co morbidity
- Resuscitation
- Appropriate preoperative prescribing including premedication

Intra-operative care:

- Safe conduct of intraoperative care
- Correct patient positioning
- Avoidance of nerve injuries
- Management of sharps injuries
- Prevention of diathermy injury
- Prevention of venous thrombosis

Post-operative care:

- Writing of operation records
- Assessment and monitoring of patient's condition
- Post-operative analgesia
- Fluid and electrolyte management
- Detection of impending organ failure
- Initial management of organ failure
- Principles and indications for Dialysis
- Recognition, prevention and treatment of post-operative complications

Haemostasis and Blood Products:

- Recognition of conditions likely to lead to the diathesis
- Recognition of abnormal bleeding during surgery
- Appropriate use of blood products
- Management of the complications of blood product transfusion

Coagulation, deep vein thrombosis and embolism

- Recognition of patients at risk
- Awareness and diagnosis of pulmonary embolism and DVT
 - Role of duplex scanning, venography and d-dimer measurement
- Initiate and monitor treatment of venous thrombosis and pulmonary embolism
- Initiation of prophylaxis

Antibiotics:

- Appropriate prescription of antibiotics

Assess and plan preoperative nutritional management

- Arrange access to suitable artificial nutritional support, preferably via a nutrition team including Dietary supplements, Enteral nutrition and Parenteral nutrition

Metabolic and endocrine disorders

- History and examination in patients with endocrine and electrolyte disorders
- Investigation and management of thyrotoxicosis and hypothyroidism
- Investigation and management of hypercalcaemia and hypocalcaemia
- Peri-operative management of patients on steroid therapy
- Peri-operative management of diabetic patients
- Investigation and management of hyponatraemia
- Investigation and management of hyperkalaemia and hypokalaemia

Module 6 Assessment and management of patients with trauma (including the multiply injured patient)

Objective Assess and initiate management of patients with chest trauma

- who have sustained a head injury
- who have sustained a spinal cord injury
- who have sustained abdominal and urogenital trauma
- who have sustained vascular trauma
- who have sustained a single or multiple fractures or dislocations
- who have sustained traumatic skin and soft tissue injury
- who have sustained burns
- Safely assess the multiply injured patient.
- Contextualise any combination of the above
- Be able to prioritise management in such situation as defined by ATLS, APLS etc WBA

Knowledge General

- Scoring systems for assessment of the injured patient
- Major incident triage
- Differences In children

Shock

- Pathogenesis of shock
- Shock and cardiovascular physiology
- Metabolic response to injury
- Adult respiratory distress syndrome
- Indications for using uncross matched blood

Trauma management

- Wounds and soft tissue injuries
- Gunshot and blast injuries
- Stab wounds
- Human and animal bites
- Nature and mechanism of soft tissue injury
- Principles of management of soft tissue injuries
- Principles of management of traumatic wounds
- Compartment syndrome

Burns

- Classification of burns
- Principle of management of burns

Fractures

- Classification of fractures
- Pathophysiology of fractures
- Principles of management of fractures
- Complications of fractures
- Joint injuries
- Organ specific trauma
- Pathophysiology of thoracic trauma
- Pneumothorax
- Head injuries including traumatic intracranial haemorrhage and brain injury
- Spinal cord injury
- Peripheral nerve injuries
- Blunt and penetrating abdominal trauma
- Including spleen
- Vascular injury including iatrogenic injuries and intravascular drug abuse
- Crush injury
- Principles of management of skin loss including use of skin grafts and skin flaps

Clinical Skills General

- History and examination
- Investigation
- Referral to appropriate surgical subspecialties
 - Resuscitation and early management of patient who has sustained thoracic, head, spinal, abdominal or limb injury according to ATLS guidelines
- Resuscitation and early management of the multiply injured patient
 - Specific problems
- Management of the unconscious patient
- Initial management of skin loss
- Initial management of burns
- Prevention and early
- management of the compartment syndrome

Technical Skills and Procedures

- Central venous line insertion
- Chest drain insertion
- Diagnostic peritoneal lavage
- Urethral catheterisation
- Suprapubic catheterisation

Module 7

Organ and Tissue transplantation

Objective To understand the principles of organ and tissue transplantation

Knowledge

- Principles of transplant immunology including tissue typing, acute, hyperacute and chronic rejection
- Principles of immunosuppression
- Tissue donation and procurement
- Indications for whole organ transplantation

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

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

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

SECTION-4

PROBLEM CASE DISCUSSION

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

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

SECTION-5

DIDACTIC LECTURES/INTERACTIVE LECTURES

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

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

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

SECTION-6

EMERGENCY CASES (Repetition of Cases Should Be Avoided) (Estimated 50 cases to be documented/Year) (8 cases/month)

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

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

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

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

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

SECTION-7

INDOOR PATIENTS (repetition of cases should be avoided)
(Estimated cases to be attended are 50 patients per year)

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

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

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

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

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

SECTION-8

OPD AND CLINICS (repetition of cases should be avoided)

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

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

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

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

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

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

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

SECTION-9

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

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

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

SR.#	DATE	REG NO. OF PATIENT	NAME OF PROCEDURE	(O)/(A)/(PUS)/(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 DICIPLINARY MEETINGS

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

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

SECTION-11

CLINICOPATHOLOGICAL CONFERENCE (CPC)

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

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

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

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

SECTION-12

MORBIDITY/MORTALITY MEETINGS

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

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

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

SECTION-13

HANDS ON TRAINING/WORKSHOPS

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

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

SECTION-14

PUBLICATIONS

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

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

SECTION-15

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

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

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

WRITTEN ASSESSMENT RECORD

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

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

SECTION-17

CLINICAL ASSESSMENT RECORD

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

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

SECTION-18

Evaluation records RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR APPRAISAL FORM

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

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
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					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
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					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

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

**RAWALPINDI MEDICAL UNIVERSITY
SUPERVISOR APPRAISAL FORM**

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

Resident's Name: _____ Hospital Name: _____
Evaluators Name(s): _____ Department : _____ Unit : _____

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
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					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
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					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

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

RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR

APPRAISAL FORM

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

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
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					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
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					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

Date

Resident's Name & Signatures

Date

Evaluator's Signature & Stamp

RAWALPINDI MEDICAL UNIVERSITY SUPERVISOR

APPRAISAL FORM

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

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
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					
III. INITIATIVE / JUDGMENT	5	4	3	2	1
a) Takes effective action without being told					
b) Analyzes different emergency cases and suggests effective solutions					
c) Develops realistic plans to accomplish assignments					
IV. DEPENDABILITY / SELF-MANAGEMENT	5	4	3	2	1
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					
OVERALL RATINGS/SUGGESTIONS/REMARKS REGARDING PERFORMANCE OF THE TRAINEE					

Total Score _____/155

Date

Resident's Name & Signatures

Date

Evaluator's Signature & Stamp

SECTION-18

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

(AT THE END OF 1ST YEAR OF TRAINING)

SECTION-18

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

(AT THE END OF 2ND YEAR OF TRAINING)

SECTION-18

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

SECTION-18

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

SECTION=18

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

SECTION= 18

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

SECTION-18

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

SECTION-18

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

SECTION-19

LEAVE RECORD

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

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

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	
Septembe	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