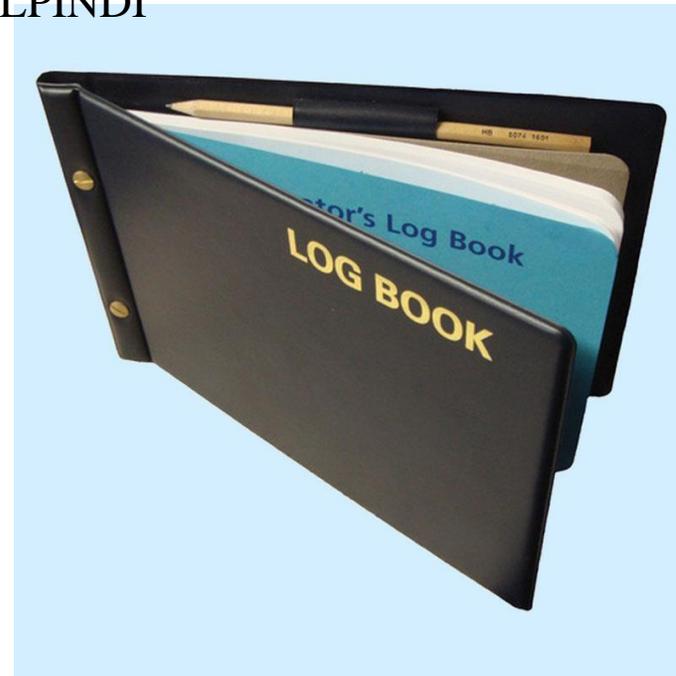




LOGBOOK FOR MD DIAGNOSTIC CHEMICAL PATHOLOGY RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



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

— Hippocrates

Last updated on 23rd june, 2021

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 Diagnostic Chemical Pathology.

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

Prof. Muhammad Umar

(Sitara-e-

Imtiaz)

(MBBS, MCPS, FCPS, FACG,

FRCP (Lon), FRCP

(Glasg), AGAF)

*Vice
Chancellor Rawalpindi
Medical University
& Allied Hospitals*

SR No	Name & Designation	
1.	 A portrait photograph of Prof. Dr. Wafa Omer, a woman with dark hair, wearing a patterned top, against a blue background.	<p>Prof. Dr. Wafa Omer MBBS, MPhil, PhD, Post-Doc (UK), CHPE, ICMT(UK) Associated Professor / HOD Chemical Pathology, Rawalpindi Medical University Rawalpindi</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 number _____

Date of Start of Training _____

Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department /Unit _____



INTRODUCTION

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

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

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

Reference

BraunsKS, NarcissE, SchneyinckC, BöhmeK, BrüstleP, HolzmannUM, etal. Twelve tips for successfully implementing logbooks in clinical training. Med Teach. 2016 Jun 2; 38(6): 564–569.

INDEX OF LOG:

1. **CASE PRESENTATION**
2. **TOPIC PRESENTATION/SEMINAR**
3. **JOURNAL CLUB**
4. **PROBLEM CASE DISCUSSION**
5. **DIDACTIC LECTURES/INTERACTIVE LECTURES**
6. **EMERGENCY CASES**
7. **ROUTINE CLINICAL CHEMISTRY LABORATORY INVESTIGATIONS**
8. **SPECIAL CHEMISTRY LABORATORY INVESTIGATIONS**
9. **DIAGNOSTIC INVESTIGATIONS/PROCEDURES/INVESTIGATIONS**
10. **MULTIDISCIPLINARY MEETINGS**
11. **CLINICOPATHOLOGICAL CONFERENCE**
12. **MORBIDITY/MORTALITY MEETINGS**
13. **HANDS ON TRAINING/WORKSHOPS**
14. **PUBLICATIONS**
15. **MAJOR RESEARCH PROJECT DURING MD TRAINING/ANY OTHER MAJOR RESEARCH PROJECT**
16. **WRITTEN ASSESMENT RECORD**
17. **CLINICAL ASSESMENT RECORD**
18. **EVALUATION RECORD**
19. **EVALUATION/REMARKS BY UNIVERSITY TRAINING MONITORING CELL (UTMC) WORKING UNDER DEPARTMENT OF MEDICAL EDUCATION (DME)**
20. **ATTENDANCE RECORD**
21. **LEAVE RECORD**
22. **ANY OTHER IMPORTANT AND RELEVANT 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.N O	ENTRY	Minimum cases /Time duration
01	RFTs	100 per month
02	LFTs	100 per month
03	Electrolytes/ABGs	50 per month
04	Fasting Blood Glucose	100 per month
05	Random blood Glucose	50 per month
06	Electrolytes	50 per month
07	Hormone profile	50 per month
08	Interventions Challenge and suppression tests, Aspiration and Biopsies	10 per 3month
09	Case presentations	1 per 3 month
10	CPC	1 per 12month
11	Journal CLUB	1 per 6 months

12.	Rotational entries	30 per week
-----	--------------------	-------------

MISSION STATEMENT

The mission of Diagnostic Chemical Pathology Residency Program of Rawalpindi Medical University is:

1. To impart evidence based medical education.
2. To provide best possible patient care and to inculcate the values of mutual respect and ethical practice of Chemical Pathology.
3. To equip junior colleagues with the knowledge and skills of ultrasound, doppler, radiography, fluoroscopy, mammography, MRI, CT reporting.
4. To passionately teach our junior colleagues and students as we have been taught by those who preceded us.
5. To provide exemplary medical care, treating all patients who come before us with uncompromising dedication and skill.
6. To treat our colleagues and hospital staff with kindness, respect, generosity of spirit, and patience.
7. To foster the excellence and well-being of our residency program by generously offering our time, talent, and energy on its behalf.
8. To support and contribute to the research mission of our medical center, nation, and the world by pursuing new knowledge.
9. 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.
10. To promote social justice by advocating for equitable health care, without regard to race, gender, sexual orientation, social status, or ability to pay.

CLINICAL COMPETENCIES FOR 1ST, 2ND, 3RD AND 4TH YEAR MD TRAINEES IN CHEMICAL PATHOLOGY

CLINICAL COMPETENCIES\SKILL\INVESTIGATIONS/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

Please see attached Appendix-3 (ACGME Milestones supplemental guideline for Chemical Pathology)

SECTION 1

CASE PRESENTATION

SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION/INVESTIGATIONS & OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

MORNING REPORT PRESENTATION/ CASE PRESENTATION

SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION/INVESTIGATIONS & OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

MORNING REPORT PRESENTATION/ CASE PRESENTATION

SR#	DATE	NAME OF PATIENT, AGE, SEX & ADMISSION NO.	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION/INVESTIGATIONS & OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 2

TOPIC PRESENTATION/SEMINAR

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

SR#	DATE	NAME OF THE TOPIC & BRIEF DETAILS OF THE ASPECTS COVERED	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 PATIENT DISCUSSED	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION,TREATMENT & OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

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

SECTION 5

DIDACTIC LECTURE/INTERACTIVE LECTURES ATTENDED

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

SECTION 6

EMERGENCY CASES (Repetition of cases to be avoided)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS /PROCEDURES/IN VESTIGATIONS /INVESTIGATION SPERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	BRIEF DESCRIPTION/HISTORY, CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURES/INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 7

ROTATIONS IN OTHER DEPARTMENTS

S.No.	Dept./Institute	Head Of Dept.	Duration	Specific Task/Feedback of rotational supervisor

(Repetition of cases to be avoided)

SECTION 8

PATHOLOGY PRACTICALS/DIAGNOSTIC WORK

Sr. No.	Date	Practical /Case entry/Brief Review	Attended/ Conducted/Feed back	Signature/Remarks of supervisor

Signature of the Supervisor _____

PRACTICALS/DIAGNOSTIC WORK

Sr. No.	Date	Practical / Case entry	Attended/ conducted	Signature/Feedback of supervisor

Signature of the Supervisor _____

TUTORIALS

Sr. No.	Date	Tutorial	Attended/ Conducted/Brief Review	Signature /Feedback of supervisor

Signature of the Supervisor _____

TUTORIALS

			review	

Signature of the Supervisor_____

PROBLEM BASED LEARNING (PBL)

Sr. No.	Date	Topic	Attended/ Conducted/Brief Review	Signature of supervisor/Feed back
----------------	-------------	--------------	---	--

Signature of the Supervisor_____

SMALL GROUP DISCUSSION (SGD)

Sr. No.	Date	Topic	Attended/ Conducted/Brief review	Signature of supervisor/Feed back

Signature of supervisor: _____ **SECTION 10**

INVESTIGATIONS

SR#	DATE	REG # OF THE PATIENT	CLINICAL CORRELATION	INVESTIGATIONS PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURE PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURE PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	REG # OF THE PATIENT	CLINICAL CORRELATION	INVESTIGATIONS/PROCEDURE PERFORMED	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 11

MULTI DICIPINARY MEETINGS (MDM)

(Estimated minimum Multi-Disciplinary Meetings 1per month)

SR#	DATE	BRIEF DESRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 12

CLINICOPATHOLOGICAL CONFERENCE (CPC)
(75% attendance of CPC is mandatory for the resident)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	DATE	BRIEF DESCRIPTION , CLINICAL CORRELATION, DD AND OUTCOME IF ANY	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 13

MORBIDITY/MORTALITY MEETINGS (MMM)

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

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

SECTION 14

HANDS ON TRAINING/WORKSHOPS

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

SECTION 15

PUBLICATIONS (IF ANY)

SR #	NAME OF PUBLICATION	TYPE OF PUBLICATION ORIGINAL ARTICLE/EDITORIAL/CASE REPORT ETC	NAME OF JOURNAL	DATE OF PUBLICATION	PG NO	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

Section 16

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

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

SECTION 17

WRITTEN ASSESSMENT RECORD

SR#	TOPIC OF WRITTEN TEST / EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	TOPIC OF WRITTEN TEST / EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	TOPIC OF WRITTEN TEST / EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	TOPIC OF WRITTEN TEST / EXAMINATION	TYPE OF THE TEST MCQS OR SEQS OR BOTH	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SECTION 18

CLINICAL ASSESSMENT RECORD

SR#	TOPIC OF CLINICAL TEST / EXAMINATION	TYPE OF THE TEST & VENUE OSPE, TOACS, CHART STIMULATED RECALL, DOPS, SIMULATED PATIENT, SKILL LAB etc	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR 'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

SR#	TOPIC OF CLINICAL TEST / EXAMINATION	TYPE OF THE TEST & VENUE OSPE, TOACS, CHART STIMULATED RECALL, DOPS, SIMULATED	TOTAL MARKS	OBTAINED MARKS	SUPERVISOR 'S REMARKS	SUPERVISOR'S SIGNATURE (Name/Stamp)

		PATIENT, SKILL LAB etc				

SECTION-19

Evaluation records
RAWALPINDI MEDICAL
UNIVERSITY SUPERVISOR
APPRAISAL FORM

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows INVESTIGATIONS/PROCEDURES/INVESTIGATIONS 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 INVESTIGATIONS/PROCEDURES/INVESTIGATIONS					
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 practice based learning methods efficaciously					
c) Actively participates in large group interactive sessions for postgraduate trainees					
d) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
e) Actively takes part in Multidisciplinary Clinic O Pathological Conferences (CPC)					

f) Actively participates in Journal clubs					
g) Uses resources sensibly and economically					

h) interpersonal and communication skills					
i) Provides best possible patient care					
j) demonstrate best professional values and ethics					
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

Evaluation records
RAWALPINDI MEDICAL
UNIVERSITY SUPERVISOR
APPRAISAL FORM

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows INVESTIGATIONS/PROCEDURES/INVESTIGATIONS 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 INVESTIGATIONS/PROCEDURES/INVESTIGATIONS					
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 practice based learning methods efficaciously					
c) Actively participates in large group interactive sessions for postgraduate trainees					
d) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
e) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
f) Actively participates in Journal clubs					
g) Uses resources sensibly and economically					

h) interpersonal and communication skills					
i) Provides best possible patient care					
j) demonstrate best professional values and ethics					
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

Evaluation records
RAWALPINDI MEDICAL
UNIVERSITY SUPERVISOR
APPRAISAL FORM

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows INVESTIGATIONS/PROCEDURES/INVESTIGATIONS 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 INVESTIGATIONS/PROCEDURES/INVESTIGATIONS					
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 practice based learning methods efficaciously					
c) Actively participates in large group interactive sessions for postgraduate trainees					
d) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
e) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
f) Actively participates in Journal clubs					
g) Uses resources sensibly and economically					

h) interpersonal and communication skills					
i) Provides best possible patient care					
j) demonstrate best professional values and ethics					
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

Evaluation records
RAWALPINDI MEDICAL
UNIVERSITY SUPERVISOR
APPRAISAL FORM

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

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

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

I. CLINICAL KNOWLEDGE / TECHNICAL SKILLS

	5	4	3	2	1
a) Clinical Knowledge is up to the mark					
b) Follows INVESTIGATIONS/PROCEDURES/INVESTIGATIONS 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 INVESTIGATIONS/PROCEDURES/INVESTIGATIONS					
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 practice based learning methods efficaciously					
c) Actively participates in large group interactive sessions for postgraduate trainees					
d) Actively takes part in morning & evening teaching and learning sessions & noon conferences					
e) Actively takes part in Multidisciplinary Clinic & Pathological Conferences (CPC)					
f) Actively participates in Journal clubs					
g) Uses resources sensibly and economically					

h) interpersonal and communication skills					
i) Provides best possible patient care					
j) demonstrate best professional values and ethics					
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 20

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

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

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

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

SECTION 21

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

TO BE FILLED AT THE END OF THE ROTATION

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		
	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		
	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		
	WARD												
	CPC												
	LECTURE												

WORKSH OP													
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--

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

TO BE FILLED AT THE END OF THE ROTATION

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

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

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		
WARD													
CPC													
LECTURE													
WORKSHOP													

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

TO BE FILLED AT THE END OF THE ROTATION

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		
WARD													
CPC													
LECTURE													
WORKSHOP													

MONTH	ATTENDANCE RECORD	DOCUMENTATION QUALITY	COUNCELLING SESSION	SUPERVISOR'S
-------	-------------------	-----------------------	---------------------	--------------

		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	REMARKS SIGNATURE (Name/Stamp)
	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	
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

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

TO BE FILLED AT THE END OF THE ROTATION

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	

	WARD												
	CPC												
	LECTURE												
	WORKSH OP												

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
	WARD												
	CPC												
	LECTURE												
	WORKSH OP												

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
	WARD												
	CPC												
	LECTURE												
	WORKSH OP												

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

TO BE FILLED AT THE END OF THE ROTATION

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	
	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	
	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	
	WARD											

CPC												
LECTURE												
WORKSH OP												

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

TO BE FILLED AT THE END OF THE ROTATION

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

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

WORKSH OP													
----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

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		
WARD													
CPC													
LECTURE													
WORKSH OP													

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

TO BE FILLED AT THE END OF THE ROTATION

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		
WARD													
CPC													
LECTURE													
WORKSH OP													

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		
	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		
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

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

TO BE FILLED AT THE END OF THE ROTATION

MONTH	ATTENDANCE RECORD	DOCUMENTATION QUALITY	COUNCELLING SESSION	SUPERVISOR'S
-------	-------------------	-----------------------	---------------------	--------------

		TOTAL	ATTENDED	%	Poor	Average	Good	V. Good	Excellent	YES	NO	IF YES THEN NUMBER OF SESSIONS	REMARKS SIGNATURE (Name/Stamp)
	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	
	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	
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

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

TO BE FILLED AT THE END OF THE ROTATION

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	
	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	
	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	

	CPC												
	LECTURE												
	WORKSH OP												

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

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

TO BE FILLED AT THE END OF THE ROTATION

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

	OP												
--	----	--	--	--	--	--	--	--	--	--	--	--	--

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		
	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		
	WARD												
	CPC												
	LECTURE												
	WORKSHOP												

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

TO BE FILLED AT THE END OF THE ROTATION

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	
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	
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	
WARD												
CPC												
LECTURE												
WORKSHOP												

OP													
----	--	--	--	--	--	--	--	--	--	--	--	--	--

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

TO BE FILLED AT THE END OF THE ROTATION

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		
	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		
	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	
WARD												
CPC												
LECTURE												
WORKSHOP												

SECTION 22

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			

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

SECTION 23

ANY OTHER IMPORTANT AND RELEVANT INFORMATION/DETAILS